



Virginia Department of
Health Professions
2022 - 2024 Biennial Report

FROM JULY 1, 2022 TO JUNE 30, 2024

Table Of Contents

About DHP	3
Director's Message	4
Executive Office	5
Support Divisions	6
Licensure	7
Introduction of Boards & Programs	8
Explanation of Key Performance Measures	9
Key Performance Measures	10
Audiology & Speech-Language Pathology	12
Counseling	16
Dentistry	22
Funeral Directors & Embalmers	27
Health Professions	32
Long-Term Care Administrators	34
Medicine	40
Nursing	47
Optometry	54
Pharmacy	58

Physical Therapy	66
Psychology	70
Social Work	76
Veterinary Medicine	81
Health Practitioners' Monitoring Program	85
Prescription Monitoring Program	87
Healthcare Workforce Data Center	90

Appendices

▪ Appendix A - Licenses	93
▪ Appendix B - Complaints Against Licensees	103
▪ Appendix C - Violations	112
▪ Appendix D - Sanctions	123
▪ Appendix E - Categories	136
▪ Appendix F - Confidential Consent Agreements	159
▪ Appendix G - Disciplinary Staff	160
▪ Appendix H - Financial Overview	161

Department of Health Professions

The Virginia Department of Health Professions (DHP) is the umbrella agency for the 13 health regulatory boards and the Board of Health Professions that together license and regulate nearly 500,000 healthcare practitioners across 62 professions. Health regulatory boards also regulate select facilities and programs such as pharmacies, funeral establishments, and veterinary establishments, including nursing education and pharmacy technician training programs.

Boards

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

Programs

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

Our Mission

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



Our Vision

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

Director's Message



Arne W. Owens
Director

The mission of the Department of Health Professions (DHP) is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

The work underlying this mission is challenging and complex. DHP consists of 13 licensing boards that regulate 62 health professions, as well as pharmacy, veterinary, funeral and dental facilities. We issue over 500,000 licenses and permits, investigate complaints against licensees, and inspect pharmacies, funeral homes, dental facilities, and veterinary establishments. We also regulate state-wide nursing education and pharmacy technician programs.

Our Boards and Advisory Boards rely on 187 gubernatorial appointees to make disciplinary and licensure decisions, set policy, recommend legislation, and promulgate regulations. In FY 2023 and FY 2024, we received 15,593 complaints against licensees, opened 19,661 investigations, took 12,467 disciplinary actions, and suspended or revoked 2,326 licenses.

Compared to the last biennium, the number of investigations increased by 3,351, a 21% increase. There were 22,727 cases in 30 different categories, a 9% growth in cases compared to the last biennium. The majority of cases, overall, involved standard of care issues, but over 3,908 related to the inability to safely practice, drug-related patient care, and inappropriate prescribing. I call to your attention the robust data contained in the appendices.

DHP is a non-general fund agency, relying on licensing fees, which are among the lowest in the nation. In addition to our licensing boards, the Department is home to the Board of Health Professions (BHP), the Healthcare Workforce Data Center (HWDC), the Prescription Monitoring Program (PMP), and the Health Practitioners' Monitoring Program (HPMP).

The BHP advises the Agency Director, the Secretary of Health and Human Resources, the Governor, and the General Assembly on matters

relating to regulation of healthcare providers. The HWDC conducts licensure renewal surveys of selected professions, providing the Commonwealth with valuable supply-side data to help meet the growing healthcare needs of Virginians. The PMP operates a 24/7 database of prescriptions, a resource for physicians and other prescribers in their care of patients and a key tool to prevent misuse or diversion of prescription medications. The HPMP provides monitoring services to qualified healthcare practitioners to assist in the treatment and recovery process to allow for a safe return to practice.

DHP actively collaborates with other agencies and stakeholders on a variety of important healthcare issues, such as expanding the healthcare workforce, expanding interstate licensing compacts, and telemedicine standards. Our Boards, along with the PMP, have been integral to Virginia's efforts to address the crisis in opioid addiction and substance use disorder.

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

A handwritten signature in black ink that reads "Arne W. Owens". The signature is written in a cursive style with a large, prominent "A" and "O".



Leslie Knachel

Chief Operating Officer

The Chief Operating Officer oversees all administrative support functions at the Department of Health Professions, including Audit, Business Services, Emergency Management, Finance (Budget and Accounting), Human Resources, Procurement, Information Technology, and Training. The position is responsible for ensuring efficient agency operations and collaboration among the Boards, Programs, Enforcement, Administrative Proceedings Division and Administration needed to support the primary and programmatic activities of the Department.



Kelly Smith

Director of Communications

The Director of Communications supports the mission of DHP by supplying accurate and timely information to the public through the management of conventional media relations as well as the use of social media. She assists in the development of both internal and external communication materials.



Erin Barrett

Director of Legislative and Regulatory Affairs

The Senior Policy Analyst works with the 13 health regulatory boards and relevant committees and advisory boards on the development of regulations, legislation, and guidance documents. During the General Assembly, the Policy Analyst prepares legislative action summaries for all bills relating to health professions and tracks legislation for the Department.

Administrative Proceedings Division

James Banning, Director

The Administrative Proceedings Division is responsible for the preparation, processing, and prosecution of disciplinary and applicant cases for the health regulatory boards of the department. The specific responsibilities of APD include providing professional legal support and administering the agency's adjudication function by preparing cases for prosecution, presenting cases at informal conferences and hearings, negotiating settlements, and filing motions. APD also manages the reporting of all final disciplinary dispositions to the National Practitioner Databank.

Information Technology Services Division

Robert Jenkins, Director

The Information Technology Services Division is responsible for implementing and supporting agency mission critical automated systems, web sites, related computerized applications, and technology operations and production services for the agency. This division is also responsible for supporting the development and implementation of agency-wide initiatives.

Enforcement Division

Sarah Rogers, Director

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

Finance Division

Chris Moore, Director

The Finance Division is responsible for all financial transactions, establishing budgets, conducting financial analysis, ensuring internal controls are met, and forecasting to establish DHP's regulatory fee structure.

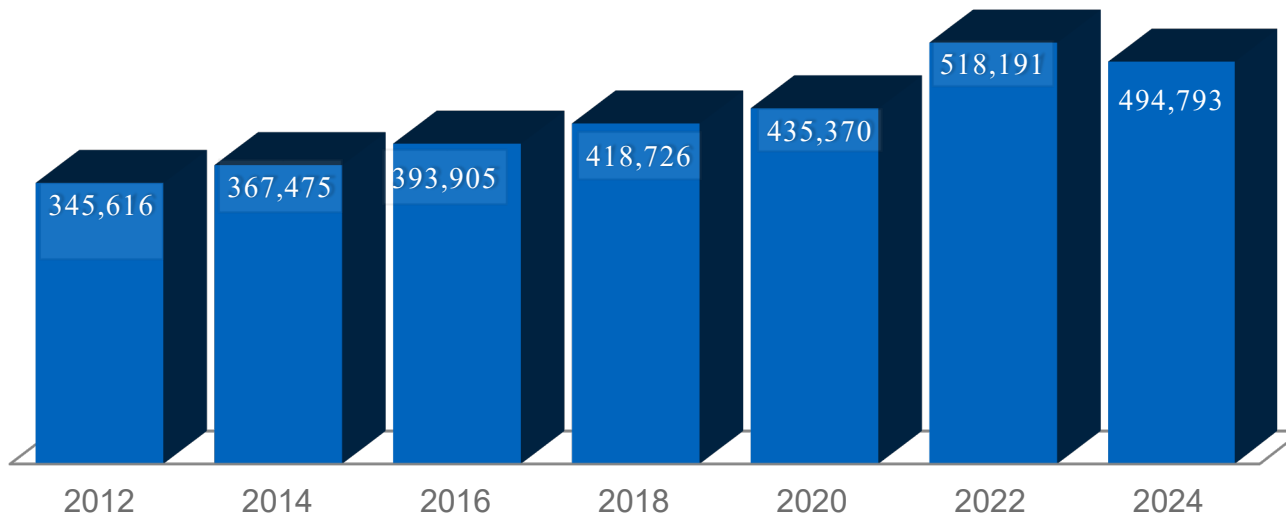
Licensure

The total number of licenses issued by DHP dropped by 4.5% compared to the previous biennium due to the Board of Pharmacy transitioning oversight of the medical cannabis program to Virginia's Cannabis Control Authority during the 23-24 biennium. This resulted in a loss of 23,000 licensees from the program. Nevertheless, it is worth noting that there was a 5% increase in the total number of licensees in other boards. As the demand for healthcare services and the number of new healthcare professions continue to increase in the commonwealth, we expect future increases in the licensure count.



Licensure Count

as of June 30 of the indicated year



The following information highlights the primary issues, accomplishments, revenue and expenditures for this biennium for each of the 13 regulatory boards and the Board of Health Professions, as well as three programs (Healthcare Workforce Data Center, Health Practitioners' Monitoring, and Prescription Monitoring). For more information on board and programmatic subjects, links are provided on the agency's website: <https://www.dhp.virginia.gov/>.

DHP is a special fund agency that receives the money necessary to operate largely through fees charged to those licensed or certified through the health regulatory boards. The *Code of Virginia* requires, with one exception, that each of the 13 health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses. The only regulated health profession whose costs are not paid entirely by registration fees is Certified Nurse Aides (CNAs) under the Board of Nursing. Nurse Aides are regulated pursuant to a federal mandate, and the federal government provides some funding for their regulation.



In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Key Performance Measures (KPMs) offer a concise, balanced, and data-based method to measure disciplinary case processing. Three measures enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload: Clearance Rate, Age of Pending Caseload, and Time to Disposition.

Two additional KPMs are used to aid management in assessing its performance in the area of licensure. Applicant Satisfaction and Initial Applications Processed within 30 Days assist management in fulfilling its mission regarding timeliness and good customer service as it relates to licensure processing.

Variation of percentages within boards that handle a small number of cases tends to be greater.

Clearance Rate: The number of closed cases as a percentage of the number of received cases during the same time period. A 100% clearance rate means that the agency is closing the same number of cases as it receives. DHP's goal was to achieve a 100% clearance rate of allegations of misconduct through the end of FY 2024.

Age of Pending Caseload: The percent of patient care cases open longer than 415 business days. This measure tracks the backlog of patient care cases to aid management in providing specific closure targets. The goal was to reduce the percentage of open patient care cases older than 415 days to no more than 20% by the end of FY 2024.

Time to Disposition: The percent of patient care cases closed within 415

days during the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal was to resolve 90% of cases related to patient care within 415 business days by the end of FY 2024.

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

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

Board	FY	Clearance rate	Age of pending caseload	Time to disposition	Applicant satisfaction	Initial applications	Total Licences
Audiology	FY 23	150%	27%	64%	91%	100%	6,117
	FY 24	78%	15%	79%	96%	100%	6,481
Counseling	FY 23	132%	16%	90%	90%	98%	40,118
	FY 24	100%	15%	84%	93%	99%	41,965
Dentistry	FY 23	80%	7%	91%	81%	99%	15,186
	FY 24	134%	14%	87%	99%	100%	15,413
Funeral Directors & Embalmers	FY 23	600%	38%	61%	82%	100%	3,287
	FY 24	1233%	78%	11%	92%	100%	2,969
Long-term Care Administrators	FY 23	152%	25%	21%	100%	100%	2,159
	FY 24	114%	39%	39%	100%	100%	2,172
Medicine	FY 23	115%	11%	95%	85%	100%	87,470
	FY 24	102%	9%	95%	92%	100%	93,006
Nursing	FY 23	116%	18%	75%	85%	99%	232,398
	FY 24	95%	14%	80%	92%	99%	238,150
Optometry	FY 23	129%	7%	87%	96%	100%	1,826
	FY 24	152%	11%	78%	100%	99%	1,865
Pharmacy	FY 23	130%	7%	88%	91%	100%	66,111
	FY 24	106%	9%	91%	96%	100%	45,347

Board	FY	Clearance rate	Age of pending caseload	Time to disposition	Applicant satisfaction	Initial applications	Total Licences
Physical Therapy	FY 23	171%	31%	74%	97%	100%	14,270
	FY 24	159%	37%	56%	98%	100%	15,074
Psychology	FY 23	144%	58%	70%	97%	100%	6,246
	FY 24	123%	47%	42%	92%	100%	6,488
Social Work	FY 23	37%	43%	82%	94%	99%	14,913
	FY 24	69%	52%	78%	96%	99%	16,553
Veterinary Medicine	FY 23	137%	14%	89%	93%	100%	9,016
	FY 24	71%	12%	82%	94%	100%	9,310

Agency	FY 23	116%	18%	85%	87%	99%	499,117
	FY 24	101%	16%	85%	93%	99%	494,793

Who We Are

The Virginia Board of Audiology and Speech-Language Pathology consists of a seven-member Board, as well as administrative, enforcement, licensing, and support staff.

What We Do

The following professions are regulated by the Board of Audiology and Speech-Language Pathology.

- Audiologist
- Speech-Language Pathologist
- School Speech-Language Pathologist



EXECUTIVE DIRECTOR

Kelli Moss

Board Members

Revenue:
\$995,092
 Expenditures:
\$916,271
 Total Licenses as of June 30, 2024:
6,481

Melissa A. McNichol, Au.D., CCC-A Chair Audiologist 2nd Term, Expires June 30, 2026 Charlottesville, VA	Bethany Rose, Au.D. Vice Chair Audiologist 1st Term, Expires June 30, 2024 Richmond, VA
James Wells, R.Ph. Citizen Member 1st Term, Expires June 30, 2027 Front Royal, VA	Laura Vencill, M.S., CCC-SLP Speech-Language Pathologist 1st Term, Expires June 30, 2026 Rosedale, VA
Lisa G. Wallace-Davis, O.D. Citizen Member 1st Term, Expires June 30, 2027 Hampton, VA	Jennifer Radford Gay, M.S., CCC-SLP Speech-Language Pathologist 1st Term, Expires June 30, 2026 Danville, VA
Bradley W. Kesser, M.D. Otolaryngologist Member 2nd Term Expires June 30, 2024 Charlottesville, VA	

Innovations and Advancements

During the biennium, the Board of Audiology and Speech-Language Pathology (ASLP) staff implemented the use of bots to update licensure application status, increasing staff capacity to assist applicants and the public with specific inquiries.

The number of complaint cases received by the Board remains relatively stable. The Board met or exceeded goals for reducing the age of the pending caseload and time to disposition, as reported on the DHP website. A more streamlined process was developed for probable cause review, allowing more efficient case review by board members. Board staff successfully transitioned to a web-based filesharing application for discipline case management throughout the investigative and adjudication processes, facilitating efficient transfer of case-related documentation and conserving energy and resources.

The Department of Health Professions' Healthcare Workforce Data Center (HWDC) works to improve the data collection and measurement of Virginia's healthcare workforce through the regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes. Surveys of the audiology and speech-language licenses were deployed during the 2023 and 2024 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license without an expiration date that can be verified through the agency's online License Lookup feature, which serves as

primary source verification;

- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Transitioning to online license applications;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing to encourage online renewals;
- Transitioning to paperless filing systems to enhance portability and reduce paper usage;
- Utilizing emails to notify licensees of important information; and
- Adopting a revised policy amendment for electronic meeting participation.

In 2023, the General Assembly enacted legislation that entered the Commonwealth of Virginia into the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC). At the end of the biennium, 33 states had signed onto the ASLP-IC, and the ASLP-IC Commission began developing the required database and infrastructure needed to implement the Compact. The Board has initiated the regulatory process to promulgate regulations mandated to participate in the ASLP-IC. Information regarding administrative costs and funding is pending from the ASLP-IC. The Board continues to monitor the progress of the ASLP-IC and seek additional funding information. In the absence of adequate external funding, the ASLP-IC's member boards incur responsibility for the administrative management costs, which include implementing or utilizing procedures for criminal history records of applicants for initial privilege to practice.

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Innovations and Advancements - continued

The Board continues with its outreach efforts by presenting information to speech-language pathology graduate students and to professional organizations, highlighting the roles and responsibilities of the Board and providing information about the licensing, regulating, and discipline processes; and by posting regulatory updates on its website and in electronic notifications to licensees.

The Board continues to monitor the development of a national certification for speech-language pathology assistants (SLPAs). Currently, the Board does not have authority to license, register or certify SLPAs. However, the Code of Virginia authorizes the Board to identify qualifications to practice as an assistant under the supervision and direction of a licensed speech-language pathologist.

Regulatory/Legislative Actions

One periodic review was conducted: Periodic review of 18VAC30-11, Public Participation Guidelines, was conducted in 2023.

One regulatory action was finalized: Amendments resulting from a previous periodic review were finalized on January 5, 2023. The amendments reorganized and clarified certain provisions for ease of understanding and compliance, eliminated unnecessary provisions, added a pathway for licensure in audiology based on reduced criteria, and added a requirement to submit a report from the National Practitioner Data Bank for applicants for initial licensure or for reinstatement of a licensed after five years of lapsed licensure or inactivity.

Two regulatory actions were in progress but not yet finalized: A fast-track regulatory action to allow agency subordinates to hear credentials cases, adopted by the Board on August 13, 2024, was awaiting publication at the end of the biennium. A Notice of Intended Regulatory Action was filed August 7, 2023, to implement the ASLP Compact, which action was under Executive Branch review at the end of the biennium.

Legislative: Ch. 337 of the 2023 Acts of Assembly entered Virginia into the ASLP Compact.

Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session. There were no actions in the 2024 General Assembly that directly affected the Board.

Chapter 191 of the 2023 Acts of Assembly allowed boards of DHP to utilize agency subordinates for hearing credentials cases. Agency subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Additional Issues

The Board has issued or revised the following Guidance Documents:

- 30-3: Use of confidential consent agreements (revisions effective May 11, 2023)
- 30-5: Equivalent accrediting body for audiology educational programs (revisions effective May 11, 2023)
- 30-9: Continuing education audits and sanctioning (revisions effective October 26, 2023)
- 30-10: Disposition of disciplinary cases for practicing on an expired license (revisions effective May 11, 2023)
- 30-12: Guidance for telepractice (revisions effective November 9, 2023)

Challenges and Solutions

One of the challenges facing this profession is the ability to provide speech-language pathology services, especially to underserved areas of the state. The public school divisions are federally mandated to provide special education services, which often include treatment by a speech-language pathologist. Public school divisions across the state are having difficulty providing speech-language pathology services due to a lack of available practitioners. The Board's adoption of a telepractice guidance document during the previous biennium was particularly helpful to practitioners during the pandemic. In addition, the adoption of a guidance document on the use and supervision of speech-language pathology assistants has helped supplement the practitioner shortages experienced across the state. The Board continues to monitor the use of telepractice and the use of assistants to determine if action is needed to further protect the public.

Who We Are

The Virginia Board of Counseling consists of a 12-member Board, as well as administrative, enforcement, licensing, and support staff.

What We Do

The following professions are regulated by the Board of Counseling:

- Professional Counselors
- Marriage and Family Therapists
- Certified Substance Abuse Counselors



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Revenue:

\$4,941,170

Expenditures:

\$4,064,265

Total Licenses as of June 30, 2024:

41,965

Board Members

Lester Paul Bernard, Ph.D., LPC Lynchburg, VA 1 st Term Ends 6/30/2027	Nakeisha Gordon, LPC Richmond, VA 1 st Term Expires 6/30/2027
Luanne Griffin, LPC Alexandria, VA 1 st Term Ends 6/30/2027	Vacant, LSATP Member
Marlo Burdge, Citizen Member Richmond, VA 1 st Term Ends 6/30/2028	Natalie Franklin, LPC, LMFT Newport News, VA 2 st Term Ends 6/30/2024
Benjamin Allison, Citizen Member Forest, VA 1 st Term Ends 6/30/2026	Tiffinee Yancey, Ph.D., LPC Suffolk, VA 2 nd Term Ends 06/30/2025
Vacant, LMFT Member	Matthew Scott, LMFT Lynchburg, VA 1 st Term Ends 6/30/2026
Maria Stransky, LPC, CSAC, CSOTP Vice Chairperson Richmond, VA 2 nd Term Ends 6/30/2025	Terry R. Tinsley, PhD, LPC, LMFT, CSOTP Gainesville, VA 1 st Term Expires 6/30/2026

Innovations & Advancements

Portability and Access to Care

The Board continued its focus on portability and access to care. The Board heard presentations from stakeholders regarding the Commonwealth's behavioral health workforce shortage. The Department of Behavioral Health and Developmental Services (DBHDS) provided a presentation and answered Board questions on the current behavioral health programs and workforce in the Commonwealth and the need for licensed and non-licensed providers to alleviate the mental health workforce shortage. Additionally, the Virginia Association of Community Services Boards (VACSB) presented to the Board on the workforce needs of the Community Services Boards, and the heavy reliance on Qualified Mental Health Professionals (QMHPs).

In FY2021, the Board voted to indicate its support for joining the Interstate Counseling Compact (Compact), and during FY2022, Virginia became the 20th state to join the Compact. The Compact applies only to Licensed Professional Counselors (LPCs) but will allow those who hold a license in good standing in one jurisdiction to provide counseling services to patients in another jurisdiction that is also a member of the Compact. The Compact is not yet operational, with the goal of issuing privileges to practice in late 2025.

Virginia Health Care Work Force Data Center (HWDC) Studies

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. The HWDC surveys LPCs every year during renewal and produced reports on the profession for July 2022 and July 2023. Additionally, because of the heavy reliance on QMHPs in the delivery of behavioral health services, at the Board's request, the HWDC conducted a one-time survey in FY2023 of QMHPs to better understand their distribution, background, and whether they intend to pursue licensure.

Board Efficiency

The Board continues to work diligently to maintain a reputation for efficiency and timeliness. Even as the number of applications and licensees continues to rise significantly, staff consistently reviews completed applications within 30 days, meeting and exceeding the agency performance standards. Additionally, staff returns all phone calls and emails within 24 hours. Customer service remains a high priority; the Board consistently receives high approval satisfaction scores.

The Board enthusiastically pursues any technology available to improve efficiency and the applicant experience. The Board initiated the use of BOTs to send standardized emails. A BOT is a software program that performs repetitive tasks. The BOT sends emails once an application is received, after new documentation is received or after 30 days, and after the Board approves an applicant. This new process has helped enhance the communication with applicants and reduces the time it takes staff to process applications.

Additionally, the Board adopted new technology that allows applicants to upload their documentation during the online application process. This feature reduces mail, shortens the timeline for reviews, and is user-friendly.

Finally, the Board began utilizing agency subordinates to review credential cases. Previously, Agency Subordinates only reviewed discipline cases. This change, which occurred pursuant to legislation, improves efficiency by allowing for timely resolution of applicant cases.

Advisory Board on Art Therapy

The Advisory Board met annually as the bylaws require to elect officers and discuss the status of the regulations to license Art Therapists and Art Therapy Associates.

Innovations and Advancements - continued

Outreach/Collaboration with Stakeholders

The Board continues to engage with stakeholders and collaborate with our sister agencies to address workforce and regulatory issues and to align where possible. Additionally, the Board pursues opportunities to educate students, residents, licensees, and employers regarding licensure requirements, application processes, and discipline trends. Staff monitors the Board's website closely and posts timely updates on the announcements section. The Board sends blast emails detailing important information, such as regulation changes. Staff continually develops and updates its FAQs and licensure process handbooks to aid in the licensure/certification/registration processes. Staff ensure all of this information remains available and easily accessible on the website. Additionally, staff encourages individuals contacting the Board office for information to review the website for the most current information on Board activities.

Staff also prioritizes outreach efforts that include presentations to students and licensees. Staff provides these presentations virtually and in person which has led to the development and strengthening of collegial relationships with stakeholders and applicants. Outreach efforts include presentations to:

- Virginia Counselors Association
- Northern Virginia Licensed Professional Counselors
- Virginia Commonwealth University's Counselor Education Program
- Virginia Association of Community Services Boards
- Virginia Association of Community Based Providers
- George Mason University
- Norfolk State University
- College of William and Mary Counselor Education Program
- University of Virginia, Counseling Education Program

Staff and Board members also attend national conferences to ensure Virginia has a place at the table and remains aware of national trends. Specifically, conferences attended include:

- National Board for Certified Counselors (NBCC) State Counseling Regulatory Board Conference
- American Association of State Counseling Boards
- Association of Marital and Family Therapy Regulatory Board Conference
- Interstate Counseling Compact Commission meeting
- Governor's Faith Forum
- United Methodist Foundation

Regulatory/Legislative Actions

Two periodic reviews were conducted: Periodic review of 18VAC115-11, Public Participation Guidelines, and 18VAC115-40, Regulations Governing the Certification of Rehabilitation Providers, were conducted in 2023.

One regulatory action was finalized: An exempt regulatory action to permit Agency Subordinates to hear credentials cases pursuant to action of the 2023 General Assembly became effective on November 8, 2023.

Five regulatory actions were in progress but not yet finalized: Emergency regulations and a Notice of Intended Regulatory Action to implement changes necessary to participate in the Counseling Compact, adopted by the Board on May 5, 2023, were undergoing Executive Branch review at the end of the biennium. Additionally, a notice of intended regulatory action to remove redundant provisions related to conversion therapy, a fast-track regulatory reduction impacting 18VAC115-20 and 50 relating to endorsement provisions, and final regulatory amendments resulting from a periodic review impacting 18VAC115-20, 50, and 60, all adopted September 16, 2022, were undergoing Executive Branch review at the end of the biennium. Finally, the proposed stage of 18VAC115-90, new regulations for licensure of art therapists, adopted November 5, 2021, were undergoing Executive Branch review at the end of the biennium.

