VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS
Department of Health Professions
9960 Mayland Drive, Henrico, VA 23233
Board Room #4, Second Floor
October 18, 2016
10:00 a.m.

AGENDA

CALL TO ORDER – Connie B. Steele, FSL, President
- Welcome and Introductions
- Emergency Egress Procedures

ORDERING OF AGENDA

PUBLIC COMMENT PERIOD

ACCEPTANCE OF MINUTES – Tab 1
- Board Meeting - April 19, 2016
- Formal Hearings (2) – May 2, 2016
- Formal Hearing – June 3, 2016

DIRECTOR'S REPORT – Dr. David Brown, D.C.

STAFF REPORTS (Oral Reports)
- Executive Director's Report - **Corie E. Tillman Wolf**
- Licensing Report – **Missy Currier**
- Discipline Report – **Lynne Helmick**
- Board Counsel's Report – **Erin Barrett**

WORKFORCE DATA REPORT – Dr. Elizabeth Carter – Tab 2

UNFINISHED BUSINESS
- Consideration and Adoption of Guidelines for Processing Applications for Licensure – Guidance Document 65-3 – **Lynne Helmick – Tab 3**

NEW BUSINESS
- Regulatory and Legislative Update – **Elaine Yeatts – Tab 4**
  - Action on Public Participation Guidelines
  - Consideration of Continuing Education Credit for Volunteer Hours
- Consideration and Adoption of Amendment to By-Laws - **Corie E. Tillman Wolf – Tab 5**
- Staff Identified Issues
  - Proposed Board Review of Guidance Document 65-12 regarding Board Action on Confidential Consent Agreements – **Lynne Helmick – Tab 6**
  - Guidance on Refrigeration & Embalming Documentation – **Lynne Helmick - Tab 7**
- Election of New Officers
- 2017 Meeting Schedule

ADJOURNMENT

Tab 1

UNAPPROVED

VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS
BOARD MEETING MINUTES

The Virginia Board of Funeral Directors and Embalmers convened for a board meeting on Tuesday, April 19, 2016 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia.

BOARD MEMBERS PRESENT
Connie B. Steele, FSL, President
R. Thomas Slusser, Jr., FSL, Vice-President
J. Paul Welch, III, FSL, Secretary-Treasurer
Louis R. Jones, FSL
Blair Nelsen, FSL
Frank Walton, FSL
Larry T. Omps, FSL
Junius H. Williams, Jr., Citizen Member
Ibrahim A. Moiz, Esq., Citizen Member

DHP STAFF PRESENT
Lisa R. Hahn, Agency Chief Deputy Director
Lynne Helmick, Deputy Executive Director, Discipline
Missy Currier, Deputy Executive Director, Licensing
David Brown, Agency Director

BOARD COUNSEL
Erin Barrett, Assistant Attorney General

QUORUM
With 9 members present a quorum was established.

GUESTS PRESENT
Paul Harris, Regulatory Support Services, Inc.
Bo Keeney, IFHV

CALL TO ORDER

Connie Steele, President called the meeting of the Virginia Board of Funeral Directors and Embalmers to order at 10:03 a.m.

ORDERING OF AGENDA

The agenda was accepted as presented.

ACCEPTANCE OF MINUTES

Upon a motion by Louis Jones and properly seconded by Ibrahim Moiz, the board voted to accept the following Meeting Minutes:

- Board Meeting – January 12, 2016

The motion passed unanimously.

INFORMAL CONFERENCES

The board acknowledged that one informal conference was held on January 12, 2016.

PUBLIC COMMENT PERIOD

No public comment was provided.

DIRECTOR'S REPORT – Dr. David Brown, D.C.

Dr. Brown briefed the board on the extremely busy 2016 General Assembly Session he had on behalf of DHP bills as well as working with stakeholders on various issues.

DEPUTY DIRECTOR'S REPORT – Lisa R. Hahn

Ms. Hahn stated that following the conclusion of her report, Missy Currier would provide the licensure report and Lynne Helmick would provide the discipline report.

Expenditure and Revenue Summary

FY16 Budget

• Cash Balance as of June 30, 2015	$ (40,742)
• YTD FY16 Revenue	364,630
• Less direct & In-Direct expenditure	356,432
• Cash Balance on February 29, 2016	**$(32,544)**

Ms. Hahn concluded she was pleased to report that the board should be back in the black by the end of the 2016 fiscal year.

Board Business

Bifurcation of licensure

Due to insufficient time for the Board of Health Professions (BHP) to design the survey and customize it to the board's needs the survey was not implemented during the 2016 renewal cycle. However, BHP plans to

send a separate survey later this spring or early summer and will report their findings to Kenneth Alexander and the Board.

John Tyler Community College Update

We received an email from Dr. Johanna Weiss, Dean of Mathematics, Natural and Health Sciences, John Tyler Community College re-affirming that JTCC plans to continue with its Funeral Services Program.

Maryland Board of Morticians Update

The Maryland AG issued an advisory letter stating that "current law exempts out-of-state funeral establishments from the regulation of transport services."

2016 Legislative Session

Ms. Hahn provided an overview on the following 2016 Bills contained in the agenda packet:

HB319; HB462; HB499; HB 586

Death Certificate Updates

VDH is enforcing the law regarding only funeral directors licensed in VA or with a VA courtesy card are allowed to file death certificates in VA.

We posted an announcement on our website regarding Death Certificates must be filed within 3 days. No exceptions. OCME have been discovering several cases where pending DCs were never filed. The Board understands that issues still remain with electronic death certificates particularly with the limited numbers of physicians who are signing up.

Ms. Hahn stated that she would have another conversation with Scott Johnson and a representative from the Medical Society of Virginia to perhaps generate a joint letter to the physicians. Ms. Hahn added that the board is trying to be a conduit to facilitate the issue and will keep the board updated.

The Conference – Exam Updates

As of January 1, 2016, NBE candidates will be able to obtain exam results immediately following the exam at the testing center.

Retake policies have also changed whereby Candidates may sit for the exam up to 3 times only in one calendar year and there is a 90 day wait period in between exams. Because of these changes, Staff has been receiving several intern extension requests from those who have failed to pass the exam.

Annual Meeting – The Conference

Lynne Helmick & Blair Nelsen attended The International Conference of Funeral Service Examining Boards (ICFSEB) Annual Meeting in February in Newport Beach, California and they will report during New Business.

2016 Calendar

- May 2, 2016 – 2 Formals
- June 3, 2016 – 1 Formal
- July 12th – Board Meeting
- October 18th – Board Meeting

Licensure Report – Missy Currier

Statistics (as of 04/01/16)

Branch Establishments –73
Continuing Education Providers – 24
Courtesy Card Holders -87
Crematories – 109
Embalmer only – 3 Funeral Director –47
Funeral Supervisors - 473
Funeral Establishment – 439
Funeral Service Licensee's – 1,560
Funeral Intern – 226
Surface Transport and Removal Services – 50
Total – 3,091

Customer Satisfaction Survey Reviews (QTR2, FY16)

- **100%** - Great job to all licensing staff but especially Vicki Saxby the Program Manager for the board.

Licensing Notes

Ms. Currier reported that the renewal cycle went smoothly this year. As of April 15th, 2,317 of all license types had renewed and 210 had not renewed and 95 FSL's had not renewed. Several licensees indicated they were retiring and would not be renewing.

Staff was excited to report that more licensees are taking advantage of online renewals. This year, of the 1447 FSL's that renewed, 1154 renewed online and 293 licensees renewed by mail.

Since our January 12, 2016 meeting we have:

Issued 54 licenses and processed 228 Fees (both numbers include all types)

Current Staff Project:

Scanning of all establishment files directly into our licensing software system (MLO). We have lots of files, lots of paper, and lots of information taking up a lot of space. Arduous project but the outcome will be well worth the effort.

Our next step will be to work on the implementing online applications. Our goal will be to have running by the end of this year however, a lot of work and coordination is involved with our IT Department so we cannot promise the deadline.

Random CE audit letters will be issued by the end of April and the audit process will begin.

Discipline Report - Lynne Helmick

Disciplinary Statistics

- **46 total open cases**
  - 23 - in Investigations
  - 10 – in Probable Cause
  - 8 - in APD
  - 2 – Informal (will be heard today)
  - 3 – Formals (continuances granted
- **9 Orders are being monitored for Compliance**
- **For comparison – 1/4/16**
  - 30 investigations, 6 probable cause, 0 APD, 1 informal, 2 formals

Scheduled Hearings

- 1 IFC today
  - Another was scheduled for today but a continuance was granted
  - Possible IFCs in June
- 2 Formal hearings on May 2, 2016
- 1 Formal hearing on June 3, 2016

Key Performance Measures

- Q2 2016
  - Received 20, closed 19
  - Average time to close was 190.7 (Agency average was 190.8)
  - % closed in 250 days was 88.2% (Agency average was 85.8%)

NEW BUSINESS

Guidance for processing Applications for Licensure – Lisa R. Hahn & Lynne Helmick

The Board reviewed draft language for processing applications as a new guidance document. Since it was determined that the draft required a few format and citation changes, the board deferred the review until the next full meeting.

Report on Annual Meeting of the Conference – Blair Nelsen and Lynne Helmick Maryland Board of Morticians

Lynne reported she was a participant on the discussion panel for "System Automation: Capabilities, Implementation, and Maintenance" and that she also serves on the Conference's Model Application Committee.

Blair Nelsen shared that Craig Tregillus from the Federal Trade Commission (FTC) gave a presentation and mentioned that FTC sends volunteers as undercover shoppers to funeral establishments for possible violations. Mr. Nelsen reported that most of the volunteers are from AARP, and the Funeral Consumers Alliance who may be very critical of the profession. Mr. Nelsen concluded that the FTC mentioned they will be conducting a Regulatory Review of the Funeral Rule in 2017.

PRESENTATION OF PLAQUE:

Ms. Hahn presented Blair Nelsen with a plaque to honor his eight years of service to the Commonwealth of Virginia as a member of the Board of Funeral Directors and Embalmers.

ADJOURNMENT:

The board concluded the meeting at 11:30 am

Connie B. Steele, President	Corie Tillman Wolf, Executive Director
Date	Date

UNAPPROVED

VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS
FORMAL ADMINISTRATIVE HEARING

May 2, 2016	Department of Health Professions 9960 Mayland Drive, Suite #300	Henrico, Virginia

CALL TO ORDER:	A panel of the Board was called to order at 9:51 a.m.
MEMBERS PRESENT:	Frank Walton, FSL, Chair Tommy Slusser, FSL Louis Jones, FSL Larry Omps, FSL Paul Welch, FSL
MEMBERS ABSENT:	Junius Williams, Citizen Member Ibrahim Moiz, Citizen Member Blair Nelsen, FSL Connie Steele, FSL
BOARD COUNSEL:	Erin Barrett, Assistant Attorney General
DHP STAFF PRESENT:	Lisa R. Hahn, Executive Director Missy Currier, Deputy Executive Director Kathy Petersen, Discipline Manager Jennifer Challis, Senior Investigator
OTHERS PRESENT:	Maranda Barbour
COURT REPORTER:	Andrea Pegram, Certified Court Reporter
PARTIES ON BEHALF OF COMMONWEALTH:	Emily Tatum, Adjudication Specialist
MATTER SCHEDULED:	**Doris A. McClenny, FSL** **License No.: 0502-000693** **Case No.: 158026**
ESTABLISHMENT OF A QUORUM:	With five (5) members of the Board present, a quorum was established.