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Regulatory/Legislative Actions – continued

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize Agency Subordinates for hearing credentials cases. Agency subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapters 684 and 685 of the 2023 Acts of Assembly entered Virginia into the Counseling Compact.

Chapter 431 of the 2024 Acts of Assembly directed the Board of Counseling to amend its regulations for licensure by endorsement for licensed marriage and family therapists.

Chapter 443 of the 2024 Acts of Assembly directed the Board of Counseling to accept an additional examination for licensure as a professional counselor.

Chapter 595 of the 2024 Acts of Assembly made changes to the practice and qualification requirements of qualified mental health professionals. The legislation also created two new categories of practitioners under the Board of

Counseling, registered behavioral health technicians, and registered behavioral health technician assistants.

Additional Issues

The Board has issued or revised the following Guidance Documents:

115-1.1: Disciplinary actions for non-compliance with continuing education and continuing education recommendations (revisions effective November 10, 2022)

115-1.4: Guidance on technology-assisted counseling and technology-assisted supervision (revisions effective July 7, 2022)

115-1.9: Certifications approved by the Board for certification as a substance abuse counselor (revisions effective July 7, 2022)

115-2: Impact of criminal convictions, impairment, and past history on licensure, certification, or registration (revisions effective September 1, 2022)

115-4.1: Evidence of clinical practice for licensure by endorsement (revisions effective July 7, 2022)

115-4.11: Board guidance on use of confidential consent agreements (revisions effective July 7, 2022)

Challenges and Solutions

The biggest challenges the Board faces relate to addressing access to care and barriers to the workforce. The Board focused on determining where regulations could be streamlined and barriers to entry could be reduced. The Board tries to strike a balance in pursuit of actions that increase the supply of behavioral health care providers while simultaneously ensuring competency and protection of the public.

QMHPs

Many of the presentations, public comment, and petitions-for-rulemaking focused on the registration requirements for QMHPs. Stakeholders requested that the Board relax the supervision and human services degree requirements for QMHPs. In 2023, the Board convened a Regulatory Advisory Panel (RAP) for stakeholders to assist in providing context to the Board on the duty and roll of QMHPs and to help the Board consider actions on petitions-for-rulemaking.

The Board had been reluctant to lessen requirements for QMHPs as it continues to see discipline complaints that raise questions about their preparation and whether they understand their scope of practice and appropriate ethical behavior. The Board indicated it would be amenable to lessening the requirements if specific training exists that would prepare QMHPs for their scope of practice and focus on ethical practice.

CSACs

The Board began discussions to determine regulatory changes that would reduce the barriers to persons becoming CSACs, such as creating a pathway for licensed mental health providers in Virginia to more easily become CSACs. This certification is often needed in addition to a license for reimbursement purposes and as an indication to the public that a provider specializes in substance use services.

Additionally, Virginia Community Colleges have developed certificate or associate degree programs that address and meet the didactic training for CSAC-A and CSACs. The Board plans to evaluate ways to incentivize applicants to obtain the didactic training in substance use from community college programs.

Artificial Intelligence (AI)

The behavioral health professions have begun to contend with the reality that providers are utilizing AI in their practice. The Board has begun to research its role in regulating AI and determine if the current regulations remain sufficient to address confidentiality concerns. The American Association of State Counseling Boards (AASCB) convened an AI Committee to address these issues and recommend guidelines. Virginia is represented on that Committee.

(continued on the next page)

Additional Issues

The Board considered the following Petitions for Rulemaking:

- To register individuals as QMHPs based solely on experience rather than college or graduate education. The Board voted to take no action.
- To amend VAC115-80-40(C)(1) and to allow qualified QMHPs to provide supervision of QMHP-Trainees. QMHPs qualified to provide such supervision would have two or more years of experience and be specifically trained for supervision. Additionally, the petition requested that the Board amend Guidance Document 115 to allow undergraduate degrees in sociology and criminal justice as acceptable human services degrees for registration as a QMHP. The Board voted to take no action but to convene a Regulatory Advisory Panel (RAP) to consider the issues raised in the petition and others related to the registration of QMHPs with the intent of issuing a notice of intended regulatory action for all changes.
- To amend 18VAC115-20-52(B)(10) to allow residents in counseling to use the title Professional Counselor-Resident. The Board stated that using the term LPC-R would be misleading to the public and felt that the current regulatory requirements for resident identification provide the necessary clarification for the public. The Board voted to take no action.
- To amend the regulations regarding the supervision for QMHP-Trainees and independent practice, and a request to change the QMHP registration to a license. The Board declined to act on these petitions and will consider all changes to QMHPs as a whole.
- To amend 18VAC115-80-80C to automatically approve an individual or business as a continuing education provider for QMHPs if the individual or business can provide proof that they are qualified to provide continuing education to QMHPs. The Board declined to take action on the request because the current process for evaluating and approving continuing education providers is sufficient.
- To amend 18VAC115-20-52C to allow licensed clinical social workers to provide supervision to residents in professional counseling. The Board voted to take no action on the petition because if the Board permitted LCSWs to supervise residents in counseling, the Board of Counseling would have no jurisdiction to discipline the LCSW supervisor in the event a violation of law

occurred. Additionally, access to technology-assisted supervision has increased the availability of supervisor for residents in counseling. Technology assisted supervision was not in existence at the time licensee of other boards were previously permitted to supervise counseling residents. Finally, the Board believes that residents in counseling would be better served by supervision from a LPC given the differences in the disciplines of LPCs and LCSWs.

Who We Are

The Virginia Board of Dentistry consists of a 10-member Board, as well as administrative, enforcement, licensing, and support staff.

What We Do

We regulate Dentist, Dental Hygienist, Dental Assistant II, Dental and Dental Hygienist Faculty, Dental and Dental Hygienist Temporary Permit, Restricted Volunteer, Dentist-Temporary Resident, Dentist Volunteer, Oral/Maxillofacial Surgeon, Cosmetic Procedure Certification, Mobile Dental Facility/Portable Dental Operation Registration, Moderate Sedation Permit, and Deep Sedation/General Anesthesia Permit.



EXECUTIVE DIRECTOR

Jamie Sacksteder

Board Members

Lemaster, Margaret F., RDH President 2nd term expires on 6/30/2028 Chesapeake	Hendricksen, Alf, DDS Vice-President 1st term expires 6/30/2025 Lynchburg
Martinez de Andino, J. Michael, Esq Secretary-Treasurer 1st term expires on 6/30/2027 Richmond	Butt, Sidra, DDS 1st term expires on 6/30/2025 Midlothian
Chaudhry, Sultan E., DDS 1st term expires on 6/30/2028 Falls Church	Dawson, Jamiah, DDS 2nd term expires on 6/30/2025 Newport News
Dhakar, Surya, DDS 1st term expires 6/30/2028 Glen Allen	McLennan, Emelia H., RDH 1st term expires 6/30/2026 Virginia Beach
Szakaly, Jennifer, DDS 1st term expires on 6/30/2027 Suffolk	Bigleow, William C., DDS 1st term expires 6/30/2026 Verona

Revenue:

\$ 5,978,293

Expenditures:

\$ 5,952,875

Total Licenses as of June 30, 2024:

15,413

Innovations and Advancements

Licensing Process Redesign

The Board removed unnecessary barriers to the licensure application process and streamlined staff review over 2022 and 2023. Thus, even though applications for the same six-month period in 2022 and 2023 increased by 206 applications, Board staff processed 217 more applications during that time, which more than made up for the increase. Streamlining efforts included: removal of unnecessary forms and information included in applications; receiving information electronically; the utilization of automated processes through bots; and not requiring original documentation when information can be verified another way.

CE Audit Provider

In May 2023, the Board started utilizing CE Broker at its official Continuing Education Tracking System. This system is free to the Board and is also free for the basic services for licensees. The use of the system is completely voluntary. The Board completed a successful audit of CE review for 1% of licensees in Fall of 2023.

Paperless License

In January 2023, the Board ceased mailing hard copy licenses, certifications, permits, and registrations. For those who renew their licensure, certification, permit or registration, a permanent hard copy will be issued that contains no expiration date. For those who are approved for initial licensure, certification, permit or registration, a permanent hard copy will be issued that contains no expiration date. Verification of current licensure can be found on “license lookup” on the website.

Clarifying Clinical Competency Requirements

The Board developed a guidance document in February 2023 clarifying requirements of applicants for licensure, reactivation, or reinstatement clinical competency requirements. This has been helpful to licensees and has eliminated and prevented the need of several applicants going to informal conferences, which is a huge reduction of cost, staff time, and the licensees’ time. This also has helped streamline the process of applications.

Review of Licensure Pathways

Pursuant to House Bill 2251, passed during the 2023 General Assembly Session, the Board of Dentistry convened a workgroup on July 21, 2023 to:

1. compare licensure requirements for dentists and dental hygienists in the Commonwealth with such requirements in other states and the District of Columbia;
2. analyze the number of licensed dentists in the Commonwealth relative to population growth and geography;
3. identify the risks and benefits to the public if a licensure by endorsement pathway were to exist in the Commonwealth; and
4. identify any other licensure pathways that would serve the public good.

The Review of Licensure in Virginia, showed that either Virginia was less stringent or equal to other surrounding states and beyond. The workgroup did not recommend any changes to the current licensure process.

Dental Assisting National Board Workgroup

The Executive Director was nominated and chosen in January 2024 to participate in a national workgroup through DANB (Dental Assisting National Board) with 24 other professionals across the United States to help develop a national model for dental assisting. The group meets once a month for approximately 1 year.

American Association of Dental Administrators

The Executive Director was nominated and chosen in September 2023 to be on the Board for the American Association of Dental Administrators. She will serve on the Board for a period of 5 years. This is a national organization that represents Executive Directors from all 50 states and the District of Columbia.

Regulatory/Legislative Actions

One periodic review was conducted: Periodic review of 18VAC60-11, Public Participation Guidelines, was completed in 2024.

Nine regulatory actions were in progress but not yet finalized:

A fast-track regulatory action was initiated to implement periodic review changes, including regulatory reductions, to Chapters 21, 25, and 30 on December 19, 2022. That action was undergoing Executive Branch review at the end of the biennium. Permanent regulatory action to replace emergency regulations governing the training required for dentists to perform botulinum toxin injections for cosmetic purposes was underway at the end of the biennium, with the publication of a Notice of Intended Regulatory Action on May 20, 2024. An exempt regulatory action was initiated pursuant to Ch. 448 of the 2024 General Assembly related to counseling patients prior to prescribing opioid medications on June 25, 2024, which was undergoing Executive Branch review at the end of the biennium. Regulatory actions initiated prior to the biennium which were undergoing Executive Branch review at the end of the biennium include actions related to continuing education requirements for jurisprudence, expansion of required refresher courses for reinstatement of a license, training in infection control for dental assistants, training and supervision of digital scan technicians, as well as proposed amendments to an existing restriction on advertising dental specialties.

One emergency regulatory action was adopted: The Board adopted emergency regulations governing the training required for dentists to perform botulinum toxin injections for cosmetic purposes pursuant to Ch. 413 of the 2023 Acts of Assembly and Item 301 of the amended budget bill passed in the 2023 Special Session.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize agency subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapter 485 of the 2023 Acts of Assembly required the Board of Dentistry to conduct a workgroup and produce a report comparing requirements for licensure across jurisdictions, an analysis of dentist and dental hygienist workforce in the Commonwealth, and an assessment of licensure pathways. The Board convened a workgroup on July 21, 2023 and filed a report with the General Assembly on October 2, 2023.

Chapter 413 of the 2023 Acts of Assembly allowed dentists to perform botulinum toxin injections for cosmetic purposes and required the Board of Dentistry to promulgate regulations related to training for such injections. Item 301 of the 2023 revised budget, adopted during the 2023 Special Session, required the Board to adopt emergency regulations regarding such training.

Chapters 31 and 101 of the 2024 Acts of Assembly entered Virginia into the Dental Compact.

Chapter 295 of the 2024 Acts of Assembly extended the amount of time a dental hygienist could treat a patient under the remote supervision of a licensed dentist.

Chapter 448 of the 2024 Acts of Assembly required dentists, along with other prescribers, to provide specific counseling to patients prior to prescribing opioids.

Additional Issues

The Board has issued, revised, or repealed the following Guidance Documents:

- 60-1: Board policy on confidential consent agreements (revision effective November 10, 2022)
- 60-3: Periodic office inspections for administration of sedation and anesthesia (repealed and combined with 6-27 by Board vote on March 3, 2023)
- 60-9: Policy on sanctions for an expired license (revision effective August 4, 2022)
- 60-11: Policy regarding delegation of pulp-capping procedures to a Dental Assistant-II (issuance effective August 4, 2022)
- 60-12: Clinical competency requirements for applicants for licensure, reactivation, or reinstatement (issuance effective February 2, 2023)
- 60-14: Bylaws of the Board (revision effective November 10, 2022)
- 60-15: Standards for professional conduct in the practice of dentistry (repealed March 3, 2023 by Board vote)
- 60-25: Dental clinical competency examination for licensure (revision effective February 15, 2024)
- 60-26: Dental hygiene clinical competency examination (revision effective February 15, 2024)
- 60-27: Guidance on sedation inspections and permits (revision effective May 11, 2023)

Challenges and Solutions

The Board enacted regulations in 2011 to register Dental Assistant IIs, since that inception there has only been 51 DAII's that have registered. The Board sees discipline cases regarding Dental Assistant I's performing procedures that are outside their scope, specifically in orthodontics. Research shows that other states have a Dental Assistant specialty registration, certifications, or license for orthodontic services. It has been proposed that legislatively a new registration for a Dental Assistant in Orthodontia be developed as it would provide access to care by expanding the scope of practice for Dental Assistants.

The Board has received several discipline cases of impaired licensees over the past two years. In many of these cases, the practitioner was practicing impaired and it was never reported to the Board. The Board is only receiving the cases when someone enters into HPMP and is then non-compliant. By the time the Board receives that information the impaired practice has happened years previously. Suggest legislation to require licensees to report impaired practice to the Board.

DAII's can provide restorative services while a Dental Hygienists cannot. The Board will propose regulation to allow a Dental Hygienist to provide restorative services through training. This will increase access to care and expand the scope of practice for Dental Hygienists.

Licensed Dental Hygienists frequently utilize the term "RDH" after their name which mean Registered Dental Hygienists, which is not recognized or protected under Virginia Law. The Board occasionally receives complaints on the utilizing of unlicensed people utilizing "R.D.H". Currently anyone can utilize RDH after their name and not be licensed in the state of Virginia. The Board wants to propose legislation to protect the use of R.D.H and protects the profession of Dental Hygiene.

Who We Are

The Virginia Board of Funeral Directors and Embalmers consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Funeral Directors and Embalmers regulates the practice of funeral services by promulgating rules governing practice, licensing/registering funeral directors, embalmers, funeral service licensees, interns, establishments, crematories, surface transportation and removal services, and taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Corie Tillman Wolf, JD

Board Members

Jason Graves, FSL President 2nd Term expires June 30, 2027 Chesapeake, VA	R. Thomas Slusser, FSL 1st Term expires June 30, 2027 Clifton Forge, VA
Lacyn Barton, FSL Vice-President 1st Term expires June 30, 2025 Sandston, VA	Mia F. Mimms, FSL, JD 2nd Term expires June 30, 2024 Richmond, VA
S. Jonathan Hines, FSL Secretary-Treasurer 1st Term expires June 30, 2026 Staunton, VA	Joseph Michael Williams, FSL 1st Term expires June 30, 2024 Mechanicsville, VA
Muhammad Hanif 2nd Term expires June 30, 2025 Midlothian, VA	Eric Wray, II, FSL 1st Term expires June 30, 2027 Virginia Beach, VA
Kenneth Scott Hickey, MD 1st Term expires June 30, 2026 Maidens, VA	

Revenue:

\$ 1,505,724

Expenditures:

\$ 1,532,172

Total Licenses as of June 30, 2024:

2,969

Innovations and Advancements

During the 2022-2024 biennium, the Board of Funeral Directors and Embalmers (Board) expanded the use of electronic processes for licensing applications, implemented automated systems for providing responses to applicants, initiated efforts to reduce the regulatory burden on licensees and the overall volume of Board regulations and guidance, studied the legal and regulatory structure needed for new means of disposing of human remains, engaged collaboratively at the national and state levels, and collected data regarding the funeral service provider workforce.

- Following the height of the COVID-19 pandemic and in recognition of the benefits afforded by electronic application processing to applicants, licensees, and Board staff, the Board continued to expand its use of electronic processing for licensure applications. The Board offered additional online application, renewal, and payment processes for a wider range of license types, and implemented a “document upload” feature for online applicants.
- The Board implemented automated systems for providing status responses to applicants throughout the licensure process. In January 2024, the Board deployed email correspondence “bots” to create automated email responses that (1) acknowledge the receipt of new applications, (2) remind applicants of pending applications or outstanding documents, (3) inform applicants when their licenses have been issued, and (4) close expired applications. These automated bots not only ensure consistent email communications with applicants about the status of their application, the bots also save a significant amount of staff time in drafting and sending individual email correspondence.

- To streamline Board processes and reduce the regulatory burden on applicants and licensees, the Board initiated efforts to reduce regulations in identified areas where regulatory language was extraneous, outlined an easier pathway to licensure by endorsement for individuals licensed as funeral directors in other states, and eliminated unnecessary guidance documents.
- In response to recent efforts to expand final disposition options for funeral consumers in Virginia, the Board was tasked with studying the legal and regulatory structure needed for implementing one such newer means of disposition: alkaline hydrolysis, sometimes referred to as “water cremation.” In accordance with Chapter 191 of the 2022 Acts of Assembly, in July and August 2022, the Board convened the Alkaline Hydrolysis Workgroup to make recommendations on (i) the regulatory and statutory changes needed to legalize, implement, and regulate the process of alkaline hydrolysis in the Commonwealth; (ii) necessary qualifications to enable a person to engage in the practice of alkaline hydrolysis; (iii) proper standards for the operation of a facility containing a pressure vessel for alkaline hydrolysis; and (iv) proper requirements for licensure as an owner or operator of such a facility. With input from stakeholder representatives from the Virginia Department of Environmental Quality, the Virginia Department of Health, the Hampton Roads Sanitation District, the Cremation Association of North America, the National Funeral Directors’ Association, and funeral licensees, the workgroup considered the environmental precautions and safety measures necessary to ensure proper regulation, implementation, and inspection of the alkaline hydrolysis process.

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Innovations and Advancements- continued

The results of the study were communicated to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions in December 2022. As of the end of the biennium, the alkaline hydrolysis process has not been legislated or implemented as a means of final disposition for decedents in Virginia, however, the study conducted by the Board will continue to provide guidance on the process and necessary legal and regulatory steps to implement alkaline hydrolysis and other forms of disposition in the Commonwealth in the future.

- The Board continued to engage in collaborative efforts at the state and national levels during the biennium. The COVID-19 crisis highlighted the need for ongoing coordination efforts at the state level to address a variety of issues impacting funeral providers and the families they serve. Throughout the biennium, the Board participated in ongoing dialogue with state agency partners, including the Office of the Chief Medical Examiner (OCME) and the Division of Vital Records at the Department of Health on a variety of issues of mutual interest, including disposition of human remains, anatomical donations, and death certificates.
- Continued engagement at the national level has opened doors to the sharing of ideas and resources and has enhanced the Board's ability to fulfill its mission. Board members and staff are actively involved with the International Conference of Funeral Service Examining Boards (Conference), serving as presenters, committee members, and training participants whenever the opportunities arise. In 2022, Board member Lacyn Barton, FSL, was elected to serve on the Conference's Board of Directors and was subsequently elected to serve in the position of Secretary/Treasurer (2024-2025).

- The Board continued efforts to collect workforce survey data on funeral service providers in Virginia through the Healthcare Workforce Data Center. As of 2024, a total of eight years' of data regarding the funeral service workforce has been compiled and analyzed. These data collection and analysis efforts have been critical to understanding recent trends in the funeral service provider workforce, including the impact of the COVID-19 public health emergency, retirement expectations, and regional variances in the supply of or access to funeral services.

Regulatory/Legislative Actions

One periodic review was completed: Periodic review of 18VAC65-11, Public Participation Guidelines, was completed in 2024.

Three regulatory actions were finalized: Final amendments to 18VAC65-20, 18VAC65-30, and 18VAC65-40 to license funeral service licensees, funeral directors, and embalmers as three separate licensed types became effective on December 7, 2022. Changes identified during a 2019 periodic review of 18VAC65-40 became effective on March 3, 2022. Additionally, regulatory changes required by Chapter 18 of the 2022 Acts of Assembly to 18VAC65-30 became effective on August 3, 2022.

Two regulatory actions are in progress but not yet finalized: A fast-track regulatory action amending 18VAC65-20 to further conform requirements to Chapter 18 of the 2022 Acts of Assembly was under Executive Branch review at the end of the biennium. Additionally, a Notice of Intended Regulatory Action for regulatory reductions in 18VAC65-20, 18VAC65-30, and 18VAC65-40 was under Executive Branch review at the end of the biennium.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize agency subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapter 200 of the 2024 Acts of Assembly altered next-of-kin designation procedures for funeral homes.

Chapter 247 of the 2024 Acts of Assembly created a declinable preneed fee option for preneed contracts and directed the Board to promulgate emergency regulations to implement the legislation.

Chapter 598 of the 2024 Acts of Assembly established that transportation protection agreements are not considered part of a preneed funeral contract.

Additional Issues

The Board has issued or revised the following Guidance Documents:

65-1: Time credit for continuing education courses (revisions effective December 22, 2022)

65-15: Guidance for internship extensions (revisions effective September 15, 2022)

65-18: Guidance on surface transportation and removal services in Virginia (revisions effective September 28, 2023)

65-2: Disposition of cases for practicing on an expired license (revisions effective December 22, 2022)

65-4: Aiding and abetting unlicensed practice (revisions effective September 14, 2023)

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Challenges and Solutions

As funeral services evolve and as consumers seek access to a wider range of funeral options, lawmakers and regulators must work to ensure that the relevant laws and regulations remain current with new and emerging practices.

One area of evolving funeral practice relates to the available means of disposition of human remains beyond burial and traditional cremation. In 2022, the Board was tasked with studying alkaline hydrolysis, sometimes referred to as “water cremation,” as an alternative means of final disposition for decedents. While burial and traditional fire-based cremation are currently the only approved means of disposition in Virginia, the opportunity to study alkaline hydrolysis as an alternative also afforded the Board the opportunity to prepare for possible statutory and regulatory changes and implementation of new application and inspections processes in this area. Further, the study of one alternative means of disposition has laid the foundation for the Board’s approach to the study of other alternatives and practices in the future, if necessary.

Who We Are

An 18-member board with representatives from each of the 13 health regulatory boards and five citizen members. One of the chief responsibilities of the board is to advise the Department of Health Professions (DHP) Director, the Secretary of Health and Human Resources, the Governor, and the General Assembly on matters relating to the regulation of health care providers.



EXECUTIVE DIRECTOR

Kelli Moss

Board Members

What We Do

The Board advises the Governor, General Assembly, and DHP Director on matters concerning the need for and determination of the appropriate level of regulation of currently regulated or unregulated healthcare professions and occupations.

<p>ASLP Laura H. Vencill, MS, CCC-SLP ASLP Board 1st Term: 2026 BHP 1st Term: 2026</p>	<p>SOCIAL WORK Vacant</p>	<p>MEDICINE Krishna P. Madiraju, MD, FAAP Chair Medicine Board 1st Term: 2026 BHP 1st Term: 2026</p>	<p>CITIZEN MEMBER Vacant</p>
<p>PHYSICAL THERAPY Rebecca J. Duff, PTA, DHSc Physical Therapy Board 1st Term: 2026 BHP 1st Term: 2026</p>	<p>FUNERAL DIRECTORS & EMBALMERS S. Jonathan Hines Funeral Board 1st Term: 2026 BHP 1st Term: 2026</p>	<p>CITIZEN MEMBER Karen E. Kimsey BHP 1st Term Beginning: 2022 BHP 2nd Term Ending: 2026</p>	<p>PHARMACY Sarah Melton, PharmD Pharmacy Board 1st Term Beginning: 2020 BHP 1st Term: 2024</p>
<p>COUNSELING Barry Alvarez, LMFT Counseling Board 2nd Term: 2025 BHP 1st Term: 2025</p>	<p>VETERINARY MEDICINE Steve Karras, DVM Vet Med Board 2nd Term: 2024 BHP 2nd Term Ending: 2024</p>	<p>NURSING Ann “Tucker” Gleason, PhD Nursing Board 1st Term Beginning: 2020 BHP 1st Term: 2024</p>	<p>CITIZEN MEMBER Sheila Battle, MHS BHP 1st Term Beginning: 2021 BHP 1st Term Ending: 2025</p>
<p>PSYCHOLOGY Vacant</p>	<p>LONG-TERM CARE ADMINISTRATORS LaTonya D. Hughes, PhD, RN, NHA LTC Administrators Board 1st Term: 2027 BHP 1st Term: 2027</p>	<p>CITIZEN MEMBER Claire Wulf Winiarek Second Vice-chair BHP 1st Term Beginning: 2022 BHP 1st Term Ending: 2026</p>	
<p>DENTISTRY Margaret “Meg” Lemaster, RDH First Vice-chair Dentistry Board 1st Term: 2024 BHP 1st Term: 2024</p>	<p>CITIZEN MEMBER Carmina Batista, MSN, FNP-BC, BC-ADM BHP 1st Term Beginning: 2020 BHP 1st Term Ending: 2024</p>	<p>OPTOMETRY Gerald R. Neidigh, Jr., OD Optometry Board 1st Term: 2026 BHP 1st Term: 2026</p>	

Innovations and Advancements

During the biennium, the Board of Health Professions (BHP) met once each year as required by statute. The BHP reviewed and revised the policy amendment for electronic meeting participation, increasing access for board members to participate in meetings.

Section 54.1-2510 of the *Code of Virginia* authorizes the BHP to advise on a wide array of issues related to the regulation of health professions and occupations and agency operations. Additionally, §54.1-2410 *et seq.* specifies the Board's powers and duties pertaining to the *Practitioner Self-Referral Act*. During the 2022-2024 biennium, the Board did not conduct any research projects related to evaluating the need for state occupational regulation.

BHP issued no Practitioner Self-Referral advisory opinions during this biennium. All opinions are accessible on the [Board of Health Professions - Practitioner Self-Referral](#) webpage.

As of the previous biennium, the BHP was assigned a new Executive Director to oversee the day-to-day functions of the Board and the data analytical functions are no longer performed within the BHP's unit. The BHP continues to provide a means of citizen access to DHP by responding to inquiries and directing them to the appropriate healthcare regulatory board or department.

Regulatory/Legislative Actions

Regulatory: The Board initiated no regulatory actions during the biennium.

Legislative: There were no legislative actions in the 2023 or 2024 Sessions of the General Assembly that directly affected the Board.

Additional Issues

The Board has not issued or revised any Guidance Documents during this biennium.

Challenges and Solutions

The social and economic impact of health professions on the Commonwealth's well-being cannot be overstated. Increasingly throughout the biennium, state policy and planning leaders and various workgroups have sought insights relevant to access to care, health employment, and similar issues by leveraging agency and board data. The BHP is available to aid workgroups as assigned.

Who We Are

The Virginia Board of Long-Term Care Administrators consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Board of Long-Term Care Administrators regulates the practice of nursing home and assisted living facility administrators by promulgating rules governing practice, licensing administrators, preceptors, and administrators-in-training, and taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Corie Tillman Wolf, JD

Revenue:

\$ 1,220,348

Expenditures:

\$ 1,229,882

Total Licenses as of June 30, 2024:

2,172

Board Members

Jenny Inker, PhD, MBA, ALFA, Chair Assisted Living Facility Administrator Member 2nd Term expires June 30, 2024 Williamsburg, VA	Latonya D. Hughes, PhD, RN, NHA Nursing Home Administrator Member 1st Term expires June 30, 2027 Hampton, VA
Lisa Kirby, NHA, Vice-Chair Nursing Home Administrator Member 1st Term expires June 30, 2025 Suffolk, VA	Ashley Jackson, MBA, NHA Nursing Home Administrator Member 2nd Term expires June 30, 2024 Chesapeake, VA
Kimberly R. Brathwaite, ALFA Assisted Living Facility Administrator Member 1st term expires June 30, 2025 Fairfax, VA	Ann L. Williams, Ed.D. Resident or a family member of a nursing home or assisted living facility or a family member or guardian of a resident of a nursing home or assisted living facility. 1st Term expires June 30, 2024 Richmond, VA
Lynn Campbell Profession concerned with the elderly Member 1st Term expires June 30, 2027 Richmond, VA	Vacant Assisted Living Facility Administrator Member
Pamela Dukes, MBA Profession concerned with the elderly Member 1st Term expires June 30, 2025 Fincastle, VA	

Innovations and Advancements

During the 2022-2024 biennium, the Board of Long-Term Care Administrators (Board) engaged in efforts to reduce regulations, expanded the use of technology tools in processing licensure applications, improved resources and application information available on the Board's website, implemented regulatory changes to create a new pathway to licensure for Assisted Living Facility Administrators and to improve training for prospective administrators, collaborated with stakeholders at the state level, and collected and shared data on the administrator workforce.

- To streamline Board processes and reduce the regulatory burden on applicants and licensees, the Board initiated efforts to reduce regulations in compliance with the Governor's Executive Directive 1 (2022). The Board identified areas where regulatory language was extraneous or repetitive and eliminated unnecessary guidance documents.
- The Board further continued its efforts to expand the electronic processing and review of licensure applications, including the use of new technology to streamline communications with applicants. In December 2023, the Board deployed email correspondence "bots" to create automated email responses that (1) acknowledge the receipt of new applications, (2) remind applicants of pending applications or outstanding document requests, (3) inform applicants when their licenses or registrations have been issued, and (4) close expired applications. These automated bots not only ensure consistent email communications with applicants about the status of their application, the bots also save a significant amount of staff time in drafting and

sending individual email correspondence.

- The Board worked to improve the quantity and quality of information and resources available for applicants and licensees. Board staff updated applications and reporting forms with more user-friendly document features, clarified instructions for the submission of applications and supporting documentation, developed additional resource materials for Administrators-in-Training (AITs) and Preceptors, revised FAQs with more reader-friendly language, and reorganized website content.
- Accessibility and quality of training for AITs and prospective administrators in the field continued to be at the forefront of the Board's regulatory efforts during this biennium. After a multi-year, collaborative process to fine-tune regulatory requirements related to the education and training requirements for prospective AITs and administrators, final regulations became effective in December 2022. Of note, the new regulations established an experience pathway for applicants for Assisted Living Facility AIT programs, created more specific requirements for AIT training sites, and established continuing education credit for administrators who serve as registered preceptors for AITs in both nursing homes and assisted living facilities.

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Innovations and Advancements - continued

- To continue the collaborative discussion between stakeholders to improve training and preparation for AITs and prospective administrators in the assisted living setting, the Board began convening meetings of the AIT Resources and Supports Workgroup in 2023. Representatives from the Virginia Assisted Living Association, LeadingAge Virginia, the Virginia Health Care Association/Virginia Center for Assisted Living, and Virginia Commonwealth University's accredited Assisted Living Program met with representatives from the Board to discuss challenges faced by AITs and Preceptors and possible collaborative solutions through training, information sharing, and the development of supportive resources.
- The Board continued to collect and to share robust survey data on the administrator workforce in Virginia. The Board first began collecting workforce data from both nursing home and assisted living facility administrators in 2013. The compilation and comparison of workforce survey data over the years has proven useful for showing trends in the administrator workforce, including the impact of the COVID-19 public health emergency on the licensed administrator population. In an effort to ensure the Board is collecting the most relevant and useful survey data on factors

impacting the workforce, in 2024, the Board added an additional question to the annual survey to gauge the impact of burnout on the administrator population.

Regulatory/Legislative Actions

One regulatory action was finalized: Regulatory amendments to 18VAC95-20 and 18VAC95-30 regarding qualifications for licensure following a regulatory advisory panel became effective December 21, 2022.

One regulatory action was in progress but not yet finalized: Regulatory reductions to 18VAC95-20 and 18VAC95-30 were undergoing Executive Branch review at the end of the biennium.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the DHP to utilize agency subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapter 390 of the 2024 Acts of Assembly added assisted living facilities as locations health practitioners could be employed by for temporary practice pursuant to Virginia Code § 54.1-2408.4.

Additional Issues

The Board has issued or revised the following Guidance Documents:

95-1: Qualifying for licensure: required content for college coursework and approval of NHA AIT training hours (effective December 7, 2023)

95-9: Continuing education for dual licensees (revisions effective September 1, 2022)

95-11: Disposition of cases for practicing on an expired license (revisions effective September 1, 2022)

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Challenges and Solutions

Efforts to expand and retain the administrator workforce are critical to ensuring that there will be a sufficient population of caregivers to support the growing aging population. Even prior to the COVID-19 pandemic, workforce survey data highlighted a number of concerning trends for the administrator workforce: the “graying” or aging of the licensee population and the potential for turnover in the administrator workforce due to retirement in the next two, ten, and twenty years.

In 2024, the annual survey data of nursing home and assisted living facility administrators collected by the Healthcare Workforce Data Center (HWDC) revealed similar retirement and aging patterns as in previous years, but also gauged the impact of burnout in the profession:

Nursing Home Administrators (NHAs)

- The median age of NHA survey respondents was 50, with almost one in five administrators (20%) administrators aged 60 and over;
- 7% of NHAs indicated their expectation to retire within 2 years; 28% of NHAs indicated their expectation to retire within 10 years;
- 95% of NHAs indicated they were satisfied with their profession;
- 40% of NHAs indicated they were experiencing burnout; one in five of these NHAs experiencing burnout indicated they planned to leave the long-term care profession within one to two years.

Assisted Living Facility Administrators (ALFAs)

- The median age of ALFA survey respondents was 51, with 22% aged 60 or over;
- 7% of ALFAs indicated their expectation to retire within 2 years; 30% of ALFAs indicated their expectation to retire within 10 years;
- 96% of ALFAs indicated they were satisfied with their profession;

- 33% of ALFAs indicated they were experiencing burnout; one in five of these ALFAs experiencing burnout indicated they planned to leave the long-term care profession within one to two years.

When compared to pre-pandemic survey data, retirement expectations have continued to shift among licensees. For example, from 2019 to 2024, 10-year retirement expectations for ALFAs increased from 26% to 30%.

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Challenges and Solutions- Continued

When looking at larger workforce concerns, for both professions, half of the workforce will retire in the next 20 years (by 2044). This wave of retirements will coincide with a projected increase in the Virginia population of individuals age 65 and older who may need access to long-term care services (from 12% of the population in 2010 to an estimated 18% of the population in 2040). *(Source: Weldon Cooper Center for Public Service, Observed and Projected Population Proportion at 65+ for the U.S. and the States, 2010-2040 (Dec. 2018))*

As one step to addressing workforce concerns in the assisted living area, the Board implemented regulatory amendments in December 2022 to create an additional pathway to assisted living administrator licensure for individuals with certain work and supervisory experience in a healthcare setting. The proposed amendments recognized that, for individuals who do not otherwise meet the entry-level requirement for college credit hours, on-the-job supervisory experience in a healthcare setting can serve as a relevant, alternate qualification for the training and licensure of safe and competent administrators.

In addition, the Board continues to convene stakeholders for collaborative discussions on how to find, train, and prepare the next generation of assisted living administrators. The Assisted Living Facility AIT Resources and Supports Workgroup continues to provide an avenue for discussion about non-regulatory means of expanding the administrator workforce and access to quality training.

Who We Are

The Virginia Board of Medicine consists of an 18-member Board, eleven professional Advisory Boards, as well as administrative, enforcement, licensing, and support staff.

What We Do

We license and regulate Doctors of Medicine, Osteopathic Medicine, Podiatry, Chiropractic, and numerous other Allied professions.



EXECUTIVE DIRECTOR

William Harp, MD

Board Members

Revenue: **\$22,510,631** Expenditures: **\$19,239,162**

Total Licenses as of June 30, 2024:
93,006

Peter J. Apel, MD, Vice President 1st Term Expires June 2026 District: 6 - Roanoke	Krishna P. Madiraju, MD 1st Term Expires June 2026 District: 10 – Ashburn	Manjit Dhillon, MD 2nd Term Expires June 2024 District: 4 – Chester	Pradeep Pradhan, MD 1st Term Expires June 2025 District 5 – Danville	Madge Ellis, MD 1st Term Expires June 2024 District: 9 - Salem	Thomas Corry 1st Term Expires June 2027 Citizen Member - Alexandria
Oliver Kim 1st Term Expires June 2025 Citizen Member - Alexandria	John R. Clements, DPM, President 1st Term Expires June 2026 Podiatrist – Roanoke	Jacob W. Miller, DO 1st Term Expires June 2024 Osteopath – Virginia Beach	Hazem A. Elariny, MD 1st Term Expires June 2026 District: 8 – McLean	Jennifer Rathmann, DC 1st Term Expires June 2025 Chiropractor - Blacksburg	William Hutchens, MD 1st Term Expires June 2026 District: 11 – Great Falls
David Archer, MD 2nd Term Expires June 2024 District: 2 - Norfolk	L. Blanton Marchese, 1st Term Expires June 2025 Citizen Member – N. Chesterfield	Deborah DeMoss Fonseca 1st Term Expires June 2027 Citizen Member – Mclean	Karen Ransone, MD, Secretary Treasurer 1st Term Expires June 2024 District 1 – Cobbs Creek	Elliot Lucas, MD 1st Term Expires June 2027 District: 3 – Richmond	Patrick McManus, MD 1st Term Expires June 2027 District: 7 – Fredericksburg

Innovations and Advancements

The Board has been moving towards paperless licensing for several years. The last paper licenses were to have been the ones issued during 2020 and 2021. However, technology that allows the addition of a QR code to a paper license led the Board to issue paper in 2023 and 2024 to all professions. The QR code adds the ability to hover a phone camera over the code and be taken directly to the primary source verification in License Lookup which displays the license status and the expiration date. As a further step towards paperless licensing, the Board will no longer be sending hard copy notices for renewal.

In late 2021, the Board of Medicine streamlined the application process for all 20 of its professions based upon waivers of required documentation during COVID-19 that expedited licensure for five critical professions with no loss of protection for the public.

During this biennium, the Board utilized bots to generate automatic responses and updates to keep license applicants apprised of their progress toward the issuance of their license. This feature has helped not only the applicants, but also Board staff. The bots have helped decrease the time from submission of an application to issuance of the license.

To further refine Medicine's processes, the DHP engaged ImpactMakers to evaluate the Licensing Section's day-to-day work in great detail. ImpactMakers interviewed all staff, watched them work, and asked questions to gain a thorough understanding of the Board's procedures. They identified areas for improvement with the applications and instructions to remove ambiguity for applicants, thereby avoiding the need to call or email the Board. To date, the work of ImpactMakers has been beneficial and will probably lead to decreases in the time for issuance of licenses.

The Licensing Section had been expecting a Licensing Supervisor for several years to help with the day-to-day management of the Licensing Specialists and their production. In February 2023, the position was filled, and the supervisor has been instrumental with team-building and quantitative oversight.

All of these efforts have impacted the time to licensure in a positive way. On May 1, 2022, the average time to licensure for all professions was 88 days. On June 4, 2024, the average time to licensure was down to 45 days.

Negotiations with the Maryland Board of Physicians and the District of Columbia Board of Medicine to enter into an agreement for reciprocal licensing of physicians began in the last biennium. On March 13, 2023, reciprocal licensing became a reality. This expedited pathway is for physicians that are licensed in one of the jurisdictions. A license verification will be accepted by the other two jurisdictions as evidence of the necessary static credentials for a medical license. However, each board has different basic requirements for licensure, so each has its own application questions and specific documentation that must be submitted. This pathway has been utilized by many physicians in all three jurisdictions.

Additional pathways to licensure will be created for Occupational Therapists, Occupational Therapy Assistants, and Physician Assistants. The General Assembly has approved the Board of Medicine becoming a participant in the Occupational Therapy Licensure Compact and the Physician Assistant Licensure Compact. The Board of Medicine regulations for the Occupational Therapy Compact became effective in May 2024. The Physician Assistant Compact requires promulgation of regulations for implementation. Maryland, the District of Columbia and Virginia are finalizing a pathway for reciprocal licensing of Physician Assistants amongst the three jurisdictions.

Regulatory/Legislative Actions

Regulations: Thirteen periodic reviews were conducted: Periodic reviews for the following regulatory chapters were completed on October 6, 2022:

18VAC85-15, Regulations Governing Delegation to an Agency Subordinate; 18VAC85-20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic; 18VAC85-40, Regulations Governing the Practice of Respiratory Therapists; 18VAC85-50, Regulations Governing the Practice of Physician Assistants; 18VAC85-80, Regulations for Licensure of Occupational Therapists; 18VAC85-101, Regulations Governing the Licensure of Radiologic Technology; 18VAC85-110, Regulations Governing the Practice of Licensed Acupuncturists; 18VAC85-120, Regulations Governing the Licensure of Athletic Trainers; 18VAC85-130, Regulations Governing the Practice of Licensed Midwives; 18VAC85-140, Regulations Governing the Practice of Polysomnographic Technologists; 18VAC85-150, Regulations Governing the Practice of Behavior Analysis; and 18VAC85-170, Regulations Governing the Practice of Genetic Counselors. A periodic review of 18VAC85-11, Public Participation Guidelines, was completed on April 5, 2024.

Five regulatory actions were finalized: Exempt regulatory amendments to 18VAC85-50, which implemented Chapter 151 of the 2022 Acts of Assembly regarding physician assistants appointed as medical examiners and working in the field of orthopedics, became effective November 9, 2022. Exempt regulatory changes to 18VAC85-160 pursuant to legislative changes of the 2023 General Assembly Session regarding grandfathered practice for surgical technologists became effective on November 8, 2023. Fast-track amendments to 18VAC85-101, which implemented periodic review amendments and regulatory reductions to regulations governing radiologic technology, and fast-track amendments to 18VAC85-120, which implemented periodic review amendments and regulatory reductions to regulations governing athletic trainers, became effective on March

28, 2024. Final amendments to 18VAC85-80 for Virginia to participate in the OT Compact became effective on May 22, 2024.

Sixteen regulatory actions are in progress but not finalized:

Ten fast-track regulatory amendments resulting from the 2022 periodic review and containing regulatory reductions were under Executive Branch review at the end of the biennium. Those actions include the following: 18VAC85-15, Regulations Governing Delegation to an Agency Subordinate; 18VAC85-20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic; 18VAC85-40, Regulations Governing the Practice of Respiratory Therapists; 18VAC85-50, Regulations Governing the Practice of Physician Assistants; 18VAC85-80, Regulations for Licensure of Occupational Therapists; 18VAC85-110, Regulations Governing the Practice of Licensed Acupuncturists; 18VAC85-130, Regulations Governing the Practice of Licensed Midwives; 18VAC85-140, Regulations Governing the Practice of Polysomnographic Technologists; 18VAC85-150, Regulations Governing the Practice of Behavior Analysis; and 18VAC85-170, Regulations Governing the Practice of Genetic Counselors.

Additionally, a fast-track regulatory action to amend 18VAC85-21, Regulations Governing Prescribing of Opioids and Buprenorphine, following updated federal guidance was under Executive Branch Review at the end of the biennium. Two Notices of Intended Regulatory Action to 18VAC85-50, governing physician assistants, were under Executive Branch review at the end of the biennium. One notices an intent to amend requirements for patient care team physician or podiatrist consultation and collaboration; the second notices an intent to remove the requirement that a patient care team physician or podiatrist name appear on the label of prescriptions issued by physician assistants.

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Regulatory/Legislative Actions – continued

A fast-track regulatory action to amend 18VAC85-130, governing licensed professional midwives, will revise a general disclosure requirement consistent with legislative changes of the 2023 General Assembly Session. This action was under Executive Branch review at the end of the biennium.

Finally, two actions impacting 18VAC85-160 were under Executive Branch review at the end of the biennium. One is a fast-track regulatory amendment which provides a pathway for reinstatement as a surgical technologist. The second action is a final regulatory action impacting licensed surgical assistants and certified surgical technologist and is consistent with licensure and certification changes made to these professions by the 2020 General Assembly.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the DHP to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapters 150 and 151 of the 2023 Acts of Assembly allowed patients to see a medical practitioner in the same subspecialty in the same practice group as an existing practitioner if the existing practitioner is not available. The legislation extended the ability to provide telemedicine into Virginia to physician assistants, respiratory therapists, occupational therapists, and advanced practice registered nurses (at the time referred to as nurse practitioners).

Chapter 183 of the 2023 Acts of Assembly changed references to “nurse practitioners” in the Code of Virginia to “advanced practice registered nurses” consistent with national use of the term.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the DHP to utilize Agency Subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapters 418 and 419 of the 2023 Acts of Assembly allowed the Board to specify up to two hours of continuing education in a specific topic each biennial renewal cycle. The legislation required that, if the Board exercised this right, that the first topic must be human trafficking.

Chapter 569 of the 2023 Acts of Assembly amended Chapters 29 and 34 of Title 54.1 to permit licensed athletic trainers to possess and administer albuterol and, pursuant to written or oral orders or standing protocols, to administer IV saline and subcutaneous lidocaine for wound closure.

Chapters 673 and 674 of the 2023 Acts of Assembly amended Chapters 29 and 34 of Title 54.1 to allow licensed professional midwives to possess and administer medications related to their scope of practice.

Chapters 693 and 694 of the 2023 Acts of Assembly limited satisfaction of licensure requirements for behavior analysts to certification by one national entity.

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Regulatory/Legislative Actions - continued

Chapter 792 of the 2023 Acts of Assembly permitted surgical assistant licensure applicants to practice for six months prior to failing the national examination and expanded the training criteria options for certification as a surgical technologist. Additionally, the bill extended the grandfathering provision for practicing surgical technologists to obtain certification to December 31, 2023.

Chapter 116 of the 2024 Acts of Assembly permitted physician assistants practicing in hospitals, DBHDS facilities, or federally qualified health centers to practice without a separate practice agreement if the employing entity's credentialing agreement includes a practice arrangement.

Chapter 222 of the 2024 Acts of Assembly amended the definition of "practice of athletic training" to allow practice to be conducted in an inpatient or outpatient setting.

Chapter 404 of the 2024 Acts of Assembly reduced from five years to three years the amount of full-time clinical experience required before an advanced practice registered nurse may practice without a practice agreement. The legislation additionally permitted a qualified nurse practitioner to attest that a nurse practitioner may be qualified to practice without a practice agreement.

Chapter 439 of the 2024 Acts of Assembly entered Virginia into the PA Compact, affecting licensure for physician assistants.

Chapter 448 of the 2024 Acts of Assembly required physicians and podiatrists, along with other prescribers, to provide specific counseling to patients prior to prescribing opioids.

Chapter 463 of the 2024 Acts of Assembly amended the requirements to serve as Executive Director of the Board of Medicine, making licensed attorneys

eligible to serve as Executive Director.

Chapter 464 of the 2024 Acts of Assembly created a licensure pathway for certain foreign trained physicians through use of provisional and restricted licensure.

Chapter 548 of the 2024 Acts of Assembly exempted the five needle protocol, used for behavioral health purposes, from the practice of acupuncture.

Additional Issues

The Board has issued, revised, or repealed the following Guidance Documents:

85-4: Acceptance of continuing education in chiropractic (revisions effective December 8, 2022)

85-6: Competency assessment for three paid claims (revisions effective December 8, 2022)

85-8: Authority of physician assistants to write Do Not Resuscitate orders (revisions effective December 8, 2022)

85-10: Disclosures by licensed midwives for high-risk pregnancies (revisions effective October 26, 2023)

85-13: Guidelines on performing procedures on the newly deceased for training purposes (revisions effective December 8, 2022)

85-15: Guidelines concerning the ethical practice of surgery and invasive procedures (revisions effective December 8, 2022)

85-16: Questions and answers on continuing competency requirements for the Virginia Board of Medicine (revisions effective December 8, 2022)

85-17: Supervisory responsibilities of an occupational therapist (revisions effective August 18, 2022)

Challenges and Solutions

Turnover is a way of life at the Board. When experienced Board members are replaced by newly appointed ones, the new members are met with a steep learning curve. This is particularly true for probable cause review of investigated cases and participation in administrative proceedings. Early in his term, Governor Youngkin appointed five new members to the Board of Medicine. Board staff stepped up to rapidly orient the new Board members and to work closely with them in their new responsibilities. The Board is now firing on all cylinders.

Turnover also occurs in the DHP and the Office of the Attorney General. In October 2022, the DHP bid adieu to David Brown, DC, who had admirably served as Director of DHP for over eight and a half years. Governor Youngkin appointed Arne Owens, who had been DHP Deputy during the McDonnell administration, as Dr. Brown's successor. The Board also welcomed its new Counsel, M. Brent Saunders, JD, Senior Assistant Attorney General.

During the renewal years of 2020, 2021 and 2022, a number of licensees did not affirm that they had gotten the total number of hours of Continuing Education required for renewal of their license. Some renewing had not checked YES, or checked NO inadvertently, and others cited COVID, cancelled conferences, health reasons, and more. At its February 23, 2023 meeting, the full Board voted to waive its enforcement of the regulations on Continuing Education for licensees that renewed in 2020, 2021 & 2022. Deficiencies going forward will be subject to the process described in Board of Medicine Guidance Document 85-14.

The Board is authorized to hire outside medical experts to help with probable

cause review of highly technical or complicated cases. Most professionals approached by Board staff to serve as an expert reviewer frame it as their duty with little regard for being paid for their time. The Board very much appreciates their willingness to volunteer. However, for over two decades the reimbursement for such review had been \$150/hour. In February 2023, the Board decided that increasing compensation to \$300/hour would be closer to "market value" and a very appropriate "thanks" for the experts' support of the Board and the citizens of the Commonwealth.

Other Issues

The Board of Medicine Regulations on the Prescribing of Opioids and Buprenorphine became effective March 2017, the highest year on record for prescription opioid deaths since records have been kept. From 2007-2021, there wasn't a significant increase or decrease in fatal prescription opioid overdoses. However, in 2022, there was a significant drop in prescription opioid overdoses compared to the past 15 years. Unfortunately, overdose deaths from illicit drugs have risen. On a related note, the requirement to obtain two hours of opioid continuing education for prescribers licensed by the Board to renew their licenses expired on June 30, 2022.

In 2022, the Board was the lead board for several new Statewide Pharmacy Protocols including vaccines, nicotine replacement, other tobacco cessation therapies, and COVID-19 testing. There are now 26 Board of Pharmacy Statewide Protocols.

In March 2023, a Regulatory Advisory Panel was convened to review and revise the Board's Regulations for the Prescribing of Opioids and Buprenorphine. A number of changes were made to better fit the current practice of pain management and medication-assisted treatment for opioid use disorder. Additionally, the 2024 General Assembly wanted informed consent written into the regulations for providers to caution patients about the use and abuse of opioids.