DISCUSSION: Ms. McClenny appeared before the Board in accordance with the Board's Amended Notice of Formal Hearing dated March 29, 2016.

The Board received evidence and sworn testimony from the parties called by the Commonwealth and Ms. McClenny, regarding the matters as set forth in the Statement of Particulars.

CLOSED SESSION: Upon a motion by Tommy Slusser, and duly seconded by Larry Omps, the Board voted to convene a closed meeting at 11:03 a.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Doris McClenny, FSL. Additionally, he moved that Ms. Hahn, Ms. Barrett, Ms. Currier, and Ms. Petersen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Louis Jones, and duly seconded by Paul Welch, the Board voted to re-convene at 12:13 p.m.

CERTIFICATION: Mr. Slusser certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

DECISION: Upon a motion by Mr. Slusser, and duly seconded by Mr. Omps, the Board moved to place Ms. McClenny's license on PROBATION for one year with certain terms and conditions.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 12:18 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decisions of this formal hearing panel.

Frank Walton, Chair	Corie E. Tillman Wolf, Executive Director
Date	Date

UNAPPROVED

VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS
FORMAL ADMINISTRATIVE HEARING

May 2, 2016	Department of Health Professions 9960 Mayland Drive, Suite #300	Henrico, Virginia

CALL TO ORDER:	A panel of the Board was called to order at 12:25 p.m.
MEMBERS PRESENT:	Frank Walton, FSL, Chair Tommy Slusser, FSL Louis Jones, FSL Larry Omps, FSL Paul Welch, FSL
MEMBERS ABSENT:	Junius Williams, Citizen Member Ibrahim Moiz, Citizen Member Blair Nelsen, FSL Connie Steele, FSL
BOARD COUNSEL:	Erin Barrett, Assistant Attorney General
DHP STAFF PRESENT:	Lisa R. Hahn, Executive Director Missy Currier, Deputy Executive Director Kathy Petersen, Discipline Manager Jennifer Challis, Senior Investigator
OTHERS PRESENT:	Maranda Barbour
COURT REPORTER:	Andrea Pegram, Certified Court Reporter
PARTIES ON BEHALF OF COMMONWEALTH:	Emily Tatum, Adjudication Specialist
MATTER SCHEDULED:	**Robert B. McClenny, FSL** **License No.: 0502-900049** **Case No.: 161361**
ESTABLISHMENT OF A QUORUM:	With five (5) members of the Board present, a quorum was established.

DISCUSSION: Mr. McClenny appeared before the Board in accordance with the Board's Amended Notice of Formal Hearing dated March 29, 2016.

The Board received evidence and sworn testimony from the parties called by the Commonwealth and Mr. McClenny, regarding the matters as set forth in the Statement of Particulars.

CLOSED SESSION: Upon a motion by Tommy Slusser, and duly seconded by Larry Omps, the Board voted to convene a closed meeting at 1:29 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Robert McClenny, FSL. Additionally, he moved that Ms. Hahn, Ms. Barrett, Ms. Currier, and Ms. Petersen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Upon a motion by Paul Welch, and duly seconded by Larry Omps, the Board voted to re-convene at 1:50 p.m.

CERTIFICATION: Mr. Slusser certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.

DECISION: Upon a motion by Mr. Omps, and duly seconded by Mr. Jones, the Board moved to place Mr. McClenny's license on PROBATION for one year with certain terms and conditions.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 1:54 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decisions of this formal hearing panel.

Frank Walton, Chair	Corie E. Tillman Wolf, Executive Director
Date	Date

UNAPPROVED

VIRGINIA BOARD OF FUNERAL DIRECTORS & EMBALMERS
FORMAL ADMINISTRATIVE HEARING
MINUTES

Friday, June 3, 2016
9:30 A.M.

Department of Health Professions
9960 Mayland Drive, Suite #300
Henrico, Virginia 23233

CALL TO ORDER:	The Formal Hearing of the Board was called to order at 9:33 a.m.
MEMBERS PRESENT:	Junius Williams, Chair Paul Welch, FSL Louis Jones, FSL Tommy Slusser, FSL Ibrahim Moiz, Esq., Citizen Member
BOARD COUNSEL:	Erin L. Barrett, Assistant Attorney General
DHP STAFF PRESENT:	Missy Currier, Deputy Executive Director Kathy Petersen, Discipline Operations Manager
COURT REPORTER:	Andrea Pegram, Certified Court Reporter
PARTIES ON BEHALF OF COMMONWEALTH:	James Schliessmann, Senior Assistant Attorney General Mykl Egan, Adjudication Specialist
COMMONWEALTH WITNESS:	John Turner, Senior Investigator
PARTIES ON BEHALF OF RESPONDENT:	Andrew Protogyrou, Esq.
MATTER SCHEDULED:	**Thomas E. Graves, III, FSL** **License No.: 0502-840021** **Case No.: 163761**

ESTABLISHMENT OF A QUORUM:	With five (5) members of the Board present, a quorum was established.
DISCUSSION:	Mr. Graves appeared before the Board in accordance with the Board's Notice of Formal Hearing dated April 26, 2016, and was represented by Andrew Protogyrou, Esq. The Board received evidence and sworn testimony from the parties called by the Commonwealth and Mr. Graves, regarding the matters as set forth in the Statement of Particulars.
CLOSED SESSION:	Upon a motion by Tommy Slusser, and duly seconded by Louis Jones, the Board voted to convene a closed meeting at 10:13 a.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Thomas E. Graves, III. Additionally, he moved that Ms. Barrett, Ms. Petersen and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.
RECONVENE:	Upon a motion by Paul Welch, and duly seconded by Tommy Slusser, the Board voted to re-convene at 10:50 a.m.
CERTIFICATION:	Mr. Slusser certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session.
DECISION:	Upon a motion by Ibrahim Moiz and duly seconded by Louis Jones, the Board moved to DISMISS the case regarding Thomas E. Graves, III, FSL. Motion carried.
VOTE:	The vote was unanimous
ADJOURNMENT:	The Board adjourned at 10:55 a.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Junius Williams, Chair	Corie Tillman Wolf, Executive Director
Date	Date

Staff Reports

Budget

Virginia Department of Health Professions
Cash Balance
As of June 30, 2016

	104- Funeral Directors and Emba
Board Cash Balance as of June 30, 2015	$ (40,742)
YTD FY16 Revenue	801,855
Less: YTD FY16 Direct and In-Direct Expenditures	518,118
Board Cash Balance as June 30, 2016	242,995

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10400 - Funeral Directors and Embalmers
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	47,035.00	49,580.00	2,545.00	94.87%
4002406	License & Renewal Fee	734,385.00	728,235.00	(6,150.00)	100.84%
4002407	Dup. License Certificate Fee	595.00	-	(595.00)	0.00%
4002409	Board Endorsement - Out	2,350.00	3,720.00	1,370.00	63.17%
4002421	Monetary Penalty & Late Fees	5,285.00	4,650.00	(635.00)	113.66%
4002430	Board Changes Fee	7,700.00	5,910.00	(1,790.00)	130.29%
4002432	Misc. Fee (Bad Check Fee)	105.00	-	(105.00)	0.00%
	Total Fee Revenue	797,455.00	792,095.00	(5,360.00)	100.68%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	400.00	-	(400.00)	0.00%
	Total Sales of Prop. & Commodities	400.00	-	(400.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	4,000.00	2,915.00	(1,085.00)	137.22%
	Total Other Revenue	4,000.00	2,915.00	(1,085.00)	137.22%
	Total Revenue	801,855.00	795,010.00	(6,845.00)	100.86%
5011110	Employer Retirement Contrib.	11,283.16	11,845.00	561.84	95.26%
5011120	Fed Old-Age Ins- Sal St Emp	5,607.26	6,372.00	764.74	88.00%
5011130	Fed Old-Age Ins- Wage Earners	18.02	-	(18.02)	0.00%
5011140	Group Insurance	965.24	992.00	26.76	97.30%
5011150	Medical/Hospitalization Ins.	17,650.54	18,526.00	875.46	95.27%
5011160	Retiree Medical/Hospitalizatn	851.79	875.00	23.21	97.35%
5011170	Long term Disability Ins	535.29	550.00	14.71	97.33%
	Total Employee Benefits	36,911.30	39,160.00	2,248.70	94.26%
5011200	Salaries				
5011230	Salaries, Classified	77,507.26	83,295.00	5,787.74	93.05%
5011250	Salaries, Overtime	484.42	-	(484.42)	0.00%
	Total Salaries	77,991.68	83,295.00	5,303.32	93.63%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	636.00	840.00	204.00	75.71%
	Total Special Payments	636.00	840.00	204.00	75.71%
5011400	Wages				
5011410	Wages, General	235.62	-	(235.62)	0.00%
	Total Wages	235.62	-	(235.62)	0.00%
5011530	Short-trm Disability Benefits	1,790.94	-	(1,790.94)	0.00%
	Total Disability Benefits	1,790.94	-	(1,790.94)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	117,565.54	123,295.00	5,729.46	95.35%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	200.00	200.00	0.00%
5012140	Postal Services	3,526.11	3,500.00	(26.11)	100.75%
5012150	Printing Services	149.99	1,500.00	1,350.01	10.00%
5012160	Telecommunications Svcs (VITA)	500.75	300.00	(200.75)	166.92%
5012170	Telecomm. Svcs (Non-State)	378.24	-	(378.24)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10400 - Funeral Directors and Embalmers
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012190	Inbound Freight Services	25.07	-	(25.07)	0.00%
	Total Communication Services	4,580.16	5,500.00	919.84	83.28%
5012200	Employee Development Services				
5012210	Organization Memberships	250.00	1,200.00	950.00	20.83%
5012220	Publication Subscriptions	-	600.00	600.00	0.00%
5012240	Employee Trainng/Workshop/Conf	825.00	1,000.00	175.00	82.50%
5012250	Employee Tuition Reimbursement	-	1,000.00	1,000.00	0.00%
5012270	Emp Trning- Trns, Ldgng & Meals	-	800.00	800.00	0.00%
	Total Employee Development Services	1,075.00	4,600.00	3,525.00	23.37%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	9,166.02	9,520.00	353.98	96.28%
5012440	Management Services	73.54	120.00	46.46	61.28%
5012470	Legal Services	360.00	150.00	(210.00)	240.00%
	Total Mgmnt and Informational Svcs	9,599.56	9,790.00	190.44	98.05%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	9.91	-	(9.91)	0.00%
5012530	Equipment Repair & Maint Srvc	-	40.00	40.00	0.00%
	Total Repair and Maintenance Svcs	9.91	40.00	30.09	24.78%
5012600	Support Services				
5012630	Clerical Services	-	5,500.00	5,500.00	0.00%
5012640	Food & Dietary Services	800.12	2,100.00	1,299.88	38.10%
5012660	Manual Labor Services	75.49	1,200.00	1,124.51	6.29%
5012670	Production Services	423.65	1,120.00	696.35	37.83%
5012680	Skilled Services	-	3,910.00	3,910.00	0.00%
	Total Support Services	1,299.26	13,830.00	12,530.74	9.39%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	4,318.82	5,100.00	781.18	84.68%
5012830	Travel, Public Carriers	502.20	700.00	197.80	71.74%
5012850	Travel, Subsistence & Lodging	1,203.37	1,600.00	396.63	75.21%
5012880	Trvl, Meal Reimb- Not Rprtble	371.25	750.00	378.75	49.50%
	Total Transportation Services	6,395.64	8,150.00	1,754.36	78.47%
	Total Contractual Svs	22,959.53	41,910.00	18,950.47	54.78%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	660.94	1,500.00	839.06	44.06%
5013130	Stationery and Forms	-	675.00	675.00	0.00%
	Total Administrative Supplies	660.94	2,175.00	1,514.06	30.39%
5013200	Energy Supplies				
5013230	Gasoline	(7.05)	-	7.05	0.00%
	Total Energy Supplies	(7.05)	-	7.05	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	85.00	85.00	0.00%
	Total Manufctrng and Merch Supplies	-	85.00	85.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	19.00	30.00	11.00	63.33%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10400 - Funeral Directors and Embalmers
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5013630	Food Service Supplies	-	90.00	90.00	0.00%
	Total Residential Supplies	19.00	120.00	101.00	15.83%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	205.21	15.00	(190.21)	1368.07%
	Total Specific Use Supplies	205.21	15.00	(190.21)	1368.07%
	Total Supplies And Materials	878.10	2,395.00	1,516.90	36.66%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	180.00	-	(180.00)	0.00%
	Total Awards, Contrib., and Claims	180.00	-	(180.00)	0.00%
	Total Transfer Payments	180.00	-	(180.00)	0.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	29.49	36.00	6.51	81.92%
	Total Insurance-Fixed Assets	29.49	36.00	6.51	81.92%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	4.17	-	(4.17)	0.00%
5015350	Building Rentals	9.72	-	(9.72)	0.00%
5015360	Land Rentals	-	15.00	15.00	0.00%
5015390	Building Rentals - Non State	9,083.09	8,733.00	(350.09)	104.01%
	Total Operating Lease Payments	9,096.98	8,748.00	(348.98)	103.99%
5015500	Insurance-Operations				
5015510	General Liability Insurance	105.85	135.00	29.15	78.41%
5015540	Surety Bonds	6.25	8.00	1.75	78.13%
	Total Insurance-Operations	112.10	143.00	30.90	78.39%
	Total Continuous Charges	9,238.57	8,927.00	(311.57)	103.49%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022120	Mobile Computers(Microcompter)	2,825.80	-	(2,825.80)	0.00%
5022180	Computer Software Purchases	197.40	-	(197.40)	0.00%
	Total Computer Hrdware & Sftware	3,023.20	-	(3,023.20)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	90.83	-	(90.83)	0.00%
	Total Educational & Cultural Equip	90.83	-	(90.83)	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	132.00	132.00	0.00%
	Total Office Equipment	-	132.00	132.00	0.00%
	Total Equipment	3,114.03	132.00	(2,982.03)	2359.11%
	Total Expenditures	153,935.77	176,659.00	22,723.23	87.14%
	Allocated Expenditures				
20600	Funeral\LTCA\PT	70,079.89	102,198.95	32,119.06	68.57%
30100	Data Center	80,187.08	98,554.86	18,367.77	81.36%
30200	Human Resources	6,189.95	5,011.86	(1,178.09)	123.51%
30300	Finance	20,017.59	16,572.35	(3,445.25)	120.79%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10400 - Funeral Directors and Embalmers
For the Period Beginning July 1, 2015 and Ending June 30, 2016