The 2023 Session of the General Assembly passed Senate Bill 1147 and House Bill 1426 which authorize the Board to select a continuing education (CE) topic of up to two hours in satisfaction of the CE requirement for the renewal of a license. It was noted that if the Board chose to implement the law, the first topic would be Human Trafficking. The Board voted to require one hour of CE in Human Trafficking for all licensees for the 2024 and 2025 renewal cycles. There are high-quality offerings on Human Trafficking online at no cost to the licensee, such as the Polaris Project.

This biennium was a significant one for Licensed Midwives. The 2023 General Assembly granted midwives the authority to possess and administer certain medications. The Board of Medicine held a meeting of stakeholders to develop the formulary for midwifery and produced a well-considered list that should help midwives in their practice. Also, Guidance Document 85-10 on High-Risk Pregnancies was updated to include new procedures and new technology.

The Federation of State Medical Boards does an annual survey of state medical boards to determine which issues are of most concern to its member boards. The FSMB 2023 Member Board Survey Results reflected responses from 53 of 70 state boards and paralleled the concerns of the Virginia Board of Medicine. Top-ranked topics were Physician Sexual Misconduct, Responsible Opioid Prescribing, and Physician Impairment. Other results from the survey included licensing stats with boards declaring an average of 39 days to issuance; Virginia is at 45 days. The Virginia Board is measured on the number of days from the receipt of an application to the date the license is issued, which may not be how other boards' statistics are derived.

From the inception of the profession, surgical technologists were required to either have a certificate from the National Board of Surgical Technology and Surgical Assisting or had worked as a surgical technologist which would qualify for grandfathering into certification with the Board. In 2023, the Board discussed a request from the National Center for Competency Testing (NCCT) that has a pathway for certification of surgical technologists. Statements were heard from NCCT, programs, teachers, students, and surgical technologists. The Board voted to approve NCCT as a pathway to certification in surgical technology.

Who We Are

The Virginia Board of Nursing consists of a 14-member Board, a five member Massage Therapy Advisory Board, as well as administrative, licensing, discipline, education, and support staff.

What We Do

We regulate Nurses (RN and LPN), Advanced Practiced Registered Nurses (APRN's) including Nurse Practitioners, Nurse Anesthetists, Nurse Midwives and Clinical Nurse Specialists, Nurse Aides, Advanced Certified Nurse Aides, Medication Aides and Massage Therapists. The Board also approves and regulates in-state education programs for Nurses (RN and LPN), Nurse Aides, and Medication Aides.



EXECUTIVE DIRECTOR

Claire Morris

Board Members

Nursing
 Revenue: \$30,092,422 Expenditures: \$35,807,055
Nursing Scholarship
 Expenditures: \$96,000

Total Licenses as of June 30, 2024:

238,150

Cynthia M. Swineford, MSN, RN, CNE President Disputanta 1st term expires 6/30/2025	Delia Acuna, FNP-C Quinton 1st term expires 6/30/2027	Pamela Davis, LPN Powhatan 1st term expires 6/30/2027	Shantell Kinchen, LPN Richmond 1st term expires 6/30/2025	Robert Scott, RN Mechanicsville 1st term expires 6/30/2027
Ann T. Gleason, PhD, Citizen Member First Vice President Zion Crossroads 1st term expires 6/30/2024	Victoria Cox, DNP, RN Roanoke 1st term expires 6/30/2027	Margaret Joan Friedenber, Citizen Member Richmond 2nd term expires 6/30/2025	Helen M. Parke, DNP, FNP-BC Concord 1st term expires 6/30/2026	Yvette Dorsey, DNP, RN Second Vice President Richmond 1st term expires 6/30/2024
Carol A. Cartte, RN, BSN Glen Allen 1st term expires 6/30/2026	Paul Hogan, Citizen Member Reston 1st term expires 6/30/2026	Lila Peake, RN Lynchburg Unexpired term expires 6/30/2024		

Innovations and Advancements

The board has continued to build on streamlining efforts related to operations, licensing, discipline and education. Cognizant of the need to maximize efforts to increase the workforce, remove barriers to entry to practice while at the same time focusing on the main mission of protection of the public, the staff and the Board have continued to manage a large volume of work. Innovation and alternate approaches to licensing and discipline have been deployed and are highlighted below:

- Issuance of the Temporary Nurse Aide to CNA authorization was extended through October 2022 due to the Public Health Emergency waiver extension
- The Nurse Aide Registry implemented a new online application platform CNA365 that is more streamlined and allows candidates direct access for applying for National Nurse Aide Examination and certification with the Board of Nursing. Additionally, this enhanced system provides seamless access for nurse aide education programs to upload student list and access information. Online testing for certain portions of the examination were implemented.
- Digitalization of disciplinary case files project is in process. Staff have been trained in the digital case management system, board processes and policies have been developed, transfer of files between staff and other departments has been initiated. Probable cause review functions are now accomplished through BOX. Progress towards full implementation is underway.
- The DHP Criminal Background Check unit that is housed with the Board underwent a successful FBI Audit. This centralized Unit conducts pre licensure criminal background checks for three boards.
- The New Generation NCLEX(NGN) the national licensing examinations for registered nurses and licensed practical nurses was deployed April 1,

2023. The Board hosted an NGN conference that was well received by over 100 educators. The Board provided examination preparation materials and virtual study aids to all 150 pre-licensure nursing education programs.

- Board staff participated in multiple workgroups with members of other state agencies, practice and education stakeholders that were focused on workforce, clinical innovations and Earn to Learn programs.
- A new contract for Medication Aide Testing was awarded and the test plan was updated
- External presentations to professional associations, employer groups and the public were provided primarily by staff to over 25 entities.
- Deployed additional Robotic Process Automation to function as a virtual licensing assistant to process documents related to student completion of nursing education programs necessary for licensing. Additional piloting is underway.
- Executive Director and staff served on national regulatory boards and committees obtaining valuable information on best regulatory practices to inform the work of the board and enhance board processes
- A staff article titled “The Impact of COVID-19 on Nurse Aide Education Programs” was published in the *Journal of Nursing Regulation*
- A staff article “The Regulatory Implications of the AACN Essentials” was published in the *Journal of Nursing Regulation*.
- An Advanced Practice Registered Nurse (APRN) section was added to the Board webpage providing access to all APRN information and announcing changes because of legislation.
- The Board began regulating a new profession Licensed Certified Midwives which is jointly regulated by the Boards of Nursing and Medicine. Board of Nursing staff created new licensure applications, processes, associated documents and external communications.

Regulatory/Legislative Actions

Five periodic reviews were conducted: The Board conducted a periodic review of 18VAC90-19, Regulations Governing the Practice of Nursing, in 2022. The Board conducted four periodic reviews in 2023 of: (1) 18VAC90-11, Public Participation Guidelines; (2) 18VAC90-25, Regulations Governing Certified Nurse Aides; (3) 18VAC90-27, Regulations Governing Nurse Education Programs; and (4) 18VAC90-50, Regulations Governing the Licensure of Massage Therapists.

Four regulatory actions were finalized:

Exempt regulatory amendments to 18VAC90-15 to permit an Agency Subordinate to hear credentials cases, pursuant to 2023 legislation, became effective November 8, 2023. Fast-track amendments to update nurse aide education requirements in 18VAC90-26 consistent with changes in practice and need following the pandemic became effective on March 16, 2023. Exempt regulatory amendments to 18VAC90-30 and 18VAC90-40 to change references from nurse practitioners to advanced practice registered nurses consistent with 2023 legislation became effective on November 8, 2023. Final regulations which created a new regulatory chapter, 18VAC90-70, for the licensure of licensed certified midwives became effective January 31, 2024.

Four regulatory actions were in progress but not yet finalized:

A Notice of Intended Regulatory Action for a fee increase for licensees to maintain operating costs for the Board of Nursing was in process at the end of the biennium, with the public comment period for the notice of intended regulatory action closing on June 19, 2024. A NOIRA for 2022 periodic

review changes to 18VAC90-19, governing registered nurses and licensed professional nurses, was under Executive Branch review at the end of the biennium. A NOIRA for implementation of periodic review changes to 18VAC90-21, governing medication administration training and immunization protocols, was under Executive Branch review at the end of the biennium. A NOIRA for implementation of periodic review changes to 18VAC90-27, governing nursing education programs, was under Executive Branch review at the end of the biennium. A fast-track regulatory action to implement clinical nurse specialist practice agreement changes to 18VAC90-30 pursuant to 2022 legislation was under Executive Branch review at the end of the biennium.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of DHP to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 183 of the 2023 Acts of Assembly changed references to “nurse practitioners” in the Code of Virginia to “advanced practice registered nurses” consistent with national use of the term.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the DHP to utilize Agency Subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

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Regulatory/Legislative Actions – continued

Chapter 579 of the 2023 Acts of Assembly made amendments to required accreditation bodies of nursing programs outside of the United States and required the Board to identify multiple entities to provide language examinations and evaluate and verify credentials of foreign-trained applicants.

Chapter 284 of the 2024 Acts of Assembly created a new registration category for advanced registered medication aides. Advanced registered medication aides will work in nursing homes; currently, registered medication aides may only work in assisted living facilities.

Chapter 404 of the 2024 Acts of Assembly reduced from five years to three years the amount of full-time clinical experience required before an advanced practice registered nurse may practice without a practice agreement. The legislation additionally permitted a qualified nurse practitioner to attest that a nurse practitioner may be qualified to practice without a practice agreement.

Chapter 425 of the 2024 Acts of Assembly required the Board to amend in-state clinical training requirements for programs located within 60 miles of a border with another state or the District of Columbia.

Chapter 448 of the 2024 Acts of Assembly required advanced practice registered nurses, along with other prescribers, to provide specific counseling to patients prior to prescribing opioids.

Chapters 754 and 761 of the 2024 Acts of Assembly made changes to nursing education faculty requirements contained in regulation, specifying the required training of instructors to be included in regulatory language.

Additional Issues

The Board has issued, revised, or repealed the following Guidance Documents:

- 90-3: Continued competency violations for nurses and licensed massage therapists (revisions effective September 28, 2023)
- 90-6: Scope of Practice for registered nurses and licensed practical nurses (revisions effective September 28, 2023)
- 90-7: Sanctioning reference points instruction manual (revisions effective October 13, 2022)
- 90-9: Board guidelines for prescription drug administration training program for child day care (revisions effective March 19, 2024)
- 90-10: Board guidelines for processing applications for licensure (revisions effective July 7, 2022)
- 90-11: Board's guidance on continuing competency violations for nurse practitioners (combined with 90-3; 90-11 repealed; changes effective September 28, 2023)
- 90-15: Use of cervical ripening agents by RNs (combined with 90-6; 90-15 repealed; changes effective September 28, 2023)
- 90-17: Opinion of cutting corns and warts with a scalpel by RN/LPN (combined with 90-6; 90-17 repealed; changes effective September 28, 2023)
- 90-19: Epidural anesthesia by registered nurses (combined with 90-6; 90-19 repealed; changes effective September 28, 2023)
- 90-22: Requests for accommodations for NCLEX and NNAAP testing (revisions effective January 19, 2023)
- 90-31: Administer a medication that has been transmitted orally or in writing by a pharmacist acting as the prescriber's agent (combined with 90-6; 90-31 repealed; changes effective September 28, 2023)

- 90-38: Disposition of cases against nurses or massage therapists practicing with expired licenses (revisions effective August 3, 2023)
- 90-40: Surveillance activities required by the OSHA respiratory standards (combined with 90-6; 90-40 repealed; changes effective September 28, 2023)
- 90-43: Attachment of scalp leads for internal fetal monitoring (combined with 90-6; 90-43 repealed; changes effective September 28, 2023)
- 90-56: Practice agreement requirements for licensed nurse practitioners (revisions effective February 2, 2023)
- 90-61: Disposition of cases against nurse aides and medication aides for practicing on expired certificates or registrations (combined with 90-38; 90-61 repealed; changes effective August 2, 2023)
- 60-62: Medication administration training curriculum (revisions effective August 3, 2023)

Challenges and Solutions

Operation Nightingale.

On January 25, 2023, the U.S. Department of Health and Human Services Office of Inspector General (HHS-OIG) and the Federal Bureau of Investigation (FBI) launched a multi-state coordinated law enforcement action to apprehend individuals engaged in a scheme to sell false and fraudulent nursing degree diplomas and transcripts. The enforcement action resulted in the execution of search warrants in Delaware, New York, New Jersey, Texas, and Florida, and 28 individuals being charged for their involvement in the fraud scheme.

The alleged scheme involved the selling of fake and fraudulent nursing degree diplomas and transcripts obtained from accredited Florida-based nursing schools to aspiring Registered Nurse (RN) and Licensed Practical/Vocational Nurse (LPN/VN) candidates. The individuals who acquired the bogus nursing credentials used them to qualify to sit for the national nursing board exam. Upon successful completion of the board exam, the nursing applicants became eligible to obtain licensure in various states to work as an RN or a LPN/VN. Once licensed, the individuals were then able to obtain employment in the healthcare field. The overall scheme involved the distribution of more than 7,600 fake nursing diplomas and transcripts. These schools are now closed.

The Virginia Board has been impacted by this scheme in that nurses with Virginia licenses have been identified and the board is receiving applications from individuals who graduated from these schools and are attempting to gain licensure in Virginia. Most of these individuals were LPN's prior to becoming RN's and they came to Virginia via endorsement from another state. This has resulted in an increased disciplinary caseload and an increase in non-routine applications. The Board has collaborated with DHP Enforcement and the Administrative Proceedings Division to develop investigative guidelines and alternate methods of case resolution. These cases however have dramatically increased the complexity

of case review and processing as well as the number of summary suspensions and formal hearings. Collaboration with National Council of State Board of Nursing and other state nursing boards has resulted in an enhanced notification system and the board offering opportunities for case resolution throughout the disciplinary process to swiftly protect the public and to reduce the number of resource intensive hearings.

Operation Nightingale has stretched board resources and impacted the overall rate of processing disciplinary cases and licensing applications. One solution to address this has been the intentional collaboration between Board licensing staff and discipline staff with the Enforcement and Administrative Proceedings divisions earlier in the investigative process.

Disciplinary Caseload

The Board has noted an increase in complexity of all disciplinary cases and due to an increase in associated Informal Conferences and Formal Hearings it has been necessary to schedule less cases on each docket to allow for adequate time for the Board to consider cases. The Board within its statutory authority utilizes the use of Agency Subordinates to the fullest extent possible for informal conferences and has changed its business model by scheduling formal hearings every month in order to ensure protection of the public and to improve case resolution times.

Implications of Increase of Costs to operate a self-funded Board

The Board has carefully considered additional costs to operate that has impacted the Board in the last 10 years. Additionally the operation of a Nurse Aide Registry that is partially funded due to federal rules that prohibit collection of certain fees has resulted in the Board considering a recommendation to increase licensing fees.

Education

In April 2023, Next Generation NCLEX (NGN) replaced NCLEX RN and PN. NGN, with the implementation of clinical judgement questions, continues to assess the applicant's ability to provide safe and effective nursing care. Since the inception of NGN, national NCLEX pass rates have increased. Additionally, Virginia RN NCLEX pass rates remain above the national average and Virginia PN pass rates were above the national average in 2022 and 2023.

While we do not have the authority to regulate out-of-state nursing education programs, the Board of Nursing has become aware of what seems to be an increase in out-of-state nursing education programs utilizing Virginia clinical sites for their programs.

Regulation allows for nursing education programs, with full approval, to request an exception for faculty who do not meet the education requirements in regulation. During this time, there were approximately 50 initial faculty exception requests granted yearly; most of these requests were for clinical faculty positions in BSN programs.

In 2022, the education team implemented regulatory review education seminars for nurse aide program personnel. In 2023, education seminars were added for interested parties in establishing a nurse aide education program. Each of the education seminars have been well attended and have received positive feedback from participants. In May 2023, virtual regulatory review education seminars began for medication aide programs. Education seminars across all programs have been held in various areas of the state to allow for participation from programs that are not central to the Board's office.

Virginia education programs have continued to participate, with high participation levels despite its voluntary nature, in the NCSBN Annual Survey which looks at quality indicators of nursing education programs. Results from this report are shared with the Board annually.

The Board has continued to partner with Virginia Department of Education and State Council of Higher Education for Virginia participating in annual meetings as requested. In addition, Board staff have participated in a variety of outside workgroups to include and Clinical Innovation Workgroup where the Earn to Learn concept was developed and piloted. The Earn to Learn concept was later picked up by the Governor's office and a grant opportunity was developed for programs to assist in increasing the nursing workforce.

Who We Are

The Virginia Board of Optometry consists of a six-member Board as well as administrative, licensing, discipline, and support staff.

What We Do

We regulate TPA-Certified Optometrists.



EXECUTIVE DIRECTOR

Kelli Moss

Revenue:

\$782,080

Expenditures:

\$819,182

Total Licenses as of June 30, 2024:

1,865

Board Members

<p>Gerald R. Neidigh, Jr., O.D. President 1st Term expires 6/30/2026 Powhatan</p>	<p>Corliss V. Booker, Ph.D., APRN, FNP-BC Citizen Member 1st Term expires 6/30/2026 Chester</p>
<p>Evan J. Kaufman, O.D. Vice-President 1st Term expires 6/30/2025 Charlottesville</p>	<p>Fred E. Goldberg, O.D. 2nd Term expires 6/30/2024 McLean</p>
<p>Shawn Hobbes, O.D. 1st Term expires 6/30/2027 Richmond</p>	<p>Clifford A. Roffis, O.D. 2nd Term expires 6/30/2024 Richmond</p>

Innovations and Advancements

During the biennium, the Board of Optometry implemented the use of bots to provide applicants with updated licensure application statuses, increasing staff capacity to assist applicants and the public with specific inquiries.

The number of complaint cases received by the Board remains relatively stable. Case processing times were significantly improved, and the Board met or exceeded goals for case closure and reducing the age of the pending caseload and time to disposition, as reported on the DHP website. A streamlined process was developed for probable cause review, impacting the efficiency with which cases are reviewed by Board members. Board staff also successfully transitioned to a web-based filesharing application for case management throughout the investigative and adjudication processes, facilitating efficient transfer of case-related documentation. The Board collaborated with Visual Research, revising its Sanctioning Reference Points system used to help Board members objectively determine sanctions based on past treatment of similarly situated respondents.

The Board has been an active participant in the Association of Regulatory Boards of Optometry (ARBO). The organization serves to represent and assist the member licensing boards in regulating the practice of optometry for the public welfare. It provides services and information to its member boards, including gathering data on national issues such as telepractice, scope of practice expansion and continued competency.

DHP Healthcare Workforce Data Center (HWDC) works to improve the data collection and measurement of Virginia's healthcare workforce through the regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes. Surveys of the optometry profession were deployed during the 2022 and 2023 renewal periods. The survey results are available on the agency's public

website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license without an expiration date that can be verified through the agency's online License Lookup feature, which serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Transitioning to online license applications;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing to encourage online renewals;
- Transitioning to paperless filing systems to enhance portability and reduce paper usage;
- Utilizing emails to notify licensees of important information; and
- Adopting a revised policy amendment for electronic meeting participation.

The Regulatory Advisory Panel (RAP) met in 2022 to review regulations drafted as mandated by legislation passed in the previous biennium, which when final will allow TPA-Certified Optometrists to perform three laser surgical procedures: peripheral iridotomy, selective laser trabeculoplasty, and YAP capsulotomy. The Board adopted the RAP's recommended amendments and final regulations are pending. The Board proposed regulations for mandated optometrist profiles and reporting, which are currently pending.

Innovations and Advancements (continued)

The 2023 legislative session reorganized portions of Chapter 32 of the Code of Virginia, reorganizing provisions regulating the practice of optometry; updating licensing requirements by removing specific requirements for the Board of Optometry's examination procedures; and expanding possible Board actions for the issuance, revocation, and suspension of licenses and for the reprimand of licensees. The bill specifies that any student, intern, or trainee in optometry may perform optometric services under the direct supervision of a licensed optometrist or ophthalmologist as part of a course of study at an accredited institution of higher education and removes the option for the Board to approve alternative continuing education courses at the request of a licensee.

The Board continued its outreach efforts this biennium by providing relevant information to licensees and posting updates on its website and providing information during annual meetings of the Virginia Optometric Association and ARBO.

Regulatory/Legislative Actions

One periodic review was performed: Periodic review of 18VAC105-20, Regulations of the Virginia Board of Optometry, was conducted in 2023.

One regulatory action was finalized: Fast-Track changes to Chapter 20 which conformed regulatory requirements regarding contact lens prescriptions to state and federal rules became effective on February 2, 2023.

Three regulatory actions were in progress but not yet finalized: Fast-track amendments to regulations regarding the use of agency subordinates for credentials cases, adopted by the Board July 14, 2023, were undergoing Executive Branch review at the end of the biennium, as were regulatory amendments

regarding doctor's profiles and laser surgery certification, both pursuant to legislation passed in the 2022 General Assembly Session.

Legislative: Chapter 268 of the 2023 Acts of Assembly updated Chapter 32 of Title 54.1 of the Code of Virginia, relating to optometry.

Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize agency subordinates for hearing credentials cases. Agency subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapter 448 of the 2024 Acts of Assembly required optometrists, along with other prescribers, to provide specific counseling to patients prior to prescribing opioids.

Additional Issues

The Board issued or revised the following Guidance Documents:

105-2: Guidance on Light Adjustable Lenses (adoption effective September 28, 2023)

105-10: End of a contact lens fitting (revisions effective October 27, 2022)

105-13: Free eye screenings (revisions effective October 27, 2022)

Challenges and Solutions

One of the Board's biggest challenges is the regulation of telepractice as new technology is introduced. The Board continues to monitor the evolution of products and services delivered online and assessing whether regulation is necessary to protect the public.

Who We Are

The Virginia Board of Pharmacy consists of a 10-member Board, as well as administrative, licensing, discipline, and support staff.

What We Do

We regulate the practice of pharmacy and the manufacturing, dispensing, selling, distributing, processing, compounding, or disposal of drugs and devices. We license pharmacists, pharmacy technicians, pharmacy technician trainees, pharmacy interns, pharmacies, wholesale distributors, warehouse, third-party logistic providers, manufacturers, medical equipment suppliers, outsourcing facilities, and those facilities shipping prescription drug or prescription devices into the Commonwealth. We also license and regulate the dispensing by practitioners of the healing arts, issue controlled substance registrations, administer the Drug Control Act, and prior to January 1, 2024, regulated medical cannabis.



EXECUTIVE DIRECTOR

Caroline Juran, RPh

Revenue:

\$9,908,144

Expenditures:

\$10,719,917

Total Licenses as of June 30, 2024:

45,347

Board Members

R. Dale St. Clair, Jr., Chairman 1st term ends June 30, 2024 Goochland, VA	Sarah Melton 1st term ends June 30, 2024 Bristol, VA
Cheryl L Garvin, Vice Chairman 1st term ends June 30, 2025 Leesburg, VA	Wendy C. Nash 1st term ends June 30, 2025 Valentines, VA
Shannon Dowdy, PharmD 1st term ends June 30, 2027 Henrico, VA	Kristopher S. Ratliff 2nd term ends June 30, 2026 Marion, VA
Michelle E. Hoffer, JD Citizen Member 1st term ends June 30, 2027 Richmond, VA	Patricia Lynn Richards-Spruill 2nd term ends June 30, 2026 Suffolk, VA
S. Lawrence Kocot, JD Citizen Member 1st term ends June 30, 2025 Alexandria, VA	Ling Yuan 1st term ends June 30, 2026 Glen Allen, VA

Innovations and Advancements

The Board of Pharmacy continued working closely with the Department of Health to communicate allowances under the Public Readiness and Emergency Preparedness (PREP) Act Declaration authorizing licensed pharmacists to order and administer, and registered qualified pharmacy interns and pharmacy technicians acting under the supervision of the qualified pharmacist to administer, vaccines for persons three years of age or older including COVID-19 vaccines and tests. The Board later communicated the expiration of the federal public health emergency as of May 11, 2023, allowances under the 11th amendment of the PREP Act that remain in effect as of the end of the biennium, and the implementation of statewide protocols to initiate and administer vaccines to persons three years of age and older, consistent with the Centers for Disease Control Immunization Schedule.

Pursuant to §54.1-3303.1, additional statewide protocols authorizing pharmacists to test and/or initiate treatment in the following areas were developed by the Board in collaboration with the Board of Medicine and Department of Health: tobacco cessation, coronavirus testing of adults, acute uncomplicated lower urinary tract infections (UTI) in women, influenza, and group A streptococcus. The Board also collaborated with the Department of Medical Assistance Services regarding its implementation of providing pharmacist as provider reimbursement for activities performed pursuant to statewide protocols and collaborative practice agreements.