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30400	Director's Office	11,245.54	9,619.24	(1,626.29)	116.91%
30500	Enforcement	135,938.22	159,656.91	23,718.68	85.14%
30600	Administrative Proceedings	22,975.97	35,346.82	12,370.85	65.00%
30800	Attorney General	5,371.10	5,371.10	(0.00)	100.00%
30900	Board of Health Professions	6,326.78	5,327.10	(999.68)	118.77%
31100	Maintenance and Repairs	98.95	474.46	375.52	20.85%
31300	Emp. Recognition Program	249.83	202.04	(47.79)	123.66%
31400	Conference Center	179.52	249.47	69.95	71.96%
31500	Pgm Devlpmnt & Implmentn	5,321.66	5,627.80	306.14	94.56%
	Total Allocated Expenditures	364,182.09	444,212.95	80,030.86	81.98%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 283,737.14	$ 174,138.05	$ (109,599.09)	162.94%

Tab 2

Virginia's Funeral Service Provider Workforce: 2016

Healthcare Workforce Data Center

June 2016

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***

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!

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Lisa R. Hahn, MPA
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, Ph.D.
Director

Yetty Shobo, Ph.D.
Deputy Director

Laura Jackson
Operations Manager

Christopher Coyle
Research Assistant

Virginia Board of Funeral Directors and Embalmers

President
Connie B. Steele, FSL

Vice-President
R. Thomas Slusser, Jr., FSL

Secretary-Treasurer

J. Paul Welch, II, FSL

Members

Louis R. Jones, FSL

Ibrahim A. Moiz, Esq.

Junius H. Williams, Jr.

Blair Nelsen, FSL

Larry T. Omps, FSL

Joseph Frank Walton, FSL

Executive Director

Lisa R. Hahn, MPA

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

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

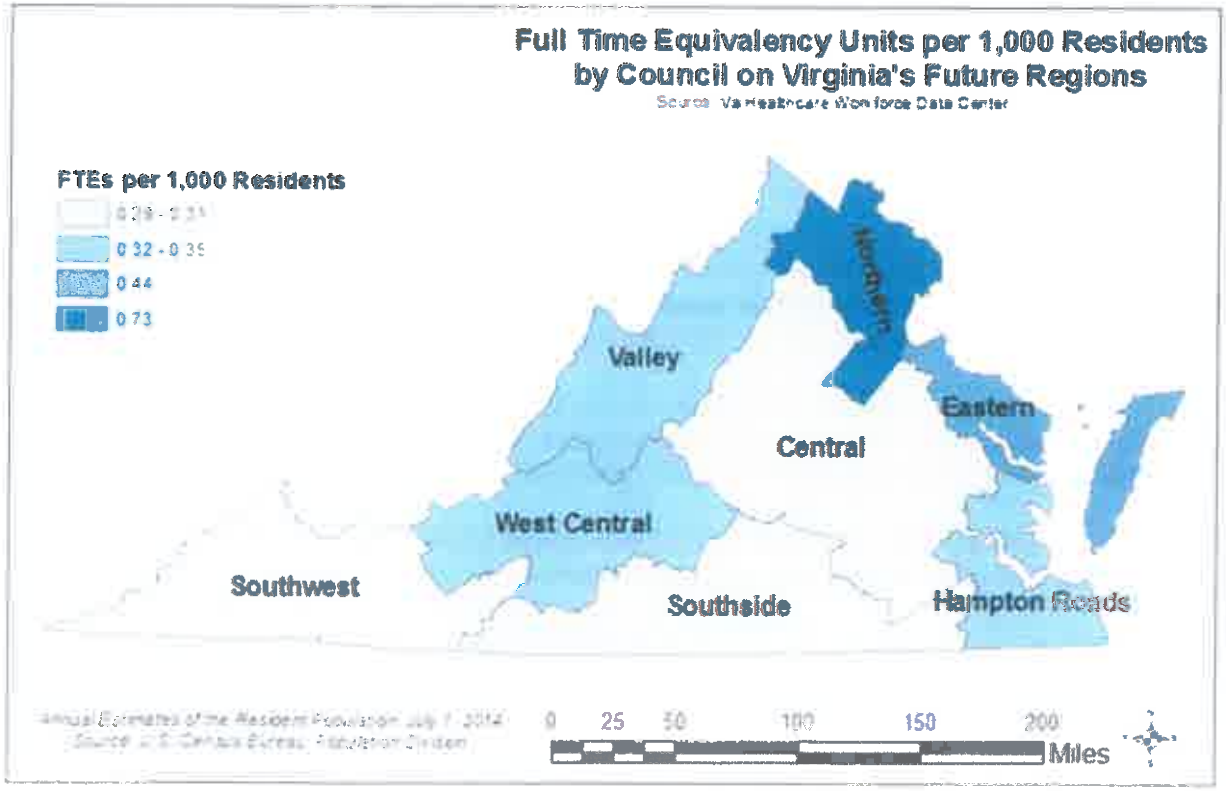
Employed in Prof.:	89%
Hold 1 Full-time Job:	68%
Satisfied?:	77%

Job Turnover

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

Time Allocation

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



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%

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

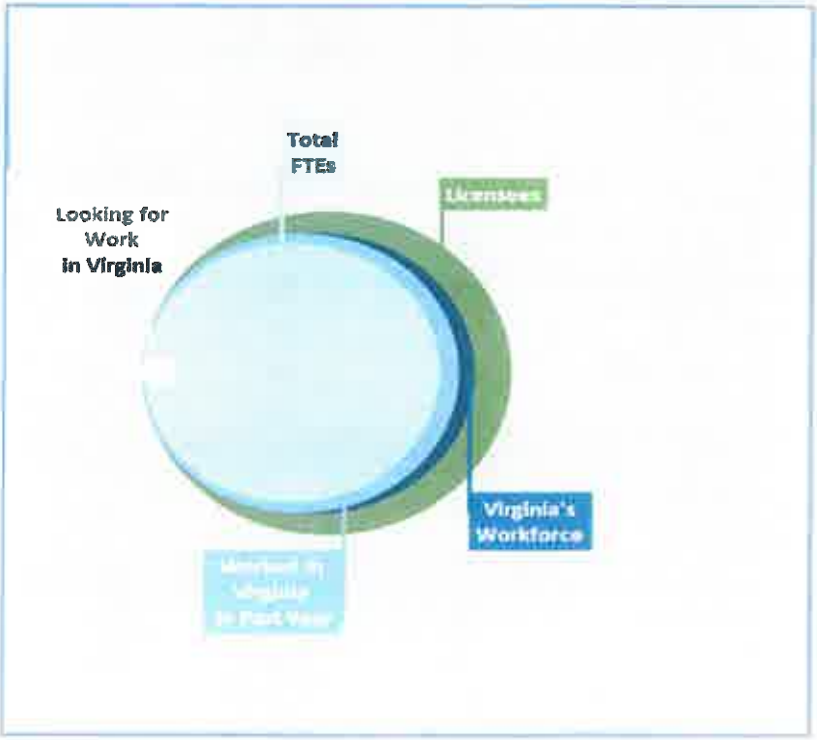
1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time between April 2015 and March 2016 or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) 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%

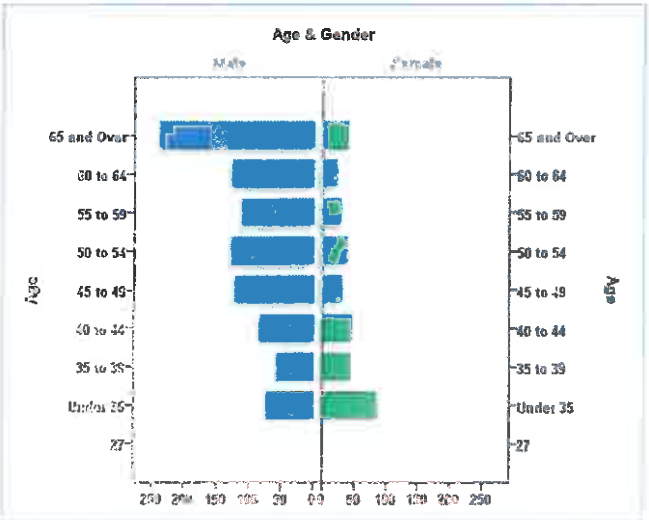
Race & Ethnicity					
Race/ Ethnicity	Virginia*	FSPs		FSPs Under 40	
	%	#	%	#	%
White	63%	923	74%	192	76%
Black	19%	256	20%	35	14%
Asian	6%	2	0%	2	1%
Other Race	0%	49	4%	13	5%
Two or More Races	2%	0	0%	0	0%
Hispanic	9%	18	1%	11	5%
Total	100%	1,248	100%	254	100%