The medical cannabis program continued to expand during this biennium. In April 2023, the Court of Appeals of Virginia affirmed the Henrico County Circuit Court decision ruling in the Board's favor regarding the rescission of conditional approval in June 2020 for a fifth pharmaceutical processor permit

issued to PharmaCann for Health Service Area I. On September 26, 2023, the Board voted to rescind the 2020 Request for Application (RFA) to award the fifth pharmaceutical processor permit since statutory and regulatory oversight of the medical cannabis program would transition from the Board to the Virginia Cannabis Control Authority (VCCA) as of January 1, 2024, and it was anticipated that the VCCA would develop a new RFA for awarding the fifth permit. Refunds for the application fees for the pharmaceutical processor applications received prior to the RFA deadline were initiated. To improve efficiencies in oversight, in September 2023 board staff successfully implemented a new licensing software system for the medical cannabis program which ultimately transitioned to the VCCA. The system allows the practitioner to issue an electronic written certification in lieu of the paper format provided by the Board and provide the patient with a digital card that validates the possession of the written certification. The system also streamlines the registration process for patients should they voluntarily choose to obtain registration. As of December 2023, there were four pharmaceutical processors and 18 cannabis dispensing facilities from where patients could obtain medical cannabis; the Board registered over 3,600 medical cannabis products since program inception. During the biennium, the Board continued to operationalize annual legislative changes to the medical cannabis program, e.g., patients, parents/legal guardians no longer needing to register with the Board as of July 1, 2022, and practitioners no longer needing to register with the Board as of July 1, 2023, along with additional exceptions for registered agents. Staff from the Board and the VCCA met approximately every other week since April 2023 to address the program transition. In December 2023, the Board voted to repeal the medical cannabis regulations and associated guidance documents effective January 1, 2024.

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Innovations and Advancements (continued)

Similarly, the VCCA took action to enact its regulations as of January 1, 2024. All records and remaining revenue for the medical cannabis program were successfully transitioned to the VCCA.

In response to the Food and Drug Administration's announcement in 2023 that it will enforce the Drug Supply Chain and Security Act as of November 2024 and the Drug Enforcement Administration's proposed regulations for emergency medical service (EMS) agencies, the Board collaborated with the Virginia Department of Health Office of EMS, various health-system pharmacists and EMS stakeholders throughout 2024 to develop emergency regulations and frequently asked questions related to a emergency drug kits.

Pursuant to HB 2147 passed by the 2023 General Assembly, the Board convened a work group in September 2023 on prescription translation services, submitted a report to the General Assembly, and reminded its licensees via email of federal laws related to the subject.

Pursuant to §54.1-3307.2, any person who proposes to use a process or procedure related to the dispensing of drugs or devices or to the practice of pharmacy not specifically authorized by Chapter 33 (§ 54.1-3300 et seq.) or by a regulation of the Board of Pharmacy may apply to the Board for approval to use such process or procedure.

During the biennium, the Board approved six new innovative (pilot) programs that generally allowed for the use of new technology in the repackaging and dispensing of medications, such as automated dispensing devices for use in crisis stabilization units, electronic supervision of pharmacy technicians performing duties remotely, and central fill pharmacy operations. At the end of the biennium, there were approximately 15 current active innovative pilot programs. Additionally, the Board worked collaboratively with the Department of Behavioral Health and Developmental Services to draft a legislative proposal that was passed by the 2024 General Assembly to codify approximately nine of the innovative pilot program allowances.

Regulatory/Legislative Actions

Regulatory: One periodic review was conducted: Periodic review of 18VAC60-11, Public Participation Guidelines, was completed in 2024.

Seventeen regulatory actions were finalized: Seven amendments to chemicals listed in Schedule I, contained in 18VAC110-20-322, became effective on September 14, 2022, February 1, April 12 and September 27, 2023, and January 31 and February 28, 2024. Three amendments to regulatory schedules to conform to federal scheduling changes became effective on February 1, 2022, August 16, 2023, and February 28, 2024. Two amendments to regulatory schedules in conformity with General Assembly legislative action became effective on November 23, 2022 and November 8, 2023. Final regulations regarding the use of medication carousels and RFID technology became effective on December 7, 2022. Final regulations related to 2020 legislation for registration of pharmacy technicians became effective on December 21, 2022. Final regulations related to 2020 and 2021 legislation for pharmacists initiating treatment became effective on December 21, 2022 and November 8, 2023, respectively.

18VAC110-60, Regulations Governing Pharmaceutical Processors, was repealed pursuant to legislation which moved regulation of the medical cannabis program to the Virginia Cannabis Control Authority. The repeal of Chapter 60 became effective May 8, 2024.

Eighteen regulatory actions were in progress but not yet finalized: Proposed regulatory amendments to create an exemption of automated dispensing devices stocked solely with emergency or stat-use medications from certain requirements pertaining to automated dispensing devices was undergoing Executive Branch review at the end of the biennium. Fast-track

actions adopted by the Board to clarify the application of 18VAC110-20-735 relating to dispensing of injectable formulations of naloxone under § 54.1-3408(Y) of the Code of Virginia and to replace an analytic lab regulation for pharmaceutical processors were undergoing Executive Branch review at the end of the biennium. The Board adopted final regulatory action to allow centralized warehouse or wholesale distributors to verify Schedule VI drugs for automated dispensing devices in hospitals in response to a petition for rulemaking; this action was undergoing Executive Branch review at the end of the biennium. Final action adopted by the Board regarding prohibitions against incentives to transfer prescriptions was undergoing Executive Branch review at the end of the biennium. The Board's NOIRA for changes identified during a 2021 periodic review of 18VAC110-20 was undergoing Executive Branch review at the end of the biennium. The Board adopted proposed regulations to replace emergency regulations regarding pharmacy working conditions as required by Chapter 628 of the 2022 Acts of Assembly. The proposed stage was under Executive Branch review at the end of the biennium. Proposed regulations to increase fees required to cover expenses for essential functions of review of applications, inspections, and investigations of complaints against licensees were undergoing Executive Branch review at the end of the biennium.

Two emergency regulatory actions, (1) regarding crisis stabilization services and use of automated drug dispensing systems and remote dispensing systems and (2) regarding allowances for emergency drugs by EMS agencies, were undergoing Executive Branch review at the end of the biennium.

Two scheduling actions which place chemicals in Schedule I following consultation with the Department of Forensic Science were undergoing Executive Branch review at the end of the biennium.

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Regulatory/Legislative Actions - continued

Final regulatory amendments related to 2022 legislation for pharmacists initiating treatment (Chapters 790 and 791 of the 2022 Acts of Assembly) were adopted by the Board and were undergoing Executive Branch review at the end of the biennium. Additionally, proposed regulatory amendments related to 2023 legislation for pharmacists initiating treatment (Chapters 171 and 172 of the 2023 Acts of Assembly) were undergoing Executive Branch review at the end of the biennium. The Board adopted a fast-track regulatory action to remove outdated sections related to registration of pharmacy technicians and criteria for approval of pharmacy technician training programs, which was undergoing Executive Branch review at the end of the biennium. A NOIRA to the 2021 periodic review of 18VAC110-21, Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians, was undergoing Executive Branch review at the end of the biennium. Finally, the Board adopted a fast-track action to amend portions of 18VAC110-30, Regulations for Practitioners of the Healing Arts to Sell Controlled Substances, to change references to nurse practitioners to advanced practice registered nurses, pursuant to statutory change. That action was undergoing Executive Branch review at the end of the biennium.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the DHP to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapters 142 and 143 of the 2023 Acts of Assembly excluded hypodermic needles for the injection of insulin to be used with a reusable insulin pen from the provisions of § 54.1-3467 of the Code of Virginia.

Chapters 171 and 172 of the 2023 Acts of Assembly created new categories of treatment which can be initiated by a pharmacist. The legislation required the

creation of emergency regulations and protocols adopted in consultation with the Board of Medicine.

Chapters 188 and 189 of the 2023 Acts of Assembly codified regulatory schedule changes of the previous year implemented by the Board of Pharmacy.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the DHP to utilize Agency Subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapters 267 and 729 of the 2023 Acts of Assembly clarified that emergency medical services providers may administer drugs and devices at a medical care facility pursuant to an oral or written order or standing protocol.

Chapter 341 of the 2023 Acts of Assembly allowed pharmacists to refill prescriptions for Schedule VI medications based on the prescription label.

Chapter 368 of the 2023 Acts of Assembly put in place a limitation on pharmacists refusing to fill a prescription based solely on the prescription resulting from a telemedicine encounter.

Chapter 569 of the 2023 Acts of Assembly amended Chapters 29 and 34 of Title 54.1 to allow licensed athletic trainers to possess and administer albuterol and, pursuant to written or oral orders or standing protocols, to administer IV saline and subcutaneous lidocaine for wound closure.

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Regulatory/Legislative Actions - continued

Chapter 630 of the 2023 Acts of Assembly required the Board to convene a workgroup to study the provision of translated directions for use of prescriptions.

Chapters 673 and 674 of the 2023 Acts of Assembly amended the Chapters 29 and 34 of Title 54.1 of the Code of Virginia to allow licensed professional midwives to possess and administer medications related to their scope of practice.

Chapters 740 and 773 moved the Medical Cannabis Program from the Board of Pharmacy to the Virginia Cannabis Control Authority, effective January 1, 2024.

Chapters 62 and 228 of the 2024 Acts of Assembly codified scheduling changes made by the Board of Pharmacy over the previous year.

Chapters 63 and 513 of the 2024 Acts of Assembly allowed the use of automated dispensing systems and remote dispensing systems by crisis stabilization services. The legislation required the Board of Pharmacy to promulgate emergency regulations.

Chapter 214 of the 2024 Acts of Assembly expanded the duties that may be performed by a pharmacy technician.

Chapter 407 required the Board of Pharmacy to promulgate emergency regulations permitting the use of central fill pharmacies and allow for pharmacy technician remote access.

Chapter 725 of the 2024 Acts of Assembly required pharmacies to provide blind and vision-impaired patients accessible prescription information. The legislation required the Board of Pharmacy to promulgate regulations and issue a Guidance Document.

Additional Issues

The Board has issued or revised the following Guidance Documents:

110-1: List of categories of facility licenses and a brief description of each (revisions effective January 4, 2024)

110-6: Guidance for pharmacies within opioid treatment programs (revisions effective October 27, 2022)

110-7: Practitioner/patient relationship and the prescribing of drugs for family or self (revisions effective January 4, 2024)

110-8: Information on prescriptive authority in Virginia (revisions effective January 4, 2024)

110-9: Pharmacy inspection deficiency monetary penalty guide (revisions effective July 5, 2023, November 22, 2023, March 27, 2024, and June 6, 2024)

110-10: Sets out the conditions by which a physician could obtain a limited use permit to stock and dispense prescription drugs from a mobile van for underserved populations (revisions effective February 2, 2023)

110-11: Proof of identity for Schedule II drugs (revisions effective February 2, 2023)

110-13: Guidance on use of collaborative agreements (revisions effective January 4, 2024)

110-25: Guidance for the life of a prescription after a prescriber is no longer in practice (revisions effective October 27, 2022)

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Additional Issues– continued

- 110-26: Pharmacy working conditions (effective May 12, 2022)
- 110-28: Guidance for free clinic pharmacy permit applicants (revisions effective February 2, 2023)
- 110-29: Guidance document for practitioners dispensing (revisions effective January 4, 2024)
- 110-32: Cannabis: potential drug interactions (effective August 4, 2022)
- 110-33: Pharmacy interns as pharmacy technicians; pharmacy technician ratio (revisions effective November 26, 2022)
- 110-35: Requirements for prescriptions (revisions effective January 4, 2024)
- 110-36: Compliance with USP standards for compounding (revisions effective January 4, 2024)
- 110-37: Access to prescriptions during unanticipated shortened hours (effective June 8, 2023)
- 110-41: Emergency medical services drug kits (repeal voted on by Board of Pharmacy on May 2, 2024)
- 110-43: Dispensing with an authorized generic (revisions effective February 2, 2023)
- 110-44: Protocol for the prescribing and dispensing of naloxone (revisions effective January 4, 2024)
- 110-46: Delivery of dispensed drugs (revisions effective January 4, 2024)
- 110-47: Provision of counseling and information by pharmacists on proper drug disposal (revisions effective February 2, 2023)
- 110-50: Pharmacy administration records (effective June 8, 2023)

Challenges and Solutions

Challenge: Transitioning the medical cannabis program to another entity

Solution: Board staff developed a transitional plan and communicated closely and frequently with VCCA staff to ensure a smooth transition. Many aspects had to be finalized and addressed such as completing implementation of a new licensing software program, repealing regulations and guidance documents, application refunds related to the closing of the Request for Application, coordinating the transition of revenue after ensuring all expenses paid, transitioning medical cannabis staff to other roles, multiple communications with patients and licensees, coordination of website changes, and training of VCCA staff on Board processes.

Challenge: Buprenorphine Access

Solution: The following actions were taken:

- Board staff continued participating regularly in Substance Abuse Mental Health Services Administration Region 3 workgroup meetings to address challenges with patients accessing buprenorphine for addiction treatment;
- The Board, in communication with the Department of Forensic Science, expeditiously placed many chemicals, such as illicit fentanyl formulations, into Schedule I via regulatory actions that assisted law enforcement's ability to prosecute unlawful acts.
- Collaborating with the Drug Enforcement Administration regarding possibility of pharmacists obtaining a DEA registration to initiate buprenorphine pursuant to collaborative practice agreements.

Challenge: Pharmacy Working Conditions

Solution: The following actions were taken:

During fiscal year 2023 and 2024, the Board took emergency regulatory and disciplinary action to address pharmacy working conditions and communicated concerns on the subject to its licensees via email and

presentations.

Challenge: Ability for high school pharmacy technician trainees to obtain practical experience in a pharmacy.

Solution: The following actions were taken:

Throughout the biennium, the Board collaborated with the Department of Labor and Industry and Department of Education (DOE) on allowances for pharmacy technician trainees who are 16 and 17 years of age and in a high school pharmacy technician training program under the DOE Career and Technical Education program to obtain practical experience in a pharmacy. It was concluded that such trainees may obtain practical experience in a pharmacy as long as they do not compound drugs.

Challenge: Pharmacy closings and access to care

Solution: The following actions were taken:

At the request of the Board in 2023 and June 2024 and out of concern for the number of pharmacy closings, staff prepared maps of the current pharmacy locations in Virginia. Four counties in Virginia do not appear to have a pharmacy located in the county and several counties have only one pharmacy. The data and maps were shared with other stakeholders to highlight concerns for patient access to care. The information currently being used in a university's research study.

Additional Issues

Board staff provided approximately 24 presentations and 9 email communications en masse to licensees during the biennium on board-related activities. Such communications assist licensees with understanding requirements and improving compliance.

Who We Are

The Virginia Board of Physical Therapy consists of a seven-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Physical Therapy regulates the practice of physical therapy by promulgating rules governing practice, licensing physical therapists and physical therapist assistants, and taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Corie Tillman Wolf, JD

Board Members

Revenue:

\$1,718,034

Expenditures:

\$1,514,502

Total Licenses as of June 30, 2024:

15,074

Mira H. Mariano, PT, PhD, OCS, President Physical Therapist Member 2nd Term expires June 30, 2025 Norfolk, VA	Melissa Fox, PT, DPT Physical Therapist Member 1st Term expires June 30, 2026 Charlottesville, VA
Susan Szasz Palmer, MLS, Vice President Citizen Member 2nd Term expires June 30, 2025 Richmond, VA	Elizabeth Locke, PT, PhD Physical Therapist Member 2nd Term expires June 30, 2025 Newport News, VA
Megan Bureau, PT, DPT Physical Therapist Member 1st Term expires June 30, 2027 Winchester, VA	Srilekha Palle, PT, DPT Physical Therapist Member 1st Term expires June 30, 2027 Fairfax, VA
Rebecca Duff, PTA, DHSc Physical Therapist Assistant Member 2nd Term expires June 30, 2026 Roanoke, VA	

Innovations and Advancements

During the 2022-2024 biennium, the Board of Physical Therapy (Board) initiated regulatory reduction efforts, leveraged technology to improve the electronic processing of application materials and correspondence, supported the efforts of the Physical Therapy Licensure Compact (PT Compact) to improve interstate mobility for licensees and access to care for patients, continued collection and analysis of physical therapy workforce data, and engaged in the national regulatory dialogue.

- To streamline Board processes and reduce the regulatory burden on applicants and licensees, the Board initiated efforts to reduce regulations in compliance with the Governor’s Executive Directive 1 (2022). The Board identified areas where regulatory language was extraneous, proposed the reduction of continuing education requirements for applicants for licensure by endorsement, and eliminated unnecessary guidance documents.
- The Board further continued its efforts to leverage technology to improve the electronic processing and review of licensure applications, including the use of new technology to streamline communications with applicants. In October 2023, the Board deployed email correspondence bots to create automated email responses that (1) acknowledge the receipt of new applications, (2) remind applicants of pending applications or outstanding document requests, (3) inform applicants when their licenses or registrations have been issued, and (4) close expired applications. These automated bots not only ensure consistent email communications with applicants about the status of their application, the bots also save a significant amount of staff time in drafting and sending individual email correspondence. Further, the Board implemented a document upload feature to facilitate the submission of

supporting documentation by applicants with their online applications.

- The Board continued its active participation in and support of the efforts of the PT Compact. The PT Compact went live in the Commonwealth on January 1, 2020, allowing licensees from other Compact member states to obtain privileges to practice in Virginia both quickly and easily. Hundreds of physical therapy practitioners have benefited from the interstate mobility and functionality afforded by the PT Compact. From the “go live” date of the PT Compact to the end of the biennium in June 2024, more than 1,900 licensees from other states, both physical therapists and physical therapist assistants, have obtained new and renewal privileges to practice in Virginia. By the same token, the PT Compact has afforded better access to care and these additional practitioners for citizens across the Commonwealth.
- The Board continued to collect robust survey data on the physical therapy workforce in Virginia. The Board began collecting workforce data from physical therapists and physical therapist assistants in 2012, when the Board first collaborated with the Healthcare Workforce Data Center to implement standardized survey questions. In 2024, the Board incorporated new questions into the survey related to the use of telehealth by practitioners. These questions will assist the Board in gauging the prevalence of telehealth in practice and as a means of delivering physical therapy services to patients.

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Innovations and Advancements - continued

- Engagement at the national level continues to enhance the Board's ability to fulfill its mission. Board members and staff are actively involved with the PT Compact and with the Federation of State Boards of Physical Therapy (FSBPT), serving as volunteers, training participants, presenters, and committee members. During the 2022-2024 biennium, the Board's Executive Director, Corie Tillman Wolf, served as an elected Member-At-Large on the PT Compact's Executive Committee and was appointed to the FSBPT Finance Committee. Ms. Tillman Wolf served on FSBPT's Examination Licensure Discipline Database (ELDD) Task Force and on the Council of Board Administrators. Board member Mira Mariano, PT, PhD, participated in leadership forums and served on FSBPT committees and task forces, including the Sexual Misconduct and Boundary Violations Committee.

Regulatory/Legislative Actions

One periodic review was completed: Periodic review of 18VAC112-11, Public Participation Guidelines, was completed in 2024.

One regulatory action was finalized: Exempt regulatory changes pursuant to Chapters 136 and 137 of the 2023 Acts of Assembly became effective November 8, 2023.

Three regulatory actions were in progress but not yet finalized: A fast-track regulatory action to allow Agency Subordinates to hear credentials cases pursuant to Chapter 191 of the 2023 Acts of Assembly. Proposed

regulatory changes related to a regulatory reduction were undergoing Executive Branch review at the end of the biennium. Finally, a fast-track regulatory action to adjust endorsement requirements consistent with requirements of the Physical Therapy Compact were undergoing Executive Branch review at the end of the biennium.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapters 136 and 137 of the 2023 Acts of Assembly eliminated the 60 day limit to direct access treatment of a patient by a doctor of physical therapy.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize agency subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Challenges and Solutions

Ensuring that Board processes and procedures are efficient, effective, and forward-looking is a consistent area for overcoming challenges and developing creative solutions.

During the past two years, the Board has taken steps to increase the efficiency and speed of the licensing process. In addition to using an almost-entirely electronic-based system for processing applications, the increased use of electronic document submission, as well as automated correspondence, has allowed for quicker and more efficient processing of applications and more effective communication with applicants.

Further, the Board has worked to improve the public-facing information available for applicants and licensees by updating applications and instructions, revising FAQs with more reader-friendly language, and reorganizing website content. With more information readily accessible to applicants online, the overall number of phone call inquiries to the Board have decreased, saving a significant amount of time for Board staff.

Who We Are

The Virginia Board of Psychology consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Physical Therapy regulates the practice of Applied, Clinical, School Psychologists, and Sex Offender Treatment Providers, as well as taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Board Members

Gary Sibcy, Ph.D. (Clinical Psychologist) 1st Term ends 6/30/2026 Lynchburg, VA	Aliya Chapman, Ph.D. (Clinical Psychologist) 2nd Term ends 6/30/2025 Blacksburg, VA	Kathryn Zeanah, Ph.D. (Clinical Psychologist) 1st Term ends 6/30/2023 Earlsville, VA
Susan Brown Wallace, Ph.D. Board Chair (School Psychologist) 2nd Term ends 6/30/2023 Williamsburg, VA	Cheryl Snyder (Citizen Member) 1st term ends 6/30/2026 Spotsylvania, VA	Norma Murdock-Kitt, Ph.D. (Clinical Psychologist) 1st Term ends 6/30/2025 Richmond, VA
William Hathaway, Ph.D. (Clinical Psychologist) 1st Term ends 6/30/2026 Virginia Beach, VA	J.D. Ball, Ph.D., ABPP Regulatory Chair and Vice-Chair (Clinical Psychologist) 2nd Term ends 6/30/2024 Virginia Beach, VA	Madeline Torres, QMHP-A (Citizen Member) 1st Term ends 6/30/2027 Williamsburg, VA

Revenue:

\$1,609,864

Expenditures:

\$1,745,653

Total Licenses as of June 30, 2024:

6,488

Innovations and Advancements

The Board focused on increasing access to care and enhancing the Behavioral Health Workforce.

Master's Level Psychology License

Currently, a clinical psychology license requires a doctoral degree. Master's level psychology graduates who do not intend to pursue a doctoral degree have no ability in Virginia to become a licensed mental health provider. The Board has monitored the national interest in creating a master's level psychology license at the independent level. The Board spent most of the biennium determining the requirements, scope of practice, and licensure structure for master's level psychologists. The Board researched and discussed titles and then drafted a legislative framework that created a model practice act that included practice guidelines, examination, and training criteria and level of autonomy in anticipation of introduction of legislation in the General Assembly.

School Psychology

The Board discussed the need to reduce barriers to licensure by amending the regulations for licensure as a clinical psychologist to allow for doctoral level psychologists who hold a doctoral degree from a training program approved by the Board that would include school psychology. Virginia is unique in having different psychology licenses at the doctoral level, that do not currently include school psychology. Other states have a single doctoral level psychologist who can practice clinical, school, or applied psychology. Virginia's current structure creates issues related to endorsement of psychologists who have an educational background in school psychology, which is complicated by the Interjurisdictional Psychology Compact (PSYPACT), of which Virginia is a member.

Outreach

The Board continues to pursue opportunities to educate and engage licensees about the licensure and discipline activities of the Board. Specifically, the biannual "Conversation with the Board" occurring at the spring and fall conferences of the Virginia Academy for Clinical Psychologists (VACP). These panel presentations afford the Board the ability to communicate with licensees regarding issues such as the disciplinary process, timelines, and the use of the sanction referencing point guidelines. Recent conversation hours encouraged in-depth discussions regarding Health Care Workforce Data Center and the licensure of master's level psychologists. This forum provides the opportunity for stakeholders to ask questions and communicate openly about the Board's activities and direction.

Board members and staff also regularly attend the Association of State and Provincial Psychology Boards (ASPPB) conferences. The ASPPB is the vendor for the licensing examination, the examination for Professional Practice in Psychology (EPPP), and supports the 50 state boards and Canadian provinces in regulatory matters. These conferences have focused on such issues of interest to the Board as telepsychology, PSYPACT, accreditation, mobility, and initiatives to make the Examination for Professional Practice in Psychology (EPPP) a two-part exam, and efforts to support individuals who have failed the examination. The Board engages on all topics discussed at the conferences.

The ASPPB reappointed Ms. Hoyle to the Model Act and Regulations Committee and appointed her to the Research Committee. Additionally, Ms. Hoyle acts as Virginia's Commissioner to the PSYPACT and attends all PSYPACT Commission meetings. Also, she chairs the Compliance Committee, and is a member of the Finance Committee, and the Elections Committee.

Innovations and Advancements - continued

Virginia Healthcare Work Force Data Center (HWDC) Studies

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include Healthcare Workforce indicators as well as more detailed information pertaining to the professions. The HWDC surveys LCPs every year during renewal and produced reports on the profession for July 2022 and July 2023.

Efficiency

The Board continues to work diligently to obtain a reputation for efficiency and timeliness. Even as the number of applications and licensees continues to rise significantly, staff consistently reviews completed applications within 30 days, meeting and exceeding the agency performance standards. Additionally, staff returns all phone calls and emails within 24 hours. Customer service remains a high priority; the Board consistently receives high approval satisfaction scores.

The Board enthusiastically pursues any technology available to improve efficiency and the applicant experience. The Board initiated the use of bots to send standardized emails. A bot is a software program that performs repetitive tasks. The bot sends emails once an application is received, after new documentation is received, or after 30 days, and after the Board approves an applicant. This new process has helped enhance the communication with applicants and reduces the time it takes staff to process applications.

Additionally, the Board adopted new technology that allows applicants to

upload their documentation during the online application process. This feature reduces mail, shortens the timeline for reviews, and is user-friendly.

Staff closely monitors content on the Board's website to ensure that the information remains current and posts relevant updates in the announcements section. The Board also utilizes email blasts to applicants and licensees to highlight important information such as changes to the regulations. Individuals contacting the Board office for information are encouraged to utilize the website as a resource for information on Board activities. Individuals are encouraged by Board staff to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board, and decision rendered thereafter. The list of interested parties for the Board of Psychology includes contacts from graduate education programs, professional associations, and members of the public interested in the activities of the Board of Psychology.

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Regulatory/Legislative Actions

One periodic review was conducted: The Board conducted a periodic review of 18VAC125-11, Public Participation Guidelines, in 2023.

Two regulatory actions were finalized: An exempt regulatory action to permit agency subordinates to hear credentials cases pursuant to action of the 2023 General Assembly became effective on November 8, 2023. A final regulatory action to implement the Psychology Interjurisdictional Compact became effective December 21, 2022.

Four regulatory actions were in progress but not yet finalized: Two fast-track regulatory actions, related to regulatory reductions and reductions of barriers, were under Executive Branch review at the end of the biennium. Additionally, two notices of intended regulatory action, relating to criminal background checks required for the Psychology Interjurisdictional Compact and amendments to licensure by endorsement, were under Executive Branch review at the end of the biennium.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize Agency Subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapters 754 and 761 of the 2024 Acts of Assembly created a new licensure category under the Board of Psychology for master's level practitioners, licensed psychological practitioners.

Additional Issues

The Board has issued or revised the following Guidance Documents:

125-2: Impact of criminal convictions, impairment, and past history on licensure or certification (revisions effective August 18, 2022)

125-3.1: Submission of evidence of completion of graduate work (revisions effective August 17, 2022 and June 6, 2024)

125-3.9: Policy on the use of confidential consent agreements in lieu of disciplinary action by the Board (revisions effective November 24, 2022)

125-5.1: Possible disciplinary action for non-compliance with continuing education requirements (revisions effective August 18, 2022)

125-7: Electronic communication and telepsychology (revisions effective November 26, 2022)

125-8: Use of assessment titles and signatures (revisions effective November 26, 2022)

Challenges and Solutions

Examination for the Professional Practice of Psychology (EPPP)

The Board continues to discuss the adoption of the EPPP-Part 2. The EPPP-Part 1 tests knowledge, while the EPPP-Part 2 tests the skills acquired through doctoral training. The Board favors adoption of both parts of the EPPP and voted to move forward with implementation of both parts by January 2026, when the ASPPB will require all jurisdictions to require both parts.

The Board, however, expressed its desire for the ASPPB or training programs to directly register applicants for the EPPP – Part 1, as was previously indicated, because Virginia’s current regulatory framework is not ideal for a two-part examination that is intended to be taken at different times. As it stands now, staff must partially review education to determine eligibility for the EPPP- Part 1 and if applicants become eligible for the EPPP-Part 2 after a year, they will need to reapply for licensure by examination. In the alternative, the Board could also allow for both parts to be taken closely together. Discussions with the ASPPB continue.

Additional Information

Petitions for Rulemaking

The Board responded to the following Petitions for Rulemaking:

- To request the Board create a new registration to allow telehealth from non-compact states. The Board declined to take action on the petition because it is beyond the board's legal authority to create a new registration that is not allowed in legislation.
- To amend 18VAC125-20-42 to include evidence of a retired license to support licensure by endorsement and to reduce licensure by endorsement requirements in other parts of the regulations. The motion passed unanimously.
- Amend the requirements for residency in school psychology to accept five years of experience working as a school-psychologist limited in lieu of 1,500 hours of a supervised residency. The Board decided to take no action on this petition. This decision was based on the variety of experience School Psychologists Limited obtain and the inability to provide a general acceptance of all School Psychologists Limited experience as equivalent to residency training. The Board, however, intends to review this issue and related training and residency requirements issues, as well as the need to re-evaluate how the Board licenses doctoral level school psychologists.

Who We Are

The Virginia Board of Social Work consists of a nine-member board, supported by administrative, enforcement, and licensing staff.

What We Do

The Virginia Board of Social Work regulates the practice of Associate, Licensed Clinical, Licensed Baccalaureate, Licensed Master's, and Registered Social Workers, as well as taking disciplinary action against licensees for violations of standards of practice.



EXECUTIVE DIRECTOR

Jaime Hoyle, Esq.

Board Members

Revenue:

\$2,729,828

Expenditures:

\$2,082,980

Total Licenses as of June 30, 2024:

16,553

Vacant, LCSW	Sherwood Randolph, Jr., LCSW 1 st Term Ends June 30, 2026 Richmond, VA
Canek Aguirre, Citizen Member 2 nd Term Ends June 30, 2024 Alexandria, VA	Ruth Ann Smulik, Citizen Member 1 st Term Ends June 30, 2027 Portsmouth, VA
Martha Meadows, LCSW 1 st Term Ends June 30, 2027 Lynchburg, VA	Denise Purgold, LCSW 1 st Term Ends June 30, 2026 Henrico, VA
Elke Cox, LCSW Vice-Chair 1 st Term Ends June 30, 2026 Lynchburg, VA	Gloria Manns, LCSW 2 nd Term Ends June 30, 2024 Roanoke, VA
Teresa Reynolds, LCSW Chair 1 st Term Ends June 30, 2024 Cumberland, VA	

Innovations and Advancements

Board Efficiency

The Board continues to work diligently to obtain a reputation for efficiency and timeliness. Even as the number of applications and licensees continues to rise significantly, staff consistently reviews completed applications within 30 days, meeting and exceeding the agency performance standards.

Additionally, staff returns all phone calls and emails within 24 hours.

Customer service remains a high priority; the Board consistently receives high approval satisfaction scores.

The Board enthusiastically pursues any technology available to improve efficiency and the applicant experience. The Board initiated the use of bots to send standardized emails. A bot is a software program that performs repetitive tasks. The bot sends emails once an application is received, after new documentation is received, or after 30 days, and after the Board approves an applicant. This new process has helped enhance the communication with applicants and reduces the time it takes staff to process applications.

Additionally, the Board adopted new technology that allows applicants to upload their documentation during the online application process. This feature reduces mail, shortens the timeline for reviews, and is user-friendly. Staff closely monitors the Board's website and posts timely updates on the announcements section. The Staff encourages individuals contacting the Board office for information to review the website for the most current information on Board activities. Board staff also encourage individuals to submit a petition for rulemaking if they see opportunity for regulatory change as per the Public Participation Guideline (Section 2.2-4007.02). Such petitions are properly posted for comment, evaluated by the Board,

and decision rendered thereafter. The list of interested parties for the Board of Social Work includes contacts from graduate social work educational programs, professional associations, and members of the public interested in the activities of the Board of Social Work.

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Innovations and Advancements - continued

Outreach

Outreach to stakeholders through presentations has afforded Board staff the ability to communicate with and educate students, supervisees, licensees, and employers regarding licensure requirements and application processes. The outreach activities have allowed the Board to develop and foster collegial relationships with stakeholders. Staff and board members have presented to the:

- Virginia Commonwealth University School of Social Work
- Catholic University in conjunction with the Greater Washington Society for Clinical Social Work. Participation in this annual presentation enables engagement with representatives from the Washington and Maryland social work boards and provides an excellent opportunity to compare and contrast licensure requirements between the three jurisdictions.
- George Mason University Internship Program

Board members and staff have been active participants with the Association of Social Work Boards (ASWB). The ASWB is the nonprofit organization composed of and owned by the social work regulatory boards and colleges of all 50 United States, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces. The ASWB provides support and services to the social work boards and owns and maintains the social work licensing examinations. The ASWB appointed Ms. Hoyle to the Finance Committee.

Virginia Healthcare Work Force Data Center (HWDC) Studies

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include Healthcare Workforce indicators as well as more detailed information pertaining to the

professions. The HWDC surveys LCSWs every year during renewal and produced reports on the profession for July 2022 and July 2023.

Per the Board's request, HWDC during FY2022 conducted an additional survey during renewal to determine the actual scope of practice for LMSWs and how much of their work is clinical. The HWDC produced a report and concluded that there was an increase in LMSWs. The survey revealed that two-thirds of LMSWs have a micro-concentration and a quarter have a macro concentration. Of the macro, 68% stated they provide clinical services and 82% of the micro stated that they provide clinical services.

Advisory Board on Music Therapy

The Advisory Board met annually as the bylaws require to elect officers and discuss the status of the regulations to license music therapists.

Regulatory/Legislative Actions

Regulatory: One periodic review was conducted: The Board conducted a periodic review of 18VAC150-11, Public Participation Guidelines, in 2023.

Four regulatory actions were finalized: A final regulatory action regarding changes to licensure by endorsement to eliminate requirements became effective October 26, 2022. A fast-track regulatory action allowing acceptance of state requirements in another jurisdiction at the time of licensure of an applicant became effective October 27, 2022. An exempt regulatory action regarding reduction of requirements to change supervisors, consistent with legislative changes, became effective September 27, 2023. An exempt regulatory action regarding the ability of agency subordinates to hear credentials cases pursuant to legislative changes became effective November 8, 2023.

Four regulatory actions were in progress but not yet finalized: Proposed regulations for the licensure of music therapists pursuant to Chapters 103 and 233 of the 2020 Acts of Assembly were under Executive Branch review at the end of the biennium. Two notices of intended regulatory action, regarding approval of continuing education providers and changes to 18VAC150-20-37 following periodic review, were under Executive Branch review at the end of the biennium. One proposed regulatory action related to changes identified during the 2022 periodic review of 18VAC150-20 were under Executive Branch review at the end of the biennium.

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize Agency Subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapter 489 of the 2023 Acts of Assembly required the Board to maintain a list of available supervisors on its website and remove requirements for Board approval of supervisor changes.

Chapter 627 of the 2023 Acts of Assembly required the Board to convene a workgroup focused on feasibility of reciprocity and participation in the Social Work Compact, and required a report be submitted to the General Assembly.

Chapters 690 and 704 of the 2024 Acts of Assembly entered the Board into the Social Work Compact.

Additional Issues

The Board has issued or revised the following Guidance Documents:

140-1: Confidential consent agreements (revisions effective November 24, 2022)

140-3: Guidance on technology-assisted therapy and the use of social media (revisions effective February 2, 2023)

140-4.2: Possible disciplinary or alternative actions in response to non-compliance with continuing education requirements (revisions effective November 24, 2022)

140-7: Bylaws of the Board of Social Work (revisions effective August 4, 2022)

Challenges and Solutions

The biggest issue facing the Board relates to methods to ensure competency and protect the public and ensuring that the competency measures remain fair and unbiased. In August 2022, the ASWB released social work examination data analysis that revealed disparities in exam performance.

The Board agreed that licensure must have standards but that the standards must be equitable. The Board invited the ASWB to present to Board and engaged in a thoughtful discussion. The Board continues these discussions and is committed to do its part to support equitable standards for licensure.

Additional Issues

Petitions for Rulemaking

The Board considered the following Petitions for Rulemaking:

- To request that the Board amend its regulations to include Eye Movement Desensitization and Reprocessing Internation Association (EMDRIA) and American Psychology Association (APA) as approved trainings. The Board approved the petition for APA and declined for EMDRIA as one of the entities already listed or the APA already approve most EMDRIA training.
- To amend the regulations to set passage of the licensure examination at 99 for all levels of licensure. The Board denied the request because the Board does not control or evaluate the passing score on the national examination, the passing score changes depending on the test version used and the Board does not include individual passing scores in regulations for examinations as a policy.
- To amend the regulations to require supervisees in social work to obtain a license as a LMSW. The board denied the petition due to workforce

issues, barriers to licensure, and the unnecessary creation of additional regulations.

Who We Are

The Virginia Board of Veterinary Medicine consists of a seven-member Board as well as administrative, licensing, discipline, and support staff.

What We Do

We regulate Veterinarians, Veterinary Technicians, Equine Dental Technicians, and Stationary and Ambulatory Veterinary Establishments.



EXECUTIVE DIRECTOR

Kelli Moss

Board Members

Revenue:
\$2,704,816
 Expenditures:
\$2,793,275
 Total Licenses as of June 30, 2024:
9,310

Thomas B. Massie, Jr, DVM President 1st Term expires 6/30/2025 Washington	Patricia Seeger, LVT, BBA 1st Term expires 6/30/2027 Marion
Jeffery Newman, DVM Vice-President 2nd Term expires 6/30/2027 Alexandria	Steven B. Karras, DVM 2nd term expires 6/30/2024 Roanoke
Steven A. Linas, OD Citizen Member 1st Term expires 6/30/2026 Richmond	Richard G. Bailey, DVM 1st term expires 6/30/2026 Fincastle
Tregel Cockburn, DVM President 2nd term expires 6/30/2024 Sterling	

Innovations and Advancements

During the biennium, the Board of Veterinary Medicine expanded access to online licensure applications, revised application forms to clarify and simplify requirements, and implemented the use of bots to provide applicants with updated licensure application statuses. These measures increased capacity for staff to assist applicants and the public and decreased application processing times.

The number of complaint cases received by the Board remains relatively stable. Case processing times were significantly improved, and the Board met or exceeded goals for reducing the age of the pending caseload and time to disposition, as reported on the DHP website. A streamlined process was developed for probable cause review, impacting the efficiency of Board member views. Board staff also successfully transitioned to a web-based filesharing application for discipline case management throughout the investigative and adjudication processes, facilitating efficient transfer of case-related documentation. The Board utilized an agency subordinates to conduct disciplinary proceedings and recommend disposition.

The Board continues to be an active participant in the American Association of Veterinary State Boards (AAVSB). The organization serves to support and enhance the regulatory process for veterinary medicine regulatory community. It provides services and information to its member boards, to include gathering data on national issues such as telepractice, licensure mobility, and the opioid crisis. The Board's former Executive Director served as the AAVSB's first non-practitioner president and has remained active in a leadership role since transitioning to DHP's chief operating officer. The AAVSB continues to review its Practice Act Model to enhance public protection and standardize terminology within its membership. The AAVSB is monitoring the veterinarian and veterinary technician shortages and providing

information about reducing unnecessary regulatory burdens.

The Department of Health Professions' Healthcare Workforce Data Center works to improve the data collection and measurement of Virginia's healthcare workforce through the regular assessment of workforce supply and demand issues. The HWDC provides voluntary surveys to licensees through the online application and renewal processes. The first survey of the veterinary profession was deployed during the 2022 and 2023 renewal periods. The survey results are available on the agency's public website for review by members of the profession and the public.

The Board has continued its efforts to reduce its carbon footprint by increasing use of technology in day-to-day operations through the following activities:

- Printing a final license without an expiration date that can be verified through the agency's online License Lookup feature, which serves as primary source verification;
- Encouraging other state boards, employers, insurance providers or other interested parties to obtain license verifications through License Lookup;
- Aiding applicants by obtaining license verification from other states via online processes;
- Transitioning to online license applications;
- Accepting electronic submission of application documentation;
- Substituting electronic documents for hard copies;
- Continuing to encourage online renewals;
- Transitioning to paperless filing systems to enhance portability and reduce paper usage;
- Utilizing emails to notify licensees of important information; and
- Adopting a revised policy amendment for electronic meeting participation.

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Innovations and Advancements – continued

During the biennium, the Board initiated the promulgation process to reduce regulatory burdens and clarify regulations for licensees and veterinary establishments. The veterinary establishment inspection program developed processes to facilitate registration and educate licensees on safety and compliance.

In 2024, the Board approved draft regulations in accordance with legislative mandates to allow for qualified applicants who have not passed the North American Veterinary Licensing Examination to engage in practice as a veterinarian trainee under supervision, and to regulate veterinary establishment satellite offices to maintain controlled drug stocks in compliance with state and federal laws and regulations. These regulatory processes are ongoing.

The Board received two petitions for rule-making during the biennium:

1. Allowing Continued Education equivalency for certain work for not-for-profit spay/neuter and vaccine clinics upon which the Board took no action.
2. Reducing a licensure by endorsement requirement to one year of active, clinical practice during the last four years, which is still in progress.

In 2024, the Board formed a workgroup in consultation with the State Veterinarian as required by a senate joint resolution requesting a two-year study of the shortage of large-animal veterinarians in Virginia. This study is ongoing.

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

- Sending mass emails to licensees advising them of fentanyl and other drug overdoses related to the opioid epidemic and inviting collaboration with the Virginia Department of Health’s survey regarding vector-borne diseases.
- Collaborating with the Drug Enforcement Administration and the Virginia Veterinary Medical Association (VVMA) to provide educational webinars on controlled substances and other public and patient safety issues. This collaboration is ongoing with additional webinars planned.
- Providing regulatory and legislative updates at annual meetings of the VVMA and the AAVSB.
- Providing information on the duties and responsibilities of the Board and licensing and disciplinary processes to students at the Virginia-Maryland College of Veterinary Medicine.

Regulatory/Legislative Actions

One periodic review was conducted: Periodic review of 18VAC150-11, Public Participation Guidelines, was conducted in 2024.

No regulatory actions were finalized.

Three regulatory actions were in progress but not yet finalized: A fast-track regulatory action to allow agency subordinates to hear credentials cases, adopted by the Board on October 1, 2023, was undergoing Executive Branch review at the end of the biennium. Two notices of intended regulatory action adopted by the Board on October 13, 2022, regarding implementation of periodic review changes of Chapter 20 and reduction of requirements for licensure by endorsement, were undergoing Executive Branch review at the end of the biennium.

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Regulatory/Legislative Actions - continued

Legislative: Chapters 18 and 19 of the 2023 Acts of Assembly required all boards of the Department of Health Professions to replace questions on licensure applications related to mental health and impairment with specific, designated questions. These changes were implemented following the 2023 Session.

Chapter 191 of the 2023 Acts of Assembly allowed boards of the Department of Health Professions to utilize Agency Subordinates for hearing credentials cases. Agency Subordinates previously could only hear disciplinary cases.

Chapters 249 and 250 of the 2023 Acts of Assembly allowed boards to provide applicants with electronic copies of filed application materials.

Chapter 307 of the 2024 Acts of Assembly established veterinary traineeships.

Chapter 604 of the 2024 Acts of Assembly gave the Board jurisdiction over veterinary satellite offices.

Chapter 748 of the 2024 Acts of Assembly prohibited declawing cats in the Commonwealth by a veterinarian except in certain circumstances.

SJ15 of the 2024 General Assembly Session established a two-year workgroup regarding large animal veterinarians in the Commonwealth.

Additional Issues

The Board has issued or revised the following Guidance Documents:

150-8: Disposition of cases involving practice on an expired license or permit (revisions effective December 8, 2022)

150-9: Content of a medical record (revisions effective December 8, 2022)

Challenges and Solutions

The business model for small animal veterinary practices is rapidly changing as establishments are increasingly owned by corporate entities and licensees have become more mobile in their practice. These factors have contributed to the rise in deficiencies identified during veterinary establishment inspections. The Board has expanded outreach efforts to inform licensees and students about veterinary establishment requirements and veterinarian-in-charge responsibilities. The Board provides guidance to DHP's enforcement and adjudication staff to inform them of updates to inspection processes.

One of the Board's biggest challenges has been educating licensees on their responsibilities related to possessing, dispensing, and prescribing controlled substances. The Board continues to work collaboratively with other agency divisions and the professional associations to provide information and trainings related to controlled substances and public safety.

Who We Are

Since 1997, the Health Practitioners' Monitoring Program (HPMP) has provided an alternative to disciplinary action for Department of Health Professions' licensees, registrants, and applicants with a substance use, medical, or behavioral diagnosis that has or could alter the professional's ability to deliver safe care. The HPMP offers comprehensive and effective monitoring services that support treatment, recovery, and ultimately return to safe, productive practice.

DHP contracts, through a Memorandum of Agreement with the Virginia Commonwealth University (VCU) Health System, Department of Psychiatry, Division of Addiction Psychiatry to provide monitoring services. VCU provides comprehensive and confidential services including intake, referrals for assessments and/or treatment, monitoring records, alcohol and drug toxicology screening, and data collection. Individualized toxicology-screenings for each participant enable HPMP to minimize costs while maintaining quality-monitoring standards. There are currently 27 urine, 14 hair, 14 nail and three blood toxicology panels available for use. HPMP continues to expand treatment partnerships with programs and therapists who provide affordable and high-quality care and who participate in varied insurance products, including Medicaid.

For nearly eight years, HPMP and the VCU vendor have used the electronic monitoring record, RecoveryTrek. RecoveryTrek is a HIPAA-compliant platform which stores all monitoring documents, allows participants and treatment providers to submit reporting forms electronically, and provides a secure system for electronic communication and document transfer among HPMP staff, VCU, and the regulatory boards. The secure portal available to participants allows them access to all of the reports they have submitted as well as daily check-in history and dates, screening test results, and costs of toxicology testing.

RecoveryTrek allows a participant to access a list (with a map) of approved collection sites convenient to home, treatment location, or place of employment. RecoveryTrek also supports demographic and quality assurance reports that have the potential to increase the efficiency and quality of the monitoring services provided.

Regulatory/Legislative Actions

Regulatory: One periodic review was completed for the program November 2023, with a recommendation to amend regulations. Those amendments are currently in executive branch review.

Legislative: There were no legislative actions during the 2023 and 2024 Sessions of the General Assembly that directly affected the program.

Opportunities & Innovations

As many participants are out of practice for a period of time during their participation in HPMP, because of their diagnosis, the cost of treatment and toxicology tests can be a burden. With Medicaid expansion in January 2019, participants have on offer a wider range of treatment provider options for those with Medicaid. The Linda Kleiner HPMP Fund, named in memory of a long time DHP employee and HPMP supporter, has been included in the Combined Virginia Campaign for the past two years. Managed through the VCU Foundation, the fund may be used to defer the costs of treatment for those participants who qualify for financial assistance.

Since the inception of the HPMP, opioid addiction treatment and maintenance of recovery has changed. Medically Assisted Treatment (MAT) is a significant part of best practice since 2020. The HPMP fully supports appropriate MAP utilization as additional support for our participants, in collaboration with the participant's treatment provider recommendation.

HPMP: Participation

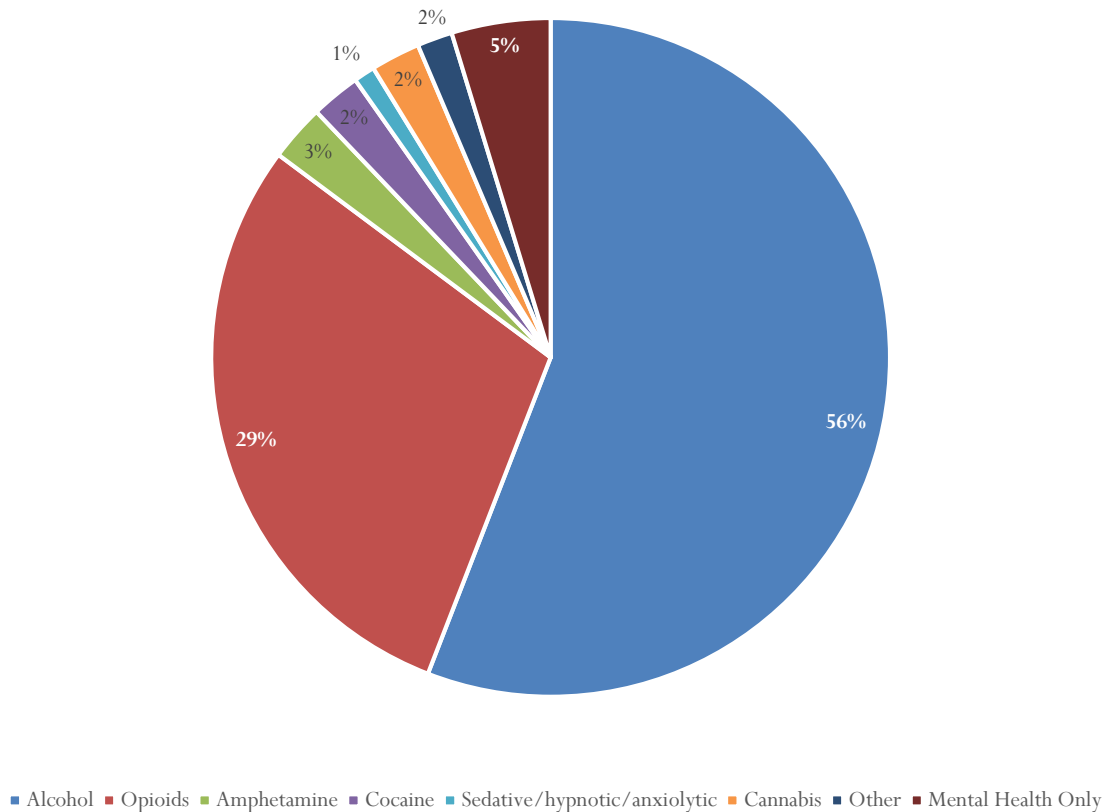
As of June 30, 2024, HPMP has a total of 311 participants.

Board percentage breakout of participants:

- 49% Nursing
- 37% Medicine
- 5% Pharmacy
- 4% ASLOV
- 2% FUNPALS
- 2% Dentistry
- 1% BSU

HPMP: Drug Of Choice

Drug of Choice
Active Participants



Who We Are

Virginia’s Prescription Monitoring Program (PMP) is a statewide central database containing near “real-time” information primarily used by healthcare providers to better inform treatment and dispensing decisions. The database contains information on dispensed schedule II-V controlled substances, naloxone, and medical cannabis. In addition to the utility for healthcare providers, authorized law enforcement and regulatory boards, in limited circumstances, may access PMP to conduct investigations on concurrent use of multiple prescribers/dispensers, suspected drug diversion, and unusual patterns of prescribing and dispensing. PMP data is used to track trends in drug utilization, measure the impact of policy and legislative actions, inform population health initiatives, and support activities related to the opioid crisis response in the Commonwealth.