*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

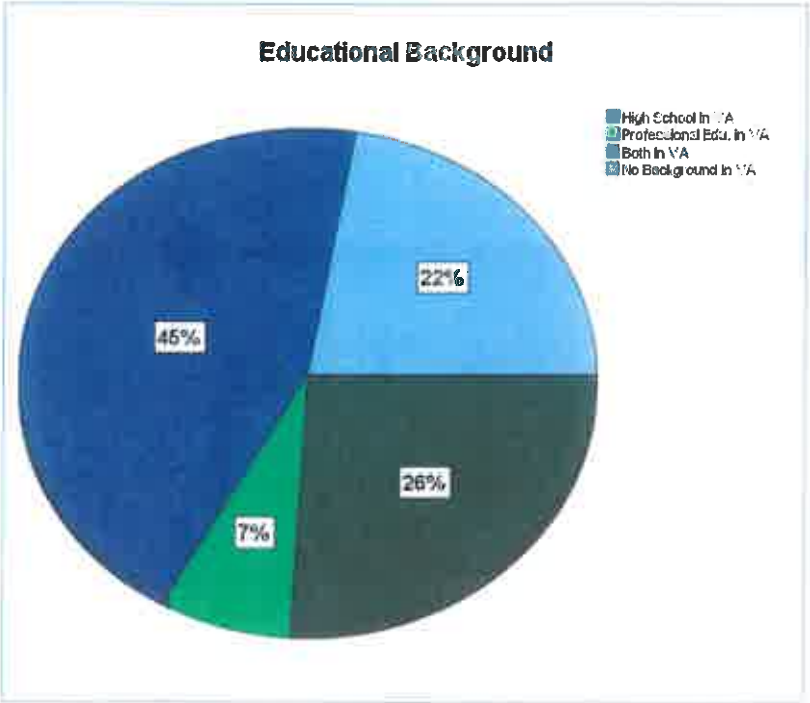
% Rural to Non-Metro:	37%
% Urban/Suburban to Non-Metro:	8%

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.

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.

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

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%

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

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%

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.

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

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

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)

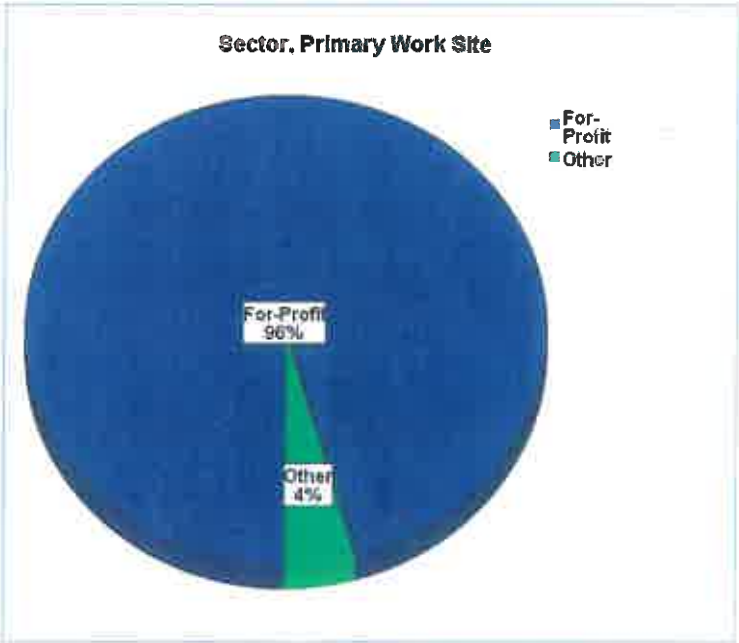
Sector

For Profit: 96%
Federal: 1%

Top Establishments

Solo Practice: 67%
Group Practice: 19%

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.



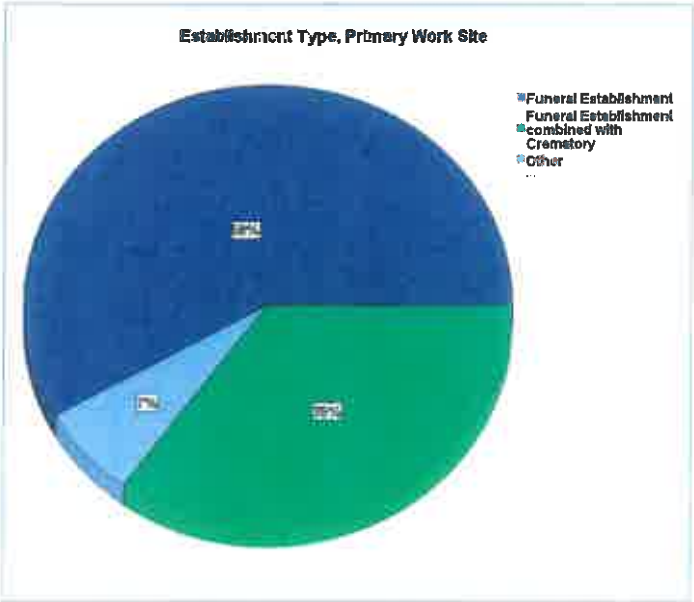
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location 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

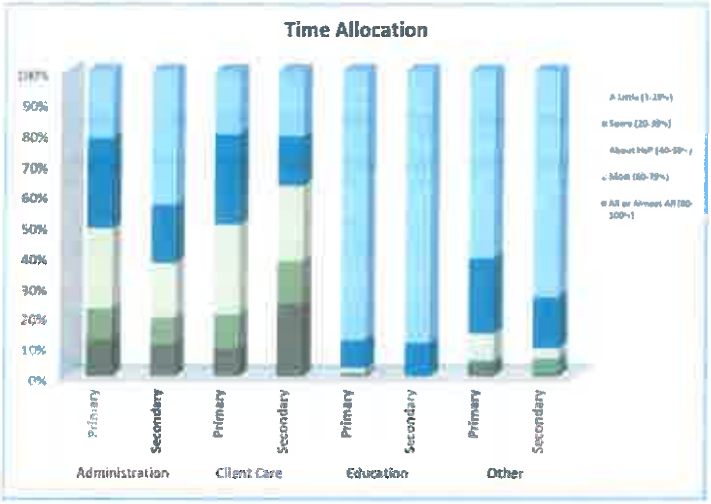
Client Care:	21%
Administrative:	22%
Education:	1%

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								
	Admin.		Client Care		Education		Other	
Time Spent	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.

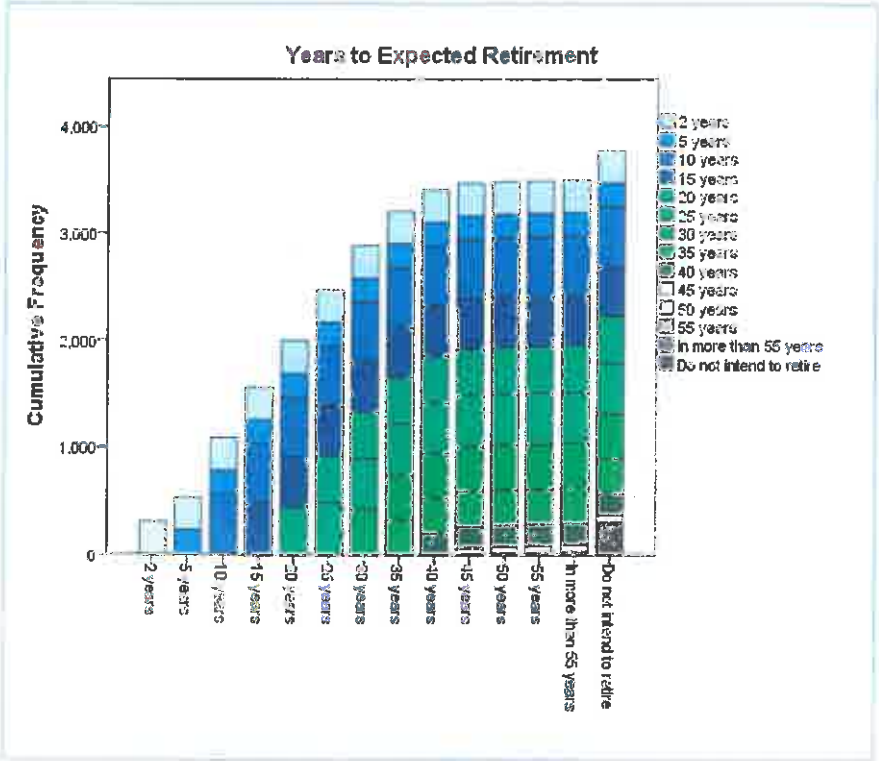
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	0	0%
Leave Virginia	0	0%
Decrease Client Care Hours	0	0%
Decrease Teaching Hours	14	1%
Increase Participation		
Increase Client Care Hours	0	0%
Increase Teaching Hours	54	4%
Pursue Additional Education	119	9%
Return to Virginia's 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	68	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

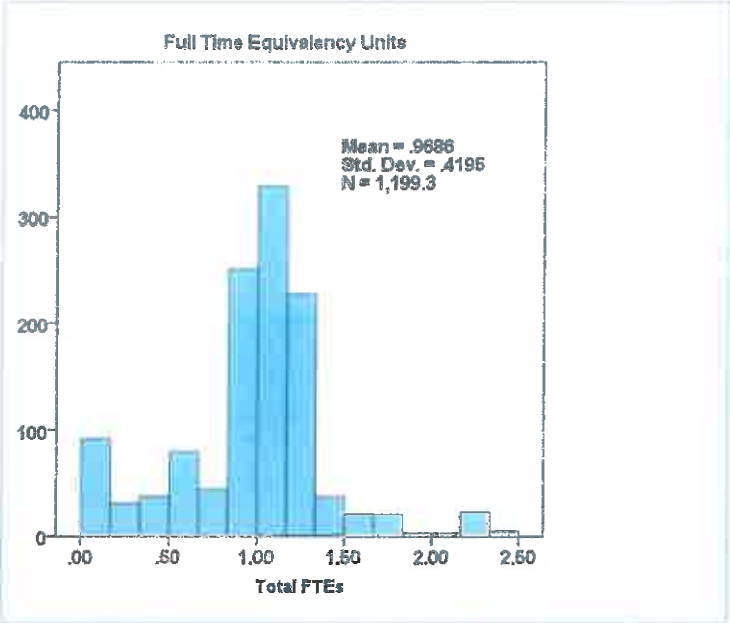
Age & Gender Effect

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:

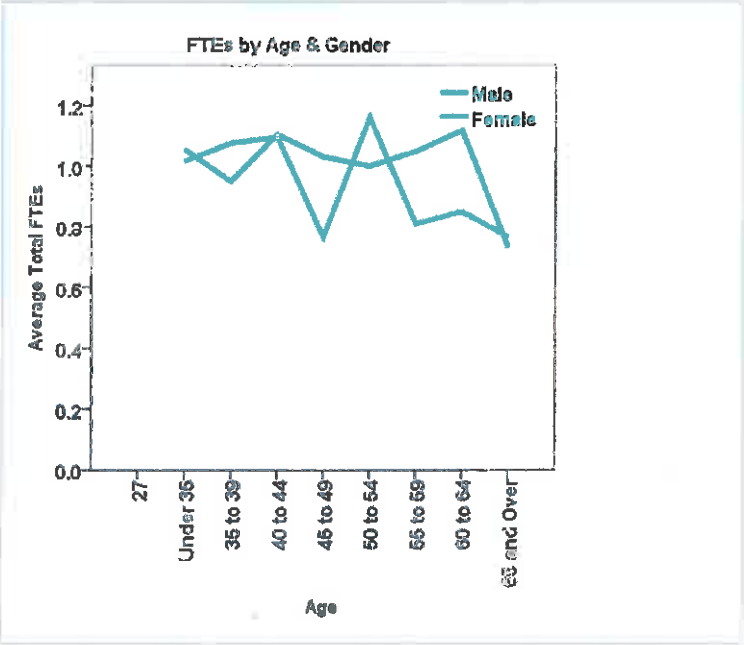


Source: Va. Healthcare Workforce Data Center

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

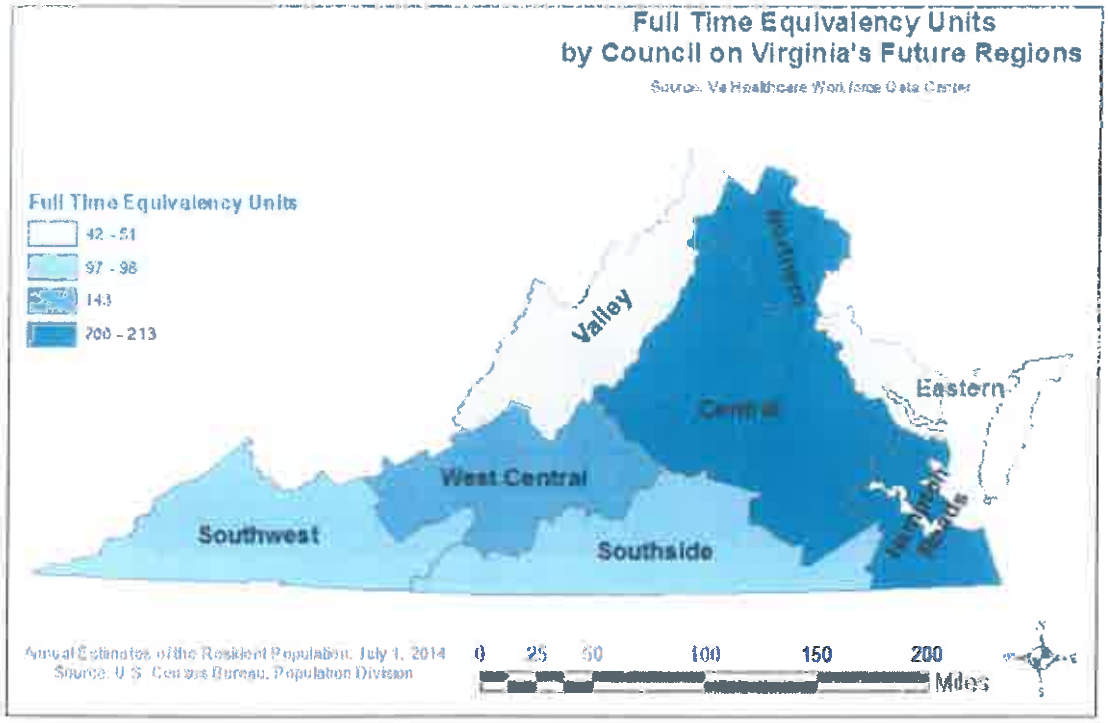


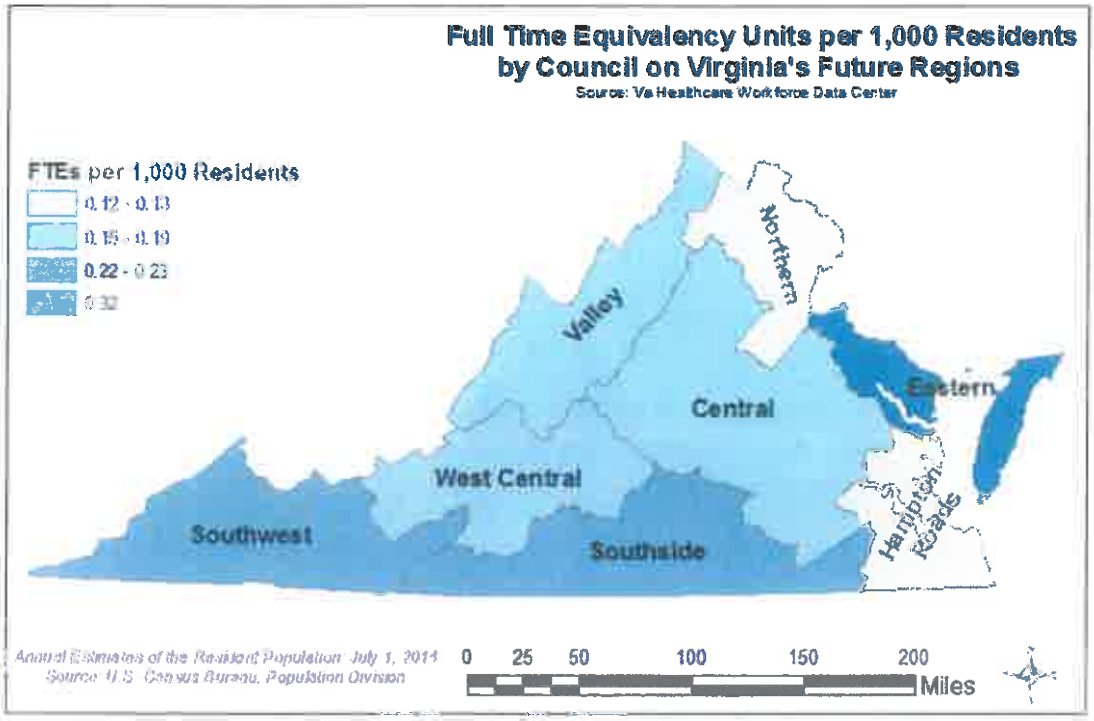
Source: Va Healthcare Workforce Data Center