Innovations & Advancements

Virginia’s PMP is interoperable with 38 states, including all bordering states, DC, PR, and the Department of Defense Military Health System. This means that a user of Virginia’s PMP is able to query a patient’s prescription history from 41 state/jurisdictional databases simultaneously. Healthcare providers access the PMP through a web-based application or via integration within the clinical workflow of their electronic health record (EHR) and pharmacy dispensing system (PDS). Prescribers and dispensers at approximately 5,000 facilities statewide—including hospitals, medical and dental practices, Veterans Health Administration, and all major pharmacy chains—access the PMP within their clinical workflow. Both interoperability and integration have contributed to the marked increase in overall database utilization as measured by requests for a patient’s prescription history.



PROGRAM DIRECTOR

Ashley Carter

Revenue:

\$ 710,882

Expenditures:

\$4,760,169

The graphs at the conclusion of the PMP section reflect positively on both the impacts of our investments in the PMP and initiatives aimed to support safer prescribing and dispensing of controlled substances.

Regulatory/Legislative Actions

Regulatory: One regulatory action was in progress but not finalized. The Prescription Monitoring Program filed a Notice of Intended Regulatory Action to implement changes identified during a 2023 periodic review in December 2023. The action was still under review by the Executive Branch at the end of the biennium.

Legislative: There was no legislation passed in 2024 that directly impacted the Prescription Monitoring Program.

Chapters 628 and 629 of the 2023 Acts of Assembly directed the Prescription Monitoring Program, along with the Virginia Department of Health to study and establish a plan to develop and implement a system to share information regarding patients' prescription history and medication reconciliation. The Prescription Monitoring Program and the Virginia Department of Health filed a report to the General Assembly as directed by the legislation in 2023.

Challenges & Solutions

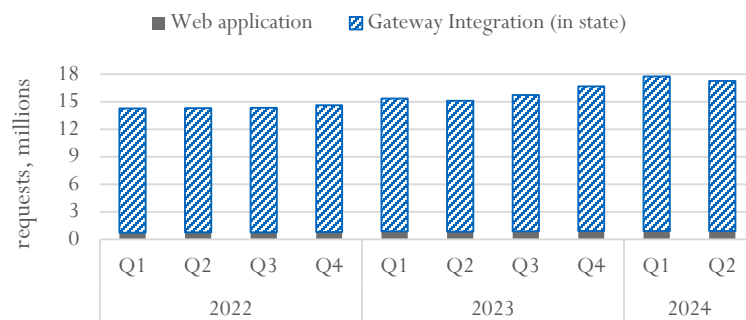
Funding: Planning for long-term PMP program sustainability is a priority for the program as the funds in trust from the federal court settlement with The Purdue Frederick Company, Inc. related to their role in the opioid epidemic are depleted. Grant funding from the Centers for Disease Control and Prevention (CDC) supported PMP enhancements and additional user offerings. In September 2023, PMP saw a significant reduction in federal grant funding when CDC capped their support for PMPs in the Overdose Data to Action-States grant. Despite the reduction in federal funding, DHP was keen to continue offering integration of

PMP into the clinical workflow for all prescribers and pharmacists statewide. DHP applied for and was awarded funding by the Opioid Abatement Authority and will continue fully supporting this enhancement for all authorized healthcare entities. Continuing to receive both federal and additional settlement funds helps with long term sustainment of PMP.

Integration: Prescriber penetration, defined as prescribers accessing PMP via integrated EHR as a percent of total prescribers actively prescribing controlled substances, is a key metric by which to monitor integration uptake. The program dispatched several email marketing campaigns annually to increase uptake of integration among practitioners not currently integrated and reengage practitioners with decreased activity. Amidst these campaigns, prescriber penetration reached 70% by the end of June 2024.

Prescriber Reports: Individualized Prescriber Reports continue to be created and electronically delivered on a quarterly basis. The report provides information regarding current prescribing volumes, behaviors, PMP use, and a comparison to peers within the same specialty. Over 25,000 Prescriber Reports are distributed quarterly in response to prescribers' interest in receiving information from the PMP on their own prescribing history and behavior.

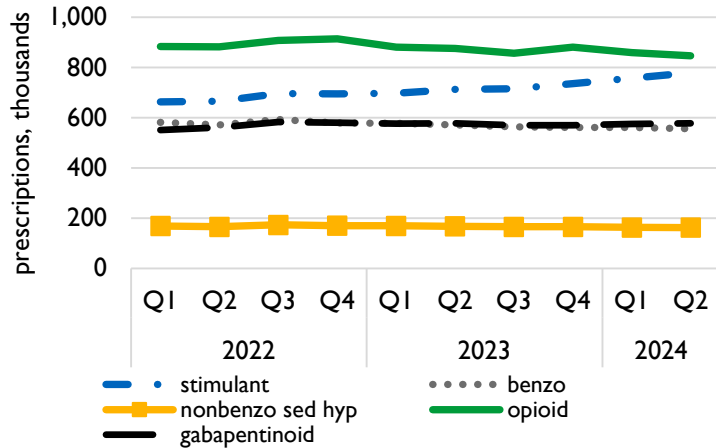
Prescription history requests by type, January 2022-June 2024



Prescription history requests by type: PMP data within clinical workflow (integration), in state requests rose by 21%; Web-based application, 22% increase.

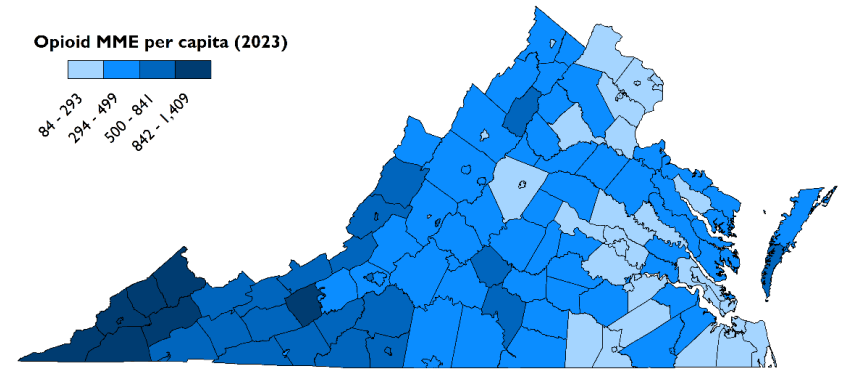
(continued on the following page)

Prescriptions Dispensed by Drug Class January 2022 - June 2024



Percent change by drug class: opioid, -4% (solid green); benzodiazepine, -4% (dotted gray); stimulant, 18% (dash-dot blue); gabapentinoid, 5% (dashed black); nonbenzodiazepine sedative hypnotic, -3% (square marker yellow)

Opioid Dispensing by County - 2023



Opioid dispensing varies geographically across Virginia. Per capita, opioids are dispensed at greater strengths in southwest and more rural areas. Morphine milligram equivalent (MME) standardizes the relative potency of opioid to account for differences in drug type and strength. As MME increases, overdose risk increases.

Who We Are

DHP's Healthcare Workforce Data Center works to improve the data collection and measurement of Virginia's healthcare workforce through regular assessment of workforce supply and demand issues among the over 62 professions and close to 500,000 practitioners licensed in Virginia by DHP.

DHP healthcare workforce data is provided online to ensure accessibility of the findings among healthcare decision makers, hospital systems, academic institutions, and constituents statewide.

Innovations & Advancement

DHP's Healthcare Workforce Data Center (DHP/HWDC) was established in 2008 to improve data collection and measurement of Virginia's healthcare workforce with regular assessments of supply and demand issues. Since inception, the HWDC's efforts have continued to focus on instituting and maintaining standard healthcare workforce research methods that yield comparable, meaningful longitudinal data across and within multiple professions, and across policy-relevant geographic areas. Thirty professions currently participate in electronic surveys as part of the license renewal process (see the following table for specific professions), as do RN and LPN nursing education programs. The HWDC's surveys also incorporate profession-specific items that will enable the tracking of potential workforce impacts related to scope of practice, practice authority, patient language services, Medicaid expansions, and other policy relevant issues.



EXECUTIVE DIRECTOR

Yetty Shobo, PhD

To contribute to the discourse on expanding the behavioral health workforce in Virginia, the HWDC created a dashboard that presented key indicators on the state's behavioral health workforce. Elements from the HWDC's surveys were used to create the dashboard which also presented geographical distribution of the workforce. The dashboard can be viewed at <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/VirginiaBehavioralHealthWorkforce/>

The HWDC also initiated a Tristate Collaborative with health workforce staff from Maryland and Washington, DC, and researchers from key institutions in the state to share knowledge about health workforce in the tristate area and further understand movement patterns among those working in more than one state. One result from the collaborative was a submitted research manuscript and presentation on autonomous nurse practitioners in the three states.

Professions that Participate in Online Surveys

Audiologists	Assisted Living Facility Administrators	Certified Nurse Aides	Dentists	Dental Hygienists
Funeral Services Providers	Licensed Clinical Psychologists	Licensed Clinical Social Workers	Licensed Nurse Practitioners	Licensed Practical Nurses
Licensed Professional Counselors	Non-Clinical Masters Social Workers	Nursing Home Administrators	Occupational Therapists	Occupational Therapy Assistants
Optometrists	Pharmacists	Pharmacy Technicians	Pharmacy Technicians	Physical Therapists Assistants
Physicians (MDs & DOs)	Physician Assistants	Qualified Mental Health Professionals-Adult	Qualified Mental Health Professionals-Child	Radiologic Technologists
Registered Nurses	Respiratory Therapists	Speech-Language Pathologists	Veterinarians	Veterinary Technicians

Challenges and Issues

Although the healthcare workforce field is no longer dealing with high numbers of COVID patients, the impact of the pandemic lingers in other ways. In the long-term care administrator and funeral service provider arena, the workforce has been undergoing stagnancy and, even in some cases, shrinkage. By contrast, the behavioral health care professions have grown at an astronomical rate but are currently still severely challenged in meeting the behavioral health professions' need in the state. DHP HWDC provides data to estimate and explore supply and demand issues such as these among Virginia's healthcare workforce. DHP HWDC is also an increasingly requested resource within the Commonwealth to support grant applications and participate in multiple data sharing and technical assistance efforts to inform developing an all-encompassing supply-demand model for all professions in the state, address the opioid crisis, improve federal healthcare shortage designation reporting, and understand healthcare workforce diversity, as a few examples. DHP HWDC continues to juggle these multiple technical assistance requests with its regular healthcare workforce assessment. The Center not only created the dashboard to inform program and policy makers about the behavioral health workforce, it also worked with the behavioral health boards to increase the number of professions being surveyed by starting annual surveys for non-clinical masters social workers, qualified mental health professionals-adult, and qualified mental health professionals-child in 2023.

DHP HWDC also served as a resource on the national level by working as expert advisers with groups such as the Health Workforce Technical Assistance Center (HWTAC) Expert Advisory Workgroup and Physical Therapy Cross Profession Minimum Data Set Workgroup of the Federation of State Boards of Physical Therapy. It also contributes to national discourse through presentations at the following national conferences:

- Council on Licensure, Enforcement and Regulation (CLEAR) Conference - 2018, 2019, 2020, 2021, and 2022
- American Association of Medical College (AAMC) Annual Workforce Research Conference- 2016, 2017, 2018, 2019, 2020, 2021, 2022, and 2023
- Southern Demographic Society Annual Conference - 2017, 2018, 2019, 2020, 2021, 2022, and 2023
- National Forum of State Nursing Workforce Center Annual Conference - 2020, 2022, 2023, and 2024
- State Longitudinal Data System Best Practice Conference – 2021
- Virginia Longitudinal Data System Research Forum – 2021

Additionally, DHP HWDC actively contributes to the health care research by co-authoring articles in peer-reviewed journals. Some recent publications are:

- [Describing trends in Virginia's Dentist and Dental Hygienist Workforce: Challenges and Opportunities](#) in the 2024 Virginia Journal of Public Health
- [The Impact of COVID-19 on Nurse Aide Education Programs](#) in the 2023 Journal of Nursing Regulation
- [The 2022 National Nursing Workforce Survey](#) in the 2023 Journal of Nursing Regulation

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Audiology & Speech-Language Pathology	Audiologist	486	507	512	578	598	625	4.52%
	Continuing Education Provider	12	15	15				-
	Provisional Speech-Language Pathologist†	-	-	141	-	-	-	-
	School Speech Pathologist	130	484	436	476	350	372	6.29%
	Speech Pathologist	3,476	3,796	4,122	4,711	4,946	5,484	10.88%
Audiology & Speech-Language Pathology Total		4,104	4,802	5,226	5,765	5,894	6,481	9.96%
Counseling	Certified Substance Abuse Counselor	1,473	1,734	1,911	1,972	1,878	1,809	-3.67%
	Licensed Marriage and Family Therapist	775	870	889	938	1,047	1,150	9.84%
	Licensed Professional Counselor	3,700	4,567	5,394	6,562	8,155	9,983	22.42%
	Marriage and Family Therapist Resident	-	131	239	224	139	182	30.94%
	Qualified Mental Health Prof - Adult †	-	-	2,220	7,924	7,297	7,056	-3.30%
	Qualified Mental Health Prof - Child †	-	-	1,897	7,042	5,396	4,718	-12.56%
	Registered Peer Recovery Specialist †	-	-	86	313	452	815	80.31%
	Registration of Supervision	-	5,438	7,445	-	-	-	-
	Rehabilitation Provider	311	266	237	192	157	140	-10.83%
Resident in Counseling	-	-	-	-	2,711	3,355	23.76%	

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 20-22
Counseling	Substance Abuse Counseling Assistant	117	192	252	280	277	301	8.66%
	Substance Abuse Trainee †	-	-	1,748	4,181	2,145	2,549	18.83%
	Substance Abuse Treatment Practitioner	169	179	223	307	393	506	28.75%
	Substance Abuse Treatment Resident	-	1	5	9	12	16	33.33%
	Trainee for Qualified Mental Health Prof †	-	-	185	3,845	7,377	9,385	27.22%
Counseling Total		6,545	13,378	22,731	33,789	37,436	41,965	12.10%
Dentistry	Conscious/Moderate Sedation	182	212	227	-	-	-	-
	Cosmetic Procedure Certification	30	36	39	40	40	42	5.00%
	Deep Sedation/General Anesthesia	41	51	51	61	72	63	-12.50%
	Dental Assistant II	3	11	22	35	44	50	13.64%
	Dental Full Time Faculty	9	16	14	10	14	17	21.43%
	Dental Hygienist	5,465	5,719	5,894	5,805	6,020	6,113	1.54%
	Dental Hygienist Faculty	-	1	2	-	-	-	-
	Dental Hygienist Restricted Volunteer	1	1	2	3	3	-	-
	Dental Hygienist Temporary Permit	-	-	-	-	1	-	-
	Dental Hygienist Volunteer Registration	-	1	-	-	-	-	-
	Dental Restricted Volunteer	13	20	19	16	16	10	-37.50%
	Dental Teacher	-	-	-	-	-	-	-

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Dentistry	Dental Temporary Permit	-	-	-	-	-	-	-
	Dentist	6,911	7,147	7,252	7,288	7,735	7,972	3.06%
	Dentist-Volunteer Registration	2	7	3	-	3	-	-
	Enteral Conscious/Moderate Sedation	157	166	165	134	109	88	-19.27%
	Mobile Dental Facility	9	14	15	11	10	8	-20.00%
	Moderate Sedation	-	-	-	238	272	291	6.99%
	Oral/Maxillofacial Surgeon Registration	255	256	257	259	270	275	1.85%
	Sedation Permit Holder Location	-	444	501	514	549	397	-27.69%
	Temporary Conscious/Moderate Sedation	15	-	-	-	-	-	-
	Temporary Resident	47	82	81	77	80	87	8.75%
Dentistry Total		13,140	14,184	14,544	14,491	15,238	15,413	1.15%

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Funeral Directors & Embalmers	Branch Establishment	64	67	78	85	85	88	3.53%
	Continuing Education Provider	20	26	19	12	11	13	18.18%
	Courtesy Card	72	82	104	102	119	137	15.13%
	Crematories	104	108	116	112	128	137	7.03%
	Embalmer	4	2	2	2	3	4	33.33%
	Embalming Internship	-	-	-	-	-	5	-
	Funeral Director	51	42	35	33	35	58	65.71%
	Funeral Directing Internship	-	-	-	-	18	37	105.56%
	Funeral Establishment	439	436	431	411	425	412	-3.06%
	Funeral Service Intern	176	176	191	192	229	193	-15.72%
	Funeral Service Licensee	1,495	1,516	1,517	1,502	1,528	1,554	1.70%
	Funeral Supervisor	-	-	-	591	555	282	-49.19%
	Surface Transport & Removal Service	46	42	39	48	46	49	6.52%
Funeral Directors & Embalmers Total		2,471	2,497	2,532	3,090	3,182	2,969	-6.69%
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	6	-	4	7	4	3	-25.00%
	Administrator-In-Training	70	81	78	84	85	-	-
	ALF-Administrator-In-Training	95	115	96	94	108	102	-5.56%
	Assisted Living Facility Administrator	617	602	628	641	623	626	0.48%
	Assisted Living Facility Preceptor	187	198	202	192	194	209	7.73%
	Nursing Home Administrator	845	864	878	912	916	930	1.53%
	Nursing Home Preceptor	-	-	-	-	-	92	-
Long-Term Care Administrators Total		2,054	2,087	2,114	2,141	2,146	2,172	1.21%

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Medicine	Assistant Behavior Analyst	72	129	147	170	232	256	10.34%
	Athletic Trainer	1,264	1,445	1,589	1,673	1,709	1,768	3.45%
	Behavior Analyst	431	706	997	1,434	2,140	2,985	39.49%
	Chiropractor	1,707	1,721	1,729	1,777	1,775	1,806	1.75%
	Genetic Counselor †	-	-	166	341	526	598	13.69%
	Genetic Counselor- Temporary	-	-	-	9	6	19	216.67%
	Interns & Residents	2,838	4,070	4,095	4,239	4,489	4,834	7.69%
	Licensed Acupuncturist	470	497	529	567	577	628	8.84%
	Licensed Midwife	75	85	84	90	105	125	19.05%
	Limited Radiologic Technologist	678	627	581	501	514	477	-7.20%
	Medicine & Surgery	35,887	37,115	38,014	39,643	41,926	45,132	7.65%
	Occupational Therapist	3,491	3,822	4,176	4,618	4,952	5,349	8.02%
	Occupational Therapy Assistant	1,123	1,312	1,551	1,712	1,824	1,811	-0.71%
	Osteopathy & Surgery	2,570	3,016	3,473	4,001	4,733	5,611	18.55%
	Physician Assistant	2,875	3,291	3,841	4,517	5,524	6,486	17.41%
	Podiatry	494	521	541	559	560	578	3.21%
	Polysomnographic Technician	-	394	486	484	486	474	-2.47%
	Radiologic Technologist	3,856	4,084	4,279	4,431	4,575	5,498	20.17%
	Radiologist Assistant	8	12	12	14	16	16	0.00%
	Respiratory Therapist	3,866	3,846	3,961	4,026	4,259	4,961	16.48%
	Restricted Volunteer – Doctor of	66	79	97	83	76	63	-17.11%
	Surgical Assistant	-	237	254	255	587	834	42.08%
	Surgical Technologist	-	421	334	255	1,248	2,683	114.98%
University Limited License	16	16	23	17	18	14	-22.22%	
Volunteer Registration	1	1	-	1	-	-	-	
Medicine Total		61,788	67,447	70,959	75,417	82,857	93,006	12.25%

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Nursing	Advanced Certified Nurse Aide	97	92	70	55	32	32	0.00%
	Authorization to Prescribe	4,109	4,930	5,891	7,417	-	-	-
	Certified Nurse Aide	55,063	52,860	54,266	53,055	52,118	49,966	-4.13%
	Clinical Nurse Specialist	438	427	438	425	406	-	-
	Licensed Massage Therapist**	6,215	7,104	7,978	8,727	8,597	8,287	-3.61%
	Licensed Nurse Practitioner	6,825	7,813	8,860	10,563	12,863	16,684	29.71%
	Licensed Practical Nurse	30,877	30,884	29,763	29,076	28,445	27,881	-1.98%
	Medication Aide	4,901	5,570	6,009	6,525	6,701	6,853	2.27%
	Medication Aide Training Program	-	-	248	284	314	257	-18.15%
	Registered Nurse	97,444	103,186	104,873	108,809	111,710	116,972	4.71%
	Restricted Volunteer-LPN	-	-	-	-	1	1	0.00%
	Restricted Nurse-NP	-	-	-	-	7	8	14.29%
	Restricted Nurse-PA	-	-	-	-	5	-	-
	Restricted Volunteer- RN	-	-	-	-	23	51	121.74%
	V.A. Nurse Aide Education Programs	-	146	141	166	191	191	0.00%
	V.A. Practical School of Nursing	-	-	59	60	56	57	1.79%
V.A. Professional School of Nursing	-	-	80	77	76	87	14.47%	
	Volunteer Registration	-	-	-	-	-	1	-
Nursing Total		213,012	218,676	225,239	221,545	227,327	238,150	4.76%
Optometry	Optometrist	143	124	104	87	65	46	-29.23%
	Optometrist – Volunteer Registration	-	-	-	-	-	-	-
	Professional Designation	251	256	257	260	-	-	-
	TPA Certified Optometrist	1,512	1,534	1,552	1,623	1,708	1,819	6.50%
Optometry Total		1,906	1,914	1,913	1,970	1,773	1,865	5.19%

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Pharmacy	CE Courses	998	1,125	1,352	1,430	1,463	1,498	2.39%
	Humane Society	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	-	-	-	-	-	4	-
	Limited Use Pharmacy Technician	24	20	17	11	7	6	-14.29%
	Limited Use Practitioner Dispensing	-	-	-	-	2	8	300.00%
	Medical Equipment Supplier	597	618	231	228	217	212	-2.30%
	Non-resident Manufacturer	-	-	124	196	213	232	8.92%
	Non-resident Medical Equipment	-	-	320	345	354	367	3.67%
	Non-resident Outsourcing Facility	-	10	33	31	29	33	13.79%
	Non-resident Pharmacy	524	690	770	808	898	962	7.13%
	Non-resident Wholesale Distributor	779	759	660	625	634	624	-1.58%
	Non-restricted Manufacturer	24	31	28	31	32	34	6.25%
	Non resident third party logistics provider	-	-	-	140	181	241	33.15%
	Non resident warehouse	-	-	-	58	99	142	43.43%
	Outsourcing Facility	-	1	-	-	-	1	-
	Permitted Physician	5	3	1	-	-	-	-
	Pharmaceutical Processor Permit†	-	-	1	3	4	-	-
	Pharmacist	12,661	13,813	14,715	15,561	16,079	16,357	1.73%
Pharmacist – Volunteer Registration	2	-	1	-	-	-	-	

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Pharmacy	Pharmacy	1,796	1,854	1,822	1,771	1,768	1,737	-1.75%
	Pharmacy Intern	2,092	2,058	1,865	1,649	1,312	1,125	-14.25%
	Pharmacy Technician	13,610	13,719	13,773	13,162	12,924	12,807	-0.91%
	Pharmacy Technician Training Program	103	120	143	130	126	-	-
	Pharmacy Technician Trainee	-	-	-	-	6,258	8,014	28.06%
	Physician Selling Controlled Substances	664	666	708	626	571	559	-2.10%
	Physician Selling Drugs Location	255	222	157	174	160	129	-19.38%
	Pilot Programs	6	18	10	22	25	18	-28.00%
	Registered Agent for Medical Cannabis	-	-	-	7	179	-	-
	Registered Practitioner For CBD/THCA Oil	-	-	-	-	873	-	-
	Registered Par/Guard For Medical Cannab	-	-	-	51	262	-	-
	Registered Patient For Medical Cannabis	-	-	-	3,978	52,903	-	-
	Registered Product	-	-	-	-	1,566	-	-
	Registered Physician for CBD/THC Oil	-	-	-	401	-	-	-
	Repackaging Training Program	1	-	2	2	2	1	-50.00%
	Restricted Manufacturer	75	69	55	44	36	32	-11.11%
	Third Party Logistics Provider †	-	-	5	6	7	5	-28.57%
Warehouser	42	47	86	112	121	128	5.79%	
Wholesale Distributor	122	120	79	65	62	62	0.00%	
Pharmacy Total		34,398	35,972	36,968	41,676	99,376	45,347	-54.37%

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Physical Therapy	Direct Access Certification	918	567	1,206	1,298	1,406	1,274	-9.39%
	Physical Therapist	7,141	7,957	8,609	9,094	9,634	9,896	2.72%
	Physical Therapist Assistant	2,842	3,178	3,526	3,751	3,969	3,904	-1.64%
Physical Therapy Total		10,901	11,702	13,341	14,143	15,009	15,074	0.43%
Psychology	Applied Psychologist	26	32	32	28	28	24	-14.29%
	Clinical Psychologist	2,831	3,281	3,617	3,885	4,418	4,801	8.67%
	Resident in school psychology	-	-	-	10	13	36	176.92%
	Resident In Training	-	743	890	859	380	377	-0.79%
	School Psychologist	92	102	105	96	100	101	1.00%
	School Psychologist – Limited	310	520	606	634	673	608	-9.66%
	Sex Offender Treatment Provider	365	425	440	437	455	458	0.66%
	SOTP Trainee	-	-	-	140	100	83	-17.00%
Psychology Total		3,624	5,103	5,690	6,089	6,167	6,488	5.21%
Social Work	Associate Social Worker	1	1	2	1	1	1	0.00%
	Licensed Baccalaureate Social Worker	-	-	-	21	49	61	24.49%
	Licensed Clinical Social Worker	5,814	6,358	6,985	7,589	9,097	11,486	26.26%
	Licensed Master's Social Worker	-	-	-	877	1,146	1,530	33.51%
	Licensed Social Worker	518	686	795	-	-	-	-
	Licensed Social Worker Supervision †	-	-	4	8	-	-	-
	Registered Social Worker*	17	12	12	9	8	6	-25.00%
	Registration of Supervision	-	1,710	1,873	2,536	2,837	3,469	22.28%
Social Work Total		6,350	8,767	9,671	11,041	13,138	16,553	25.99%