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

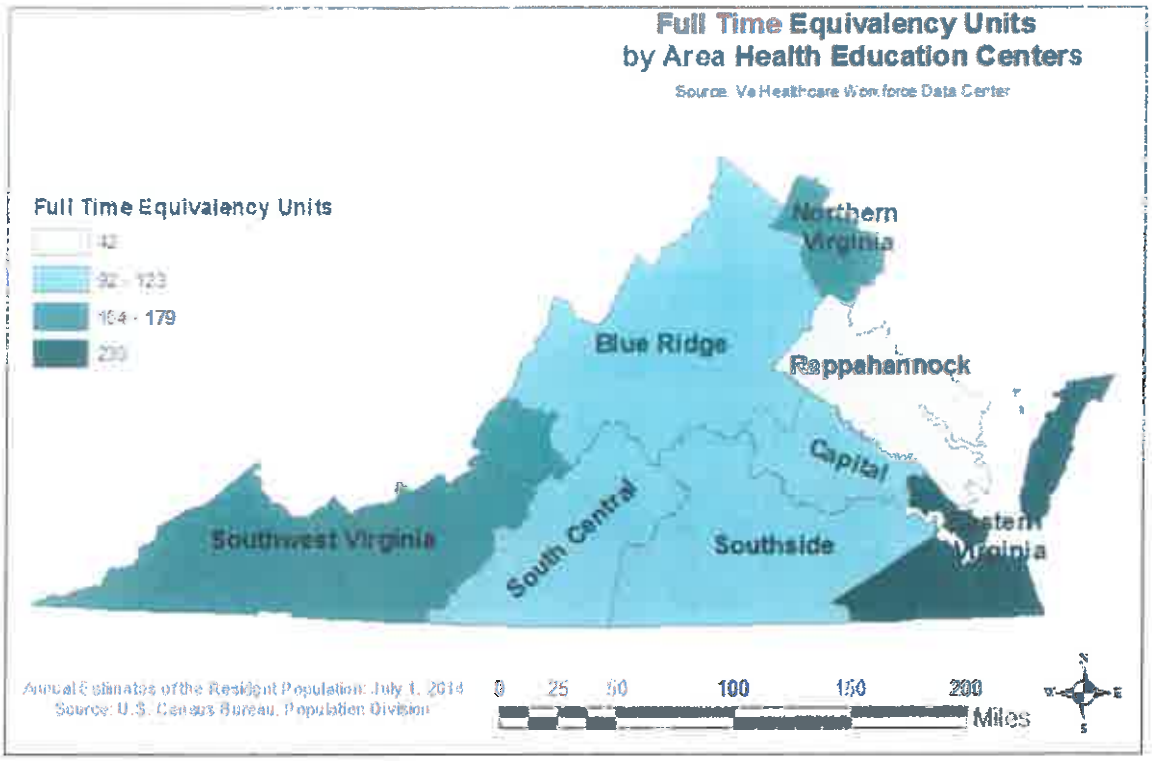
Maps

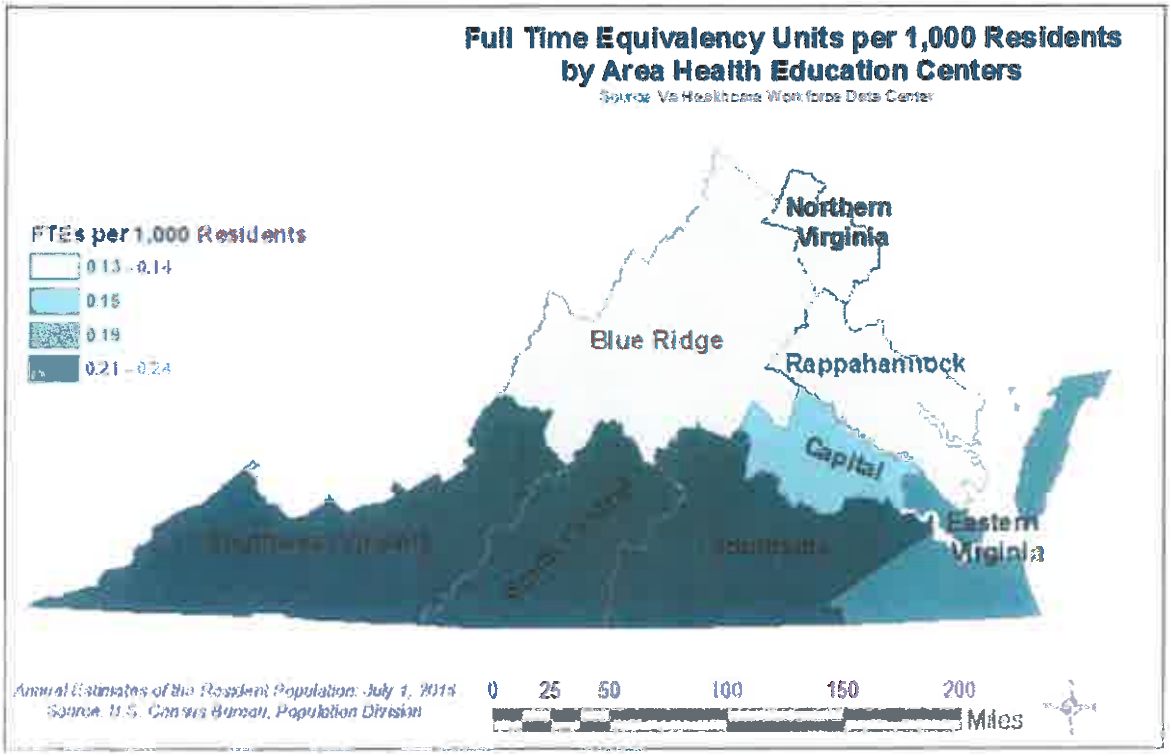
Council on Virginia's Future Regions



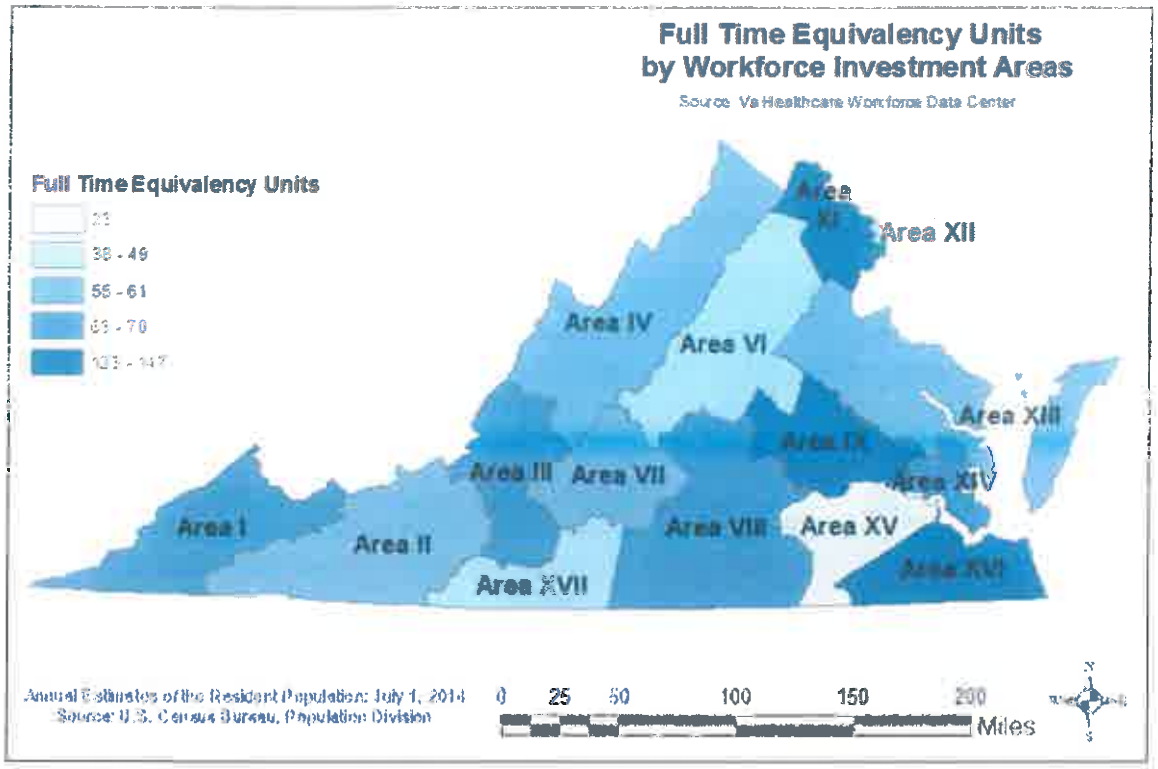


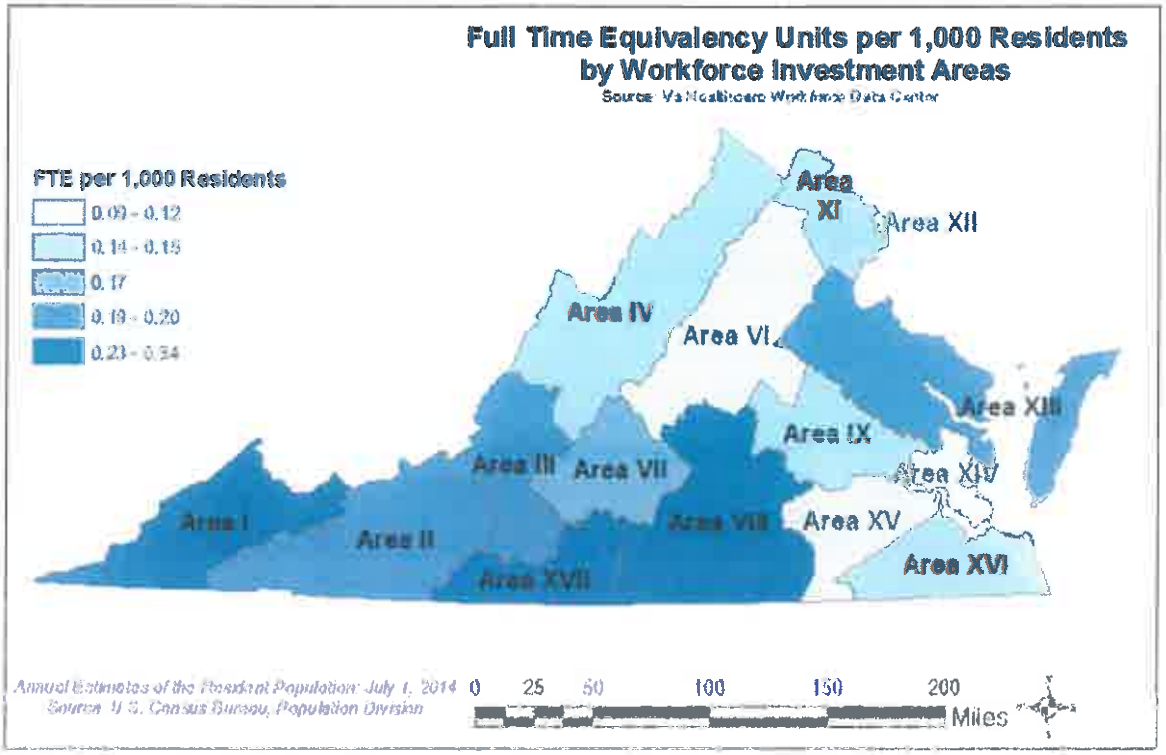
Area Health Education Center Regions

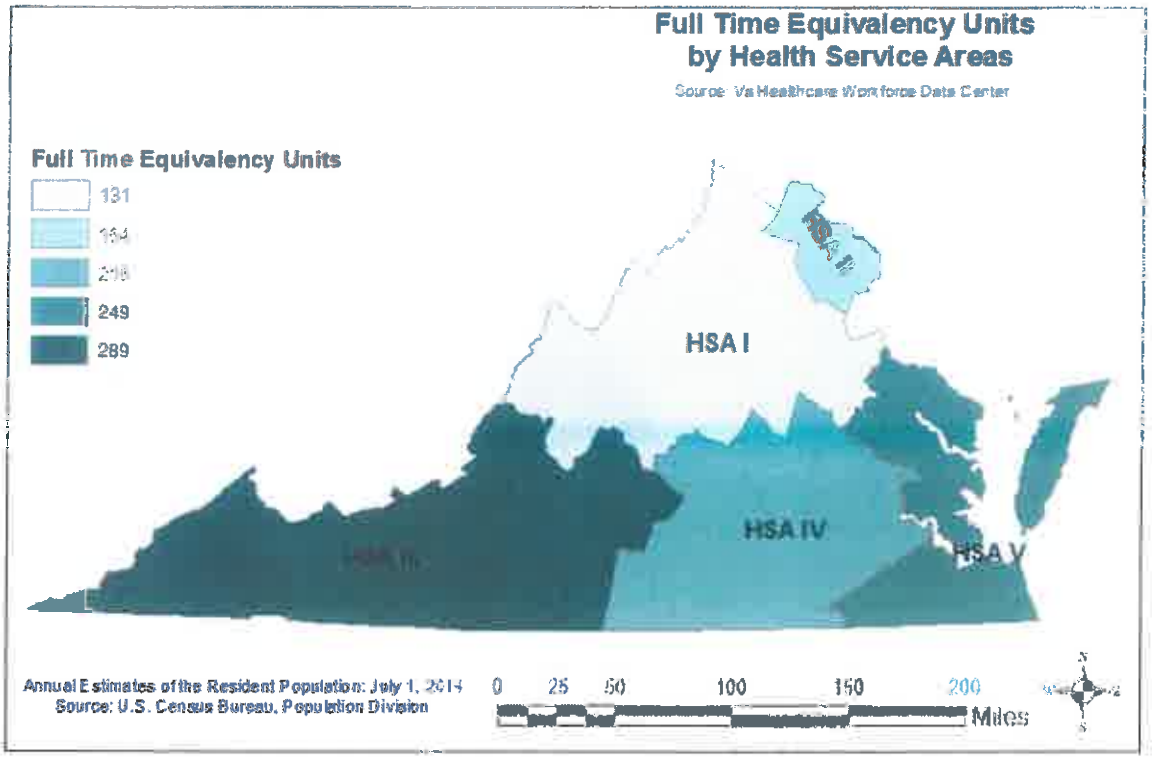


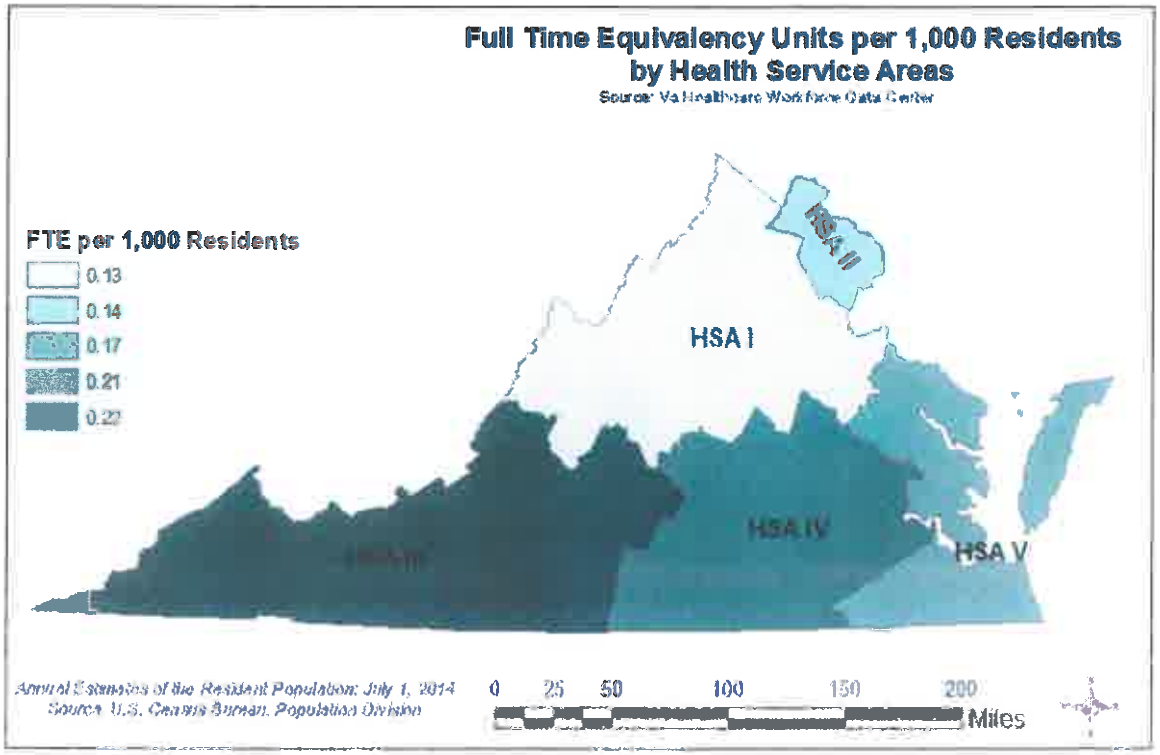


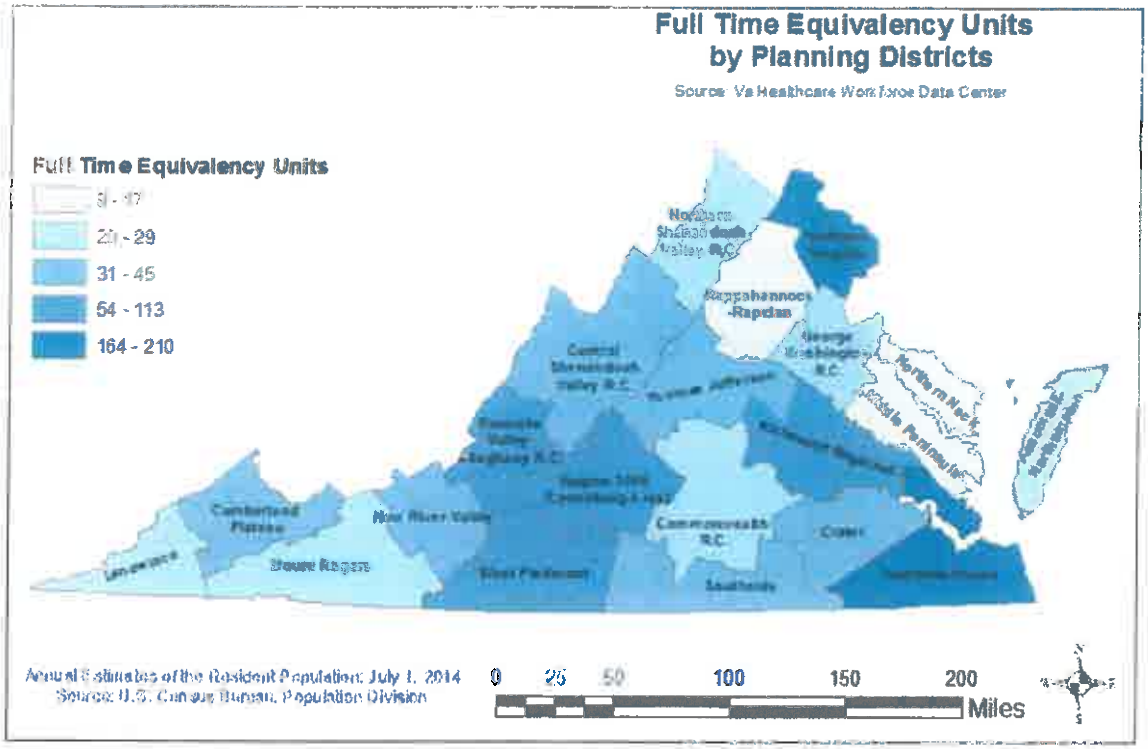
Workforce Investment Areas

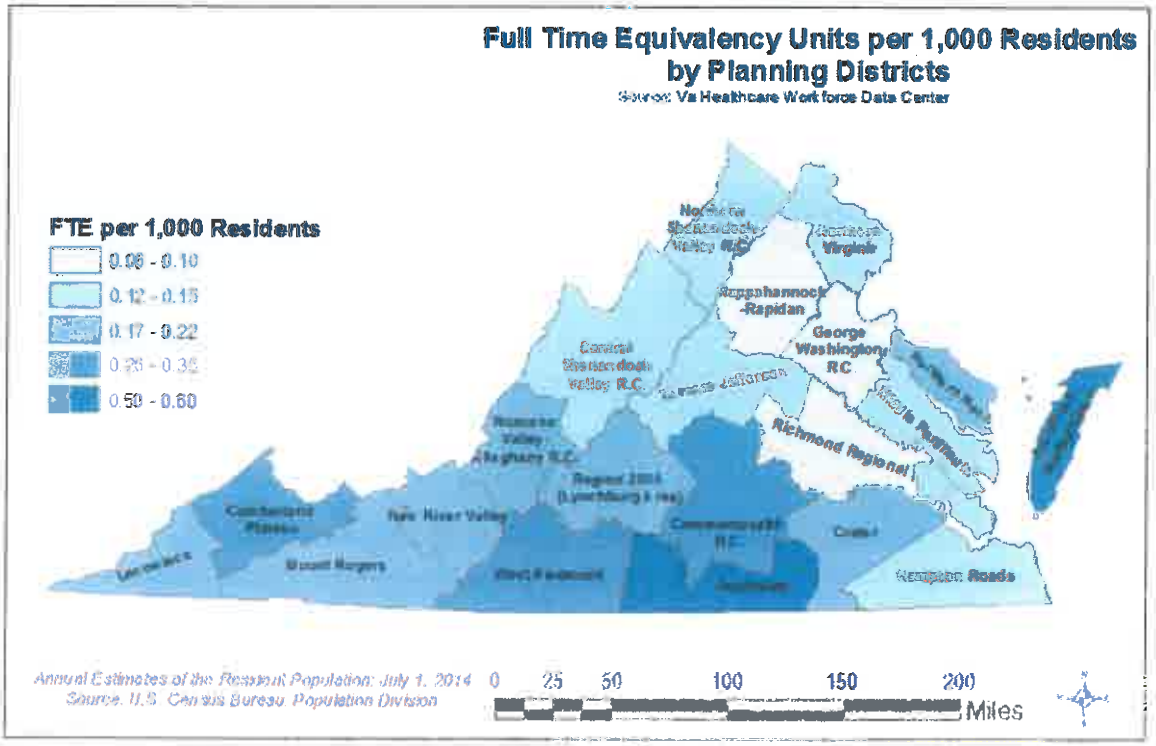





Full Time Equivalency Units
by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
131
154
218
249
289
HSA I
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units per 1,000 Residents
by Health Service Areas
Source: Va Healthcare Workforce Data Center
FTE per 1,000 Residents
0.13
0.14
0.17
0.21
0.22
HSA I
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units
by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
20 - 29
31 - 45
54 - 113
164 - 210
Rappahannock -Rapidan
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0
25
50
100
150
200
Miles


Full Time Equivalency Units per 1,000 Residents
by Planning Districts
Source: Va Healthcare Workforce Data Center
FTE per 1,000 Residents
0.12 - 0.15
0.17 - 0.22
0.50 - 0.60
Rappahannock -Rapidan
George Washington R.C.
Richmond Regional
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2014
Source: U.S. Census Bureau, Population Division
0
25
50
100
150
200
Miles

Appendix A: Weights

Rural Status	Location Weight #	Location Weight Rate	Location Weight Weight	Total Weight Min	Total Weight 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

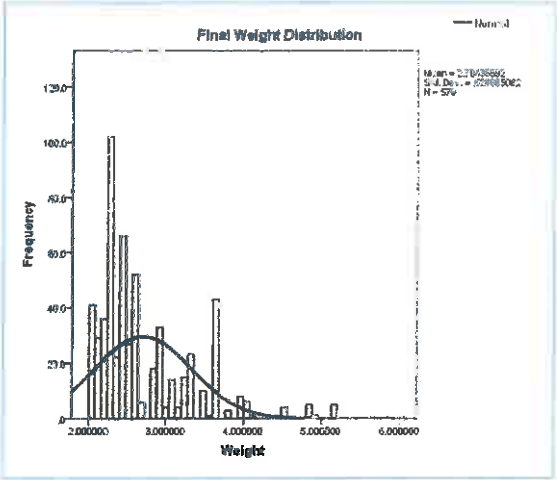
Age	Age Weight #	Age Weight Rate	Age Weight Weight	Total Weight Min	Total Weight Max
Under 30	175	43.43%	2.302631579	2.031991	3.044446
30 to 34	123	40.65%	2.46	2.170863	3.252512
35 to 39	164	39.63%	2.523076923	2.226526	3.528651
40 to 44	183	33.88%	2.951612903	2.604693	4.12798
45 to 49	197	42.13%	2.373493976	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:

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

Tab 3

Virginia Board of Funeral Directors and Embalmers

Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement

Applicants for licensure or registration by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations shall be issued a license, registration, or certificate pursuant to authority delegated to the Executive Director of the Board of Funeral Directors and Embalmers as specified in the Bylaws of the Board. (*See* Article V, Bylaws.)

An applicant whose license, registration, or certificate has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. (Va. Code § 54.1-2408.) A suspension or revocation by another jurisdiction that has been stayed on terms is not considered to be reinstated for purposes of Va. Code § 54.1-2408.

Affirmative responses to any questions on applications for licensure, registration, or certification that might constitute grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, registration, or certificate, or impose sanction shall be referred to the Board President for guidance on how to proceed.

A criminal conviction for any felony may cause an applicant to be denied licensure or registration. Each applicant, however, is considered on an individual basis, and there are no criminal convictions or impairments that are an absolute bar to licensure or registration by the Board of Funeral Directors and Embalmers. The Board may, in its discretion, license an individual convicted of a felony if he or she has successfully fulfilled all conditions of sentencing, been pardoned, or had his or her civil rights restored. (Va. Code § 54.1-2813.) The Board shall not, however, approve an application to be a funeral service intern for any person convicted of embezzlement or of violating subsection B of § 18.2-126. (Va. Code § 54.1-2817.)

Applications for licensure, registration, and certification include questions about the applicant's history, including:

1. Any and all criminal convictions;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure, certification, or registration in another state or jurisdiction; and
3. Any mental or physical illness or chemical dependency condition that could interfere with the applicant's ability to practice.

Replying "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It simply means more information must be gathered and considered before a decision can be made. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Funeral Directors and Embalmers has the ultimate authority to approve or deny an applicant for licensure, registration, or certification (Va. Code § 54.1-2806.)

The following information will be requested from an applicant with criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, evidence of paid fines and restitution, etc.); and
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s).

The following information will be requested from an applicant with past disciplinary action or licensure/certification/registration denial in another state (unrelated to criminal convictions):

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity;
- A certified copy of any subsequent actions (i.e. reinstatement), if applicable; and
- A letter from the applicant explaining the factual circumstances leading to the action or denial.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) describing diagnosis, treatment regimen, compliance with treatment, and an analysis of the applicant's ability to practice safely; and
- A letter from the applicant explaining the factual circumstances of the condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/Na meetings, etc.).

The Executive Director may approve the application without referral to the Board President in the following cases:

1. The applicant's history of a criminal conviction does not constitute grounds for denial (any felony or any misdemeanor involving moral turpitude) or constitute grounds for Board action pursuant to §54.1-2806 of the Code of Virginia. (Article V, Bylaws; Va. Code § 54.1-2806.)
2. The applicant has a history of criminal conviction for felonies or misdemeanors involving moral turpitude, but the following criteria are met:
   - Conviction history includes only misdemeanors which are greater than 5 years old, as long as court requirements have been met;
   - If one misdemeanor conviction is less than 5 years old, the court requirements have been met, and the crime was unrelated to the license or registration sought; or
   - If the applicant was convicted of one felony more than 10 years ago, when that one felony was non-violent in nature and all court/probationary/parole requirements have been met.
3. Reported juvenile convictions.
4. Applicants with a conviction history previously reviewed and approved by the Board of Funeral Directors and Embalmers, provided no subsequent criminal convictions exist. (Article V, Bylaws.)

Tab 4

Agenda Item: Board action on Public Participation Guidelines (PPG)

Included in your agenda package are:

A copy of the applicable law in the Administrative Process Act (APA)

A copy of the applicable section of the Board's PPG regulations

Staff Note:

The action to conform the regulation to language in the Code.

Board action:

To adopt the amendment to 18VAC65-11-50.

§ 2.2-4007.02. Public participation guidelines

A. Public participation guidelines for soliciting the input of interested parties in the formation and development of its regulations shall be developed, adopted, and used by each agency pursuant to the provisions of this chapter. The guidelines shall set out any methods for the identification and notification of interested parties and any specific means of seeking input from interested persons or groups that the agency intends to use in addition to the Notice of Intended Regulatory Action. The guidelines shall set out a general policy for the use of standing or ad hoc advisory panels and consultation with groups and individuals registering interest in working with the agency. Such policy shall address the circumstances in which the agency considers the panels or consultation appropriate and intends to make use of the panels or consultation.

B. In formulating any regulation, including but not limited to those in public assistance and social services programs, the agency pursuant to its public participation guidelines shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency, to include an online public comment forum on the Virginia Regulatory Town Hall, or other specially designated subordinate and (ii) be accompanied by and represented by counsel or other representative. However, the agency may begin drafting the proposed regulation prior to or during any opportunities it provides to the public to submit comments.

2007, cc. 873, 916;2012, c. 795.

Project 4681 - none

BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Conformity to Code

Part III

Public Participation Procedures

18VAC65-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.

2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).

2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a reproposed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

Agenda Item: Board action on Continuing Education Regulations

Included in your agenda package are:

A copy of HB319 of the 2016 General Assembly

A copy of the DRAFT regulations

Staff Note:

The legislation requires promulgation of regulations to allow some volunteer service time to count towards meeting CE requirements. The mandate takes effect January 1, 2017.

Board action:

1) **To adopt the draft changes by a fast-track action; or**

2) **To adopt a different amendment as discussed by the Board.**

VIRGINIA ACTS OF ASSEMBLY -- 2016 SESSION

CHAPTER 82

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to continuing education requirements; volunteer health services.

[H 319]

Approved March 1, 2016

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) ~~which~~ *that* are reasonable and necessary to administer effectively the regulatory system, *which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services.* Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) ~~of this title~~.

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.) of this title. Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019, upon receipt of information that a practitioner may be subject to a disciplinary action. The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered or licensed practitioner or person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered or licensed practitioner who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

2. That the provisions of this act shall become effective on January 1, 2017.

18VAC65-20-151. Continued Competency Requirements for Renewal of an Active License.

A. Funeral service licensees, funeral directors or funeral embalmers shall be required to have completed a minimum of five hours per year of continuing education offered by a board-approved sponsor for licensure renewal in courses that emphasize the ethics, standards of practice, preneed contracts and funding, or federal or state laws and regulations governing the profession of funeral service. One hour per year shall cover compliance with laws and regulations governing the profession, and at least one hour per year shall cover preneed funeral arrangements. One hour of the five hours required for annual renewal may be satisfied through delivery of professional services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic. For the purposes of continuing education credit for volunteer service, an approved sponsor shall be a local health department or free clinic.

B. Courses must be directly related to the scope of practice of funeral service. Courses for which the principal purpose is to promote, sell or offer goods, products or services to funeral homes are not acceptable for the purpose of credit toward renewal.

C. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

D. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

Tab 5

VIRGINIA BOARD OF FUNERAL DIRECTORS AND EMBALMERS
BYLAWS

ARTICLE I: GENERAL

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

A. Election of Officers.

1. The organizational year for the Board shall be from July 1st through June 30th. During the last quarter of the organizational year, the Board shall elect from its members a President, Vice-President and Secretary-Treasurer ~~with an effective date of the next regularly scheduled Board meeting~~. The term of office shall be one year; ~~a person may serve in the same office for one additional term.~~ an officer may be re-elected in that same position for a second consecutive term. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.

2. A vacancy occurring in any office shall be filled during the next meeting of the Board.

B. Duties of Officers.

1. The President presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.

2. The Vice-President shall act as President in the absence of the President.

3. The Secretary-Treasurer shall perform those duties necessary and shall preside in the absence of the President and the Vice-President.

3. In the absence of the President, Vice-President and Secretary-Treasurer, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.

C. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: MEETINGS.

A. For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum

of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

B. The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.

2. Approval of minutes.

3. The Executive Director and the President shall collaborate on the remainder of the agenda.

ARTICLE IV: COMMITTEES

A. Standing Committees:

1. Special Conference Committee.

The committee shall hold informal conferences with the right to change the date or cancel any meeting. The President may designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.

2. Examination Committee.

The committee shall consist of three board members, two funeral service licensees and one citizen member. The committee shall meet as required for the purpose of writing new items for the jurisprudence examination to maintain the integrity, defensibility and current status of the examination for the purpose of licensure.

3. Credentials Committee.

The committee shall consist of two board members. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.

4. Legislative/Regulatory Committee.

The committee shall consist of at least three Board members. The committee is responsible for the development of proposals for new regulations or amendments to existing; the recommendation on response to a petition for rulemaking; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations.

5. Continuing Education Committee.

The committee shall consist of at least two board members who review requests from licensees who shall meet as required to review applications for approval of continuing funeral service education programs and other matters related to continuing education. The Board delegates the approval of continuing funeral service programs to the committee.

B. Ad Hoc Committees

There may be Ad Hoc Committees consisting of at least two persons who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise or make recommendations for consideration by the Board.

ARTICLE V: GENERAL DELEGATION OF AUTHORITY

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.

2..The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action unless specified in the Board order.

3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents.

4. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.

5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

6. The Board delegates to the Executive Director, who shall consult with a member of a special conference committee, the authority to review information regarding alleged violations of law or regulations and determine whether probable cause exists to proceed with possible disciplinary action.

7. The Board delegates to the President, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

8. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

9. The Board delegates to the Department of Health Professions' inspectors the authority to issue a Compliance Notice upon completion of an inspection, and the Board delegates to the Executive Director the authority to issue letters regarding reported deficiencies to the facilities or licensees.

10. The Board delegates to the Executive Director the review and approval of hardship waiver applications. Should the Executive Director receive a non-routine application regarding the waiver provision, the application may be reviewed for approval by the Credentials Committee.

11. The Board delegates to the Executive Director, the authority to approve applications with criminal convictions in accordance with Guidance Document 65-3.

ARTICLE V1. AMENDMENTS

A board member or staff personnel may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any regularly scheduled meeting of the Board. Such proposed amendment shall be adopted upon favorable vote of at least two-thirds of the Board members present at said meeting.

Tab 6

Guidance Document 65-12

Board of Funeral Directors and Embalmers

CONFIDENTIAL CONSENT AGREEMENTS

Legislation enacted in 2003 authorizes the health regulatory boards to resolve certain allegations of practitioner misconduct by means of a *Confidential Consent Agreement ("CCA").* This agreement may be used by a board in lieu of public discipline, but only in cases involving minor misconduct and non-practice related infractions, where there is little or no injury to a patient or the public, and little likelihood of repetition by the practitioner.

A CCA shall not be used if the board determines there is probable cause to believe the practitioner has (i) demonstrated gross negligence or intentional misconduct in the care of patients, or (ii) conducted his/her practice in a manner as to be a danger to patients or the public.

A CCA shall be considered neither a notice nor an order of a health regulatory board, both of which are public documents. The acceptance and content of a CCA shall not be disclosed by either the board or the practitioner who is the subject of the agreement.

A CCA may be offered and accepted any time prior to the issuance of a notice of informal conference by the board. By law, the agreement document must include findings of fact and may include an admission or a finding of a violation. The entry of a CCA in the past may be considered by board in future disciplinary proceedings. A practitioner may only enter into only two confidential consent agreements involving a standard of care violation within a 10-year period. The practitioner shall receive public discipline for any subsequent violation within the 10-year period, unless the board finds there are sufficient facts and circumstances to rebut the presumption that such further disciplinary action should be made public.

At the March 9, 2004, the Board of Funeral Directors and Embalmers voted unanimously to adopt the following list of violations of regulation or statute that may qualify for resolution by a Confidential Consent Agreement:

- Failure to correct minor deficiencies (1to2) within three to five years of earlier inspection
- Failure to renew establishment license within 6 months of expiration date without evidence of practice
- Failure to respond to first notice of inspection deficiencies citations
- Failure to notify the Board of change of manager within six months of change
- Failure to file DOH – Vital Statistics report for one to five deaths
- Failure to obtain all five cues units within first renewal without hardship request
- Failure to properly to properly advertise licensed name in advertising
- Failure to release custody of body upon request of next of kin for non-payment
- Failure to obtain permission of next of kin to embalm
- Failure to write FSL license number on preneed contracts
- Failure to properly maintain preneed documents at main establishment
- Failure to provide Q&A to buyer as part of preneed contract
- Failure to submit resident trainee reports within 6O days of due date
- Failure to notify Board of change of supervisor and/or training site
- Failure to properly document regulations stating embalmings and/or funerals for 18 month reports

Tab 7

FOR DISCUSSION ON REFRIGERATION & EMBALMING

CODE OF VIRGINA:

§ 54.1-2806. Refusal, suspension or revocation of license.

26. Failure to ensure that a dead human body is maintained in refrigeration at no more than approximately 40 degrees Fahrenheit or embalmed if it is to be stored for more than 48 hours prior to disposition. A dead human body shall be maintained in refrigeration and shall not be embalmed in the absence of express permission by a next of kin of the deceased or a court order;

§ 54.1-2811.1. Handling and storage of human remains.

A. Upon taking custody of a dead human body, a funeral service establishment shall maintain such body in a manner that provides complete coverage of the body and that is resistant to leakage or spillage, except during embalming or preparation of an unembalmed body for final disposition; restoration and dressing of a body in preparation for final disposition; and viewing during any visitation and funeral service.

B. If a dead human body is to be stored for more than 48 hours prior to disposition, a funeral services establishment having custody of such body shall ensure that the dead human body is maintained in refrigeration at no more than approximately 40 degrees Fahrenheit or embalmed. A dead human body shall be maintained in refrigeration and shall not be embalmed in the absence of express permission by a next of kin of the deceased or a court order.

C. If a dead human body is to be stored for more than 10 days prior to disposition at a location other than a funeral service establishment; the funeral service establishment shall disclose to the contract buyer the location where the body is to be stored and the method of storage.

D. Funeral services establishments, crematories, or transportation services shall not transport animal remains together with dead human bodies. Further, animal remains shall not be refrigerated in a unit where dead human bodies are being stored.

REGULATIONS (18 VAC 65-20-10 et seq.)

18VAC65-20-436. Standards for registered crematories or funeral establishments relating to cremation.

B. Standards for cremation. The following standards shall be required for every crematory:

5. Whenever a crematory is unable to cremate the remains within 24 hours upon taking custody thereof, the crematory shall maintain the remains in refrigeration at approximately 40 degrees Fahrenheit or less, unless the remains have been embalmed.

2017 Board Meeting Calendar

January 10th

April 18th

July 18th

October 10th

Meetings will begin at 10:00 a.m. unless otherwise noted.

Please allow for a full day on your calendar in the event we have formal hearings and/or informal conferences.