Appendix A – Licenses

Board	Occupation	2014 30-Jun	2016 30-Jun	2018 30-Jun	2020 30-Jun	2022 30-Jun	2024 30-Jun	Percent Change 22-24
Veterinary Medicine	Equine Dental Technician	23	23	25	24	21	21	0.00%
	Veterinarian	4,038	4,217	4,369	4,532	4,748	5,076	6.91%
	Veterinary Clinics ***	1,048	1,104	1,134	1,170	1,185	1,311	10.63%
	Veterinary Faculty†	-	-	7	85	94	113	20.21%
	Veterinary Intern/Resident†	-	-	24	81	79	59	-25.32%
	Veterinary Technician	1,788	2,032	2,239	2,342	2,521	2,730	8.29%
Veterinary Medicine Total		6,897	7,376	7,798	8,234	8,648	9,310	7.65%

Agency Total	367,190	393,905	418,726	439,391	518,191	494,793	-4.52%
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Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Audiology & Speech-Language Pathology	Audiologist	618	625	4	4	5	4	5	5	6	6
	Provisional Speech-Language Pathologist †	-	-	-	1	-	1	-	1	-	-
	School Speech Pathologist	341	372	1	1	2	2	1	2	3	3
	Speech Pathologist	5,158	5,484	18	21	21	25	22	25	3	4
Audiology & Speech-Language Pathology Total		6,117	6,481	23	27	28	32	28	33	3.76	4.17
Counseling	Certified Substance Abuse Counselor	1,824	1,809	17	16	36	34	37	38	9.32	8.84
	Licensed Marriage and Family Therapist	1,105	1,150	12	19	33	40	25	35	10.86	16.52
	Licensed Professional Counselor	9,050	9,983	161	176	234	243	232	258	17.79	17.63
	Marriage and Family Therapist Resident	161	182	4	4	8	5	9	8	24.84	21.98
	Pre-Education Review-Counseling	-	-	-	-	-	-	-	-	-	-
	Qualified Mental Health Prof - Adult †	7,052	7,056	55	60	87	94	103	105	7.80	8.50
	Qualified Mental Health Prof - Child †	4,893	4,718	22	21	42	49	52	60	4.50	4.45
	Registered Peer Recovery Specialist †	636	815	6	15	10	20	10	20	9.43	18.40
	Registration of Supervision	-	-	-	-	-	-	-	-	-	-
	Rehabilitation Provider	146	140	-	-	-	-	-	-	-	-
	Resident in Counseling	3,107	3,355	59	52	98	86	102	93	18.99	15.50
	Substance Abuse Counseling Assistant	289	301	4	-	6	5	6	6	13.84	-
	Substance Abuse Trainee †	2,330	2,549	7	11	27	29	27	32	3.00	4.32
	Substance Abuse Treatment Practitioner	449	506	1	2	21	21	15	24	2.23	3.95
Substance Abuse Treatment Resident	14	16	-	-	3	1	2	1	-	-	
Trainee for Qualified Mental Health Prof †	9,062	9,385	47	48	63	65	68	73	5.19	5.11	
Counseling Total		40,118	41,965	395	424	668	692	688	753	9.85	10.10

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Dentistry	Conscious/Moderate Sedation	-	-	-	-	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	42	-	-	4	7	28	6	-	-
	Deep Sedation/General Anesthesia	64	63	-	-	3	5	4	4	-	-
	Dental Assistant II	48	50	-	-	1	-	1	-	-	-
	Dental Full Time Faculty	16	17	-	-	-	-	-	-	-	-
	Dental Hygienist	6,049	6,113	25	34	27	19	23	43	4.13	5.56
	Dental Hygienist Faculty	-	-	-	-	-	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	3	-	-	-	-	-	-	-	-	-
	Dental Hygienist Temporary Permit	-	-	-	-	-	-	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Dental Restricted Volunteer	14	10	-	-	-	-	-	-	-	-
	Dental Teacher	-	-	-	-	-	-	-	-	-	-
	Dental Temporary Permit	-	-	-	-	-	-	-	-	-	-
	Dentist	7,829	7,972	563	524	697	738	623	777	71.91	65.73
	Dentist-Volunteer Registration	1	-	-	-	-	-	-	-	-	-
	Enteral Conscious/Moderate Sedation	98	88	-	-	3	6	7	10	-	-
	Mobile Dental Facility	7	8	-	-	-	-	-	-	-	-
	Moderate Sedation	279	291	-	-	15	26	18	31	-	-
	Oral/Maxillofacial Surgeon Registration	270	275	-	-	50	62	69	58	-	-
	Sedation Permit Holder Location	381	397	-	-	-	-	-	-	-	-
Temporary Conscious/Moderate Sedation	-	-	-	-	-	-	-	-	-	-	
Temporary Resident	86	87	1	1	1	1	2	-	11.63	11.49	
Dentistry Total		15,186	15,413	589	559	801	864	775	929	38.79	36.27

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Funeral Directors & Embalmers	Branch Establishment	86	88	1	2	2	2	1	2	11.63	22.73
	Continuing Education Provider	11	13	-	-	-	-	-	-	-	-
	Courtesy Card	131	137	-	-	-	-	-	-	-	-
	Crematories	136	137	1	2	1	2	3	2	7.35	14.60
	Embalmer	4	4	-	-	-	-	-	-	-	-
	Embalming Internship	2	5	1	-	-	-	1	-	500.00	-
	Funeral Director	44	58	1	-	4	1	4	3	22.73	-
	Funeral Directing Internship	38	37	-	-	2	-	2	1	-	-
	Funeral Establishment	423	412	17	33	29	48	27	41	40.19	80.10
	Funeral Service Intern	216	193	7	6	7	6	6	5	32.41	31.09
	Funeral Service Licensee	1,557	1,554	35	42	65	55	65	53	22.48	27.03
	Funeral Supervisor	594	282	-	-	17	2	23	10	-	-
Surface Transport & Removal Service	45	49	1	1	1	2	-	2	22.22	20.41	
Funeral Directors & Embalmers Total		3,287	2,969	64	86	128	118	132	119	19.47	28.97
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	10	3	3	2	5	3	6	4	300.00	666.67
	Administrator-In-Training	-	-	-	-	-	-	-	-	-	-
	ALF-Administrator-In-Training	119	102	8	7	7	10	7	10	67.23	68.63
	Assisted Living Facility Administrator	611	626	32	42	43	57	39	44	52.37	67.09
	Assisted Living Facility Preceptor	208	209	-	-	4	-	6	1	-	-
	Nursing Home Administrator	915	930	63	52	82	71	74	52	68.85	55.91
	NH-Administrator-in-Training	85	92	1	4	1	4	1	3	11.76	43.48
	Nursing Home Preceptor	211	210	-	-	1	-	4	-	-	-
Long-Term Care Administrators Total		2,159	2,172	107	107	143	145	137	114	49.56	49.26

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Medicine	Assistant Behavior Analyst	257	256	5	2	7	2	7	3	19.46	7.81
	Athletic Trainer	1,772	1,768	7	3	5	4	8	3	3.95	1.70
	Behavior Analyst	2,531	2,985	13	19	21	25	19	21	5.14	6.37
	Chiropractor	1,773	1,806	43	45	57	64	57	56	24.25	24.92
	Genetic Counselor †	582	598	-	-	-	-	1	-	-	-
	Genetic Counselor- Temporary	8	19	1	-	-	-	1	-	125.00	-
	Interns & Residents	4,772	4,834	16	21	21	27	17	28	3.35	4.34
	Licensed Acupuncturist	599	628	5	3	7	3	6	4	8.35	4.78
	Licensed Midwife	113	125	5	12	12	15	21	16	44.25	96.00
	Limited Radiologic Technologist	474	477	1	2	1	2	2	3	2.11	4.19
	Medicine & Surgery	42,918	45,132	1,602	1,637	2,144	2,198	1,941	2,149	37.33	36.27
	Occupational Therapist	5,088	5,349	9	14	11	16	14	15	1.77	2.62
	Occupational Therapy Assistant	1,801	1,811	8	2	10	5	9	9	4.44	1.10
	Osteopathy & Surgery	5,113	5,611	165	187	247	247	224	229	32.27	33.33
	Physician Assistant	5,950	6,486	120	134	174	189	144	168	20.17	20.66
	Podiatry	576	578	44	47	52	65	37	59	76.39	81.31
	Polysomnographic Technician	479	474	5	1	-	1	5	1	10.44	2.11
	Radiologic Technologist	5,013	5,498	8	13	10	15	9	14	1.60	2.36
	Radiologist Assistant	16	16	-	-	-	-	-	-	-	-
	Respiratory Therapist	4,703	4,961	29	20	33	29	34	34	6.17	4.03
Restricted Volunteer – Doctor of	64	63	-	1	-	1	-	-	-	15.87	
Surgical Assistant	714	834	8	4	9	5	5	9	11.20	4.80	
Surgical Technologist	2,143	2,683	7	8	9	15	4	17	3.27	2.98	
University Limited License	11	14	1	-	2	-	1	-	90.91	-	
Volunteer Registration	-	-	-	-	-	-	-	-	-	-	
Medicine Total		87,470	93,006	2,102	2,175	2,832	2,928	2,566	2,838	24.03	23.39

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Nursing	Advanced Certified Nurse Aide	43	50	2	-	3	1	1	1	47	-
	Authorization to Prescribe	-	-	-	-	1	-	3	-	-	-
	Licensed Certified Midwife		6		-		-		-		
	Certified Nurse Aide	50,584	51,552	575	675	693	789	832	918	11.37	13.09
	Clinical Nurse Specialist	-	-	-	-	-	-	-	-	-	-
	Licensed Massage Therapist**	8,197	8,263	104	83	94	126	87	143	12.69	10.04
	Licensed Nurse Practitioner	18,738	20,988	379	483	463	577	443	541	20.23	23.01
	Licensed Practical Nurse	27,381	27,063	446	539	560	618	629	673	16.29	19.92
	LPN by Privilege-Discipline	-	-	25	29	32	37	37	42	-	-
	Medication Aide	6,969	7,377	129	174	150	220	182	238	18.51	23.59
	Medication Aide Training Program	243	215	3	-	4	-	5	2	12.35	-
	Registered Nurse	119,873	122,291	837	1,008	1,031	1,308	1,081	1,250	6.98	8.24
	Restricted Volunteer-LPN	1	1	-	-	-	-	-	-	-	-
	Restricted Nurse-NP	9	12	-	-	-	-	-	-	-	-
	Restricted Nurse-PA	-	-	-	-	-	-	-	-	-	-
	Restricted Volunteer- RN	46	45	-	-	-	-	-	-	-	-
	RN by Privilege-Discipline	-	1	58	75	82	99	87	103	-	75000.00
	V.A. Nurse Aide Education Programs	190	178	5	3	7	4	7	4	26.32	16.85
	V.A. Practical School of Nursing	52	40	12	5	16	7	18	10	230.77	125.00
V.A. Professional School of Nursing	72	67	9	15	11	16	18	15	125.00	223.88	
Volunteer Registration	-	1	-	-	-	-	-	-	-	-	
Nursing Total		232,398	238,150	2,584	3,089	3,147	3,802	3,430	3,940	11.12	12.97
Optometry ²	Optometrist	49	46	2	-	2	-	2	-	40.82	-
	Optometrist – Volunteer Registration	-	-	-	-	-	-	-	-	-	-
	Professional Designation	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,777	1,819	51	40	63	63	50	62	28.70	21.99
Optometry Total		1,826	1,865	53	40	65	63	52	62	29.03	21.45

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Pharmacy	Business CSR	-	-	8	2	9	4	7	6	-	-
	CE Courses	9	9	-	-	-	-	-	-	-	-
	Humane Society	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	3	4	-	-	-	-	-	-	-	-
	Limited Use Pharmacy Technician	7	6	-	-	-	-	-	-	-	-
	Limited Use Practitioner Dispensing	3	8	-	-	-	-	-	-	-	-
	Medical Equipment Supplier	220	212	-	3	-	3	-	2	-	14.15
	Non-resident Manufacturer †	226	232	-	-	-	-	-	-	-	-
	Non-resident Medical Equipment †	355	367	-	1	-	1	-	1	-	2.72
	Non-resident Outsourcing Facility	33	33	1	1	5	3	5	4	30.30	30.30
	Non-resident Pharmacy	923	962	24	29	30	33	24	36	26.00	30.15
	Non resident third party logistics provider	219	241	-	-	-	-	-	-	-	-
	Non-resident Wholesale Distributor	624	624	7	-	6	5	2	5	11.22	-
	Non-restricted Manufacturer	35	34	-	-	-	-	-	-	-	-
	Non Resident Warehouser	114	142	1	-	2	-	2	-	8.77	-
	Outsourcing Facility	1	1	-	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-
Pharmaceutical Processor Permit†	4	-	8	2	11	2	12	4	2000.00	-	
Pharmacist	16,273	16,357	216	165	280	245	271	236	13.27	10.09	
Pharmacist – Volunteer Registration	1	-	-	-	-	-	-	-	-	-	
Pharmacy		1,755	1,737	574	436	250	310	614	495	327.07	251.01

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Pharmacy	Pharmacy Intern	1,235	1,125	1	1	2	1	2	2	0.81	0.89
	Pharmacy Technician	12,871	12,807	111	62	76	88	121	111	8.62	4.84
	Pharmacy Technician Training Program	-	-	-	-	-	-	-	-	-	-
	Pharmacy Technician Trainee	8,178	8,014	28	30	32	43	32	37	3.42	3.74
	Physician Selling Controlled Substances	565	559	2	3	3	6	2	4	3.54	5.37
	Physician Selling Drugs Location Pilot Programs	131	129	1	3	2	4	2	3	7.63	23.26
	Registered Agent for Medical Cannabis	137	-	-	-	-	-	-	-	-	-
	Registered Practitioner For CBD/THCA Oil	1,051	-	1	1	2	1	3	1	0.95	-
	Registered Par/Guard For Medical Cannab	74	-	-	-	-	-	-	-	-	-
	Registered Patient For Medical Cannabis	16,201	-	-	-	-	-	-	-	-	-
	Registered Product	3,158	-	-	-	-	-	-	-	-	-
	Registered Physician for CBD/THC Oil	-	-	-	-	-	-	-	-	-	-
	Repackaging Training Program	2	1	-	-	-	-	-	-	-	-
	Restricted Manufacturer	32	32	-	-	-	-	-	-	-	-
	Third Party Logistics Provider †	6	5	-	-	-	-	-	-	-	-
	Warehouser	125	128	-	-	-	-	-	-	-	-
Wholesale Distributor	60	62	-	2	1	3	-	3	-	32.26	
Pharmacy Total		66,111	45,347	1,009	772	727	777	1,115	978	15.26	17.02

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Physical Therapy	Direct Access Certification	1,448	1,274	-	-	8	1	8	3	-	-
	Physical Therapist	9,146	9,896	30	39	40	38	46	39	3.28	3.94
	Physical Therapist Assistant	3,676	3,904	18	19	14	14	25	18	4.90	4.87
	PT by Privilege- Discipline	-	-	-	1	-	1	-	2	-	-
Physical Therapy Total		14,270	15,074	48	59	62	54	79	62	3.36	3.91
Psychology	Applied Psychologist	25	24	-	-	-	-	-	-	-	-
	Clinical Psychologist	4,573	4,801	97	113	135	163	164	223	21.21	23.54
	Resident in School Psychologist	27	36	-	-	-	-	-	-	-	-
	Resident In Training	392	377	-	3	1	6	2	5	-	7.96
	School Psychologist	103	101	1	5	3	4	4	5	9.71	49.50
	School Psychologist – Limited	598	608	2	2	3	2	5	4	3.34	3.29
	Sex Offender Treatment Provider	450	458	9	19	24	29	30	44	20.00	41.48
SOTP Trainee	78	83	3	9	9	11	8	14	38.46	108.43	
Social Work	Associate Social Worker	1	1	-	-	-	-	-	-	-	-
	Licensed Baccalaureate Social Worker	56	61	-	1	-	1	-	1	-	16.39
	Licensed Clinical Social Worker	10,178	11,486	106	136	135	183	131	186	10.41	11.84
	Licensed Master's Social Worker	1,300	1,530	4	16	7	18	7	16	3.08	10.46
	Licensed Social Worker	-	-	-	-	-	-	-	-	-	-
	Licensed Social Worker Supervision †	-	-	-	-	-	-	-	-	-	-
	Registered Social Worker*	6	6	-	-	-	-	-	-	-	-
	Registration of Supervision	3,372	3,469	22	32	42	47	34	52	6.52	9.22
Social Work Total		14,913	16,553	132	185	184	249	172	255	8.85	11.18

Appendix B - Complaints Against Licensees

Board	Occupation	Total Licensees ¹		Complaints Received ²		Complaints Investigated ³		Complaints Referred to Board ⁴		Complaints Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY2023	FY2024
Veterinary Medicine	Equine Dental Technician	21	21	-	-	-	-	-	-	-	-
	Veterinarian	4,936	5,076	202	202	226	260	250	266	40.92	39.80
	Veterinary Clinics ***	1,243	1,311	153	116	98	134	199	174	123.09	88.48
	Veterinary Faculty†	108	113	-	1	-	1	1	-	-	8.85
	Veterinary Intern/Resident†	61	59	-	1	-	1	-	-	-	16.95
	Veterinary Technician	2,647	2,730	10	16	19	23	14	18	3.78	5.86
Veterinary Medicine Total		9,016	9,310	365	336	343	419	464	458	40.48	36.09
AGENCY TOTAL		499,117	494,793	7,583	8,010	9,303	10,358	9,851	10,836	15.19	16.19

¹ Any individual or entity that held a valid license on June 30th of the designated fiscal year

² All allegations assigned a case number

³ Cases that entered the *Investigation* Stage during the designated fiscal year. A case may be counted twice if in the Investigation stage during both fiscal years

⁴ Cases that entered the *Probable Cause* stage during the designated fiscal year. A case may be counted twice if in the *Probable Cause* stage during both fiscal years. A case that enters the *Probable Cause* stage may not be investigated.

⁵ Shows the ratio of complaints per 1,000 licensees of the respective board and occupations

* This is no longer a valid category of licensure

† This license is newly counted/regulated

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Audiology & Speech-Language Pathology	Audiologist	618	625	3	4	3	-	6	4	4.85	-
	Provisional Speech-Language Pathologist †	-	-	-	-	-	-	0	0	-	-
	School Speech Pathologist	341	372	-	-	-	2	0	2	-	5.38
	Speech Pathologist	5,158	5,484	5	7	14	28	19	35	2.71	5.11
Audiology & Speech-Language Pathology Total		6,117	6,481	8	11	17	30	25	41	2.78	4.63
Counseling	Certified Substance Abuse Counselor	1,824	1,809	23	16	6	-	29	16	3.29	-
	Licensed Marriage and Family Therapist	1,105	1,150	22	21	2	2	24	23	1.81	1.74
	Licensed Professional Counselor	9,050	9,983	144	119	54	45	198	164	5.97	4.51
	Marriage and Family Therapist Resident	161	182	9	1	-	5	9	6	-	27.47
	Qualified Mental Health Prof - Adult †	7,052	7,056	32	52	34	30	66	82	4.82	4.25
	Qualified Mental Health Prof - Child †	4,893	4,718	20	36	6	8	26	44	1.23	1.70
	Registered Peer Recovery Specialist †	636	815	2	9	2	-	4	9	3.14	-
	Registration of Supervision	-	-	-	-	-	-	0	0	-	-
	Rehabilitation Provider	146	140	-	-	-	-	0	0	-	-
	Resident in Counseling	3,107	3,355	40	41	26	-	66	41	8.37	-
	Substance Abuse Counseling Assistant	289	301	1	1	4	11	5	12	13.84	36.54
	Substance Abuse Trainee †	2,330	2,549	8	23	4	5	12	28	1.72	1.96
	Substance Abuse Treatment Practitioner	449	506	11	13	-	8	11	21	-	15.81
	Substance Abuse Treatment Resident	14	16	-	1	-	-	0	1	-	-
Trainee for Qualified Mental Health Prof †	9,062	9,385	28	29	10	3	38	32	1.10	0.32	
Counseling Total		40,118	41,965	340	362	148	117	488	479	3.69	2.79

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Dentistry	Conscious/Moderate Sedation	-	-	-	-	-	-	0	0	-	-
	Cosmetic Procedure Certification	41	42	17	4	-	-	17	4	-	-
	Deep Sedation/General Anesthesia	64	63	2	2	-	-	2	2	-	-
	Dental Assistant II	48	50	-	-	-	-	0	0	-	-
	Dental Full Time Faculty	16	17	-	-	-	-	0	0	-	-
	Dental Hygienist	6,049	6,113	6	11	12	129	18	140	1.98	21.10
	Dental Hygienist Faculty	-	-	-	-	-	-	0	0	-	-
	Dental Hygienist Restricted Volunteer	3	-	-	-	-	-	0	0	-	-
	Dental Hygienist Temporary Permit	-	-	-	-	-	-	0	0	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-	0	0	-	-
	Dental Restricted Volunteer	14	10	-	-	-	-	0	0	-	-
	Dental Teacher	-	-	-	-	-	-	0	0	-	-
	Dental Temporary Permit	-	-	-	-	-	-	0	0	-	-
	Dentist	7,829	7,972	325	467	268	345	593	812	34.23	43.28
	Dentist-Volunteer Registration	1	-	-	-	-	-	0	0	-	-
	Enteral Conscious/Moderate Sedation	98	88	1	1	4	14	5	15	40.82	159.09
	Mobile Dental Facility	7	8	-	-	-	-	0	0	-	-
	Moderate Sedation	279	291	4	15	6	12	10	27	21.51	41.24
	Oral/Maxillofacial Surgeon Registration	270	275	38	37	9	30	47	67	33.33	109.09
	Sedation Permit Holder Location	381	397	-	-	-	-	0	0	-	-
Temporary Conscious/Moderate Sedation	-	-	-	-	-	-	0	0	-	-	
Temporary Resident	86	87	1	-	-	-	1	0	-	-	
Dentistry Total		15,186	15,413	394	537	299	530	693	1,067	19.69	34.39

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Funeral Directors & Embalmers	Branch Establishment	86	88	1	-	-	-	1	0	-	-
	Continuing Education Provider	11	13	-	-	-	-	0	0	-	-
	Courtesy Card	131	137	1	-	-	-	1	0	-	-
	Crematories	136	137	-	1	4	-	4	1	29.41	-
	Embalmer	4	4	-	-	-	-	0	0	-	-
	Embalming Internship	2	5	-	-	-	-	0	0	-	-
	Funeral Director	44	58	-	1	-	3	0	4	-	51.72
	Funeral Directing Internship	38	37	1	-	-	-	1	0	-	-
	Funeral Establishment	423	412	3	20	7	8	10	28	16.55	19.42
	Funeral Service Intern	216	193	2	2	-	1	2	3	-	5.18
	Funeral Service Licensee	1,557	1,554	27	31	13	31	40	62	8.35	19.95
	Funeral Supervisor	594	282	12	6	8	9	20	15	13.47	31.91
Surface Transport & Removal Service	45	49	1	-	-	3	1	3	-	61.22	
Funeral Directors & Embalmers Total		3,287	2,969	48	61	32	55	80	116	9.74	18.52

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2021	FY 2022	FY 2021	FY 2022	FY 2021	FY 2022	FY 21	FY 22	FY 2021	FY 2022
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	10	3	-	2	-	-	0	2	-	-
	Administrator-In-Training	-	-	-	-	-	-	0	0	-	-
	ALF-Administrator-In-Training	119	102	-	4	-	-	0	4	-	-
	Assisted Living Facility Administrator	611	626	8	24	6	6	14	30	9.82	9.58
	Assisted Living Facility Preceptor	208	209	3	2	-	6	3	8	-	28.71
	Nursing Home Administrator	915	930	40	34	37	-	77	34	40.44	-
	NH-Administrator-in-Training	85	92	1	1	-	-	1	1	-	-
Nursing Home Preceptor	211	210	8	-	-	-	8	0	-	-	
Long-Term Care Administrators Total		2,159	2,172	60	67	43	12	103	79	19.92	5.52

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 23	FY 2023	FY 2024
Medicine	Assistant Behavior Analyst	257	256	-	-	-	-	0	0	-	-
	Athletic Trainer	1,772	1,768	1	1	8	-	9	1	4.51	-
	Behavior Analyst	2,531	2,985	2	4	-	2	2	6	-	0.67
	Chiropractor	1,773	1,806	15	7	27	26	42	33	15.23	14.40
	Genetic Counselor †	582	598	-	-	4	-	4	0	6.87	-
	Genetic Counselor- Temporary	8	19	-	-	4	-	4	0	500.00	-
	Interns & Residents	4,772	4,834	9	18	2	4	11	22	0.42	0.83
	Licensed Acupuncturist	599	628	-	-	4	-	4	0	6.68	-
	Licensed Midwife	113	125	1	5	21	-	22	5	185.84	-
	Limited Radiologic Technologist	474	477	-	-	-	4	0	4	-	8.39
	Medicine & Surgery	42,918	45,132	854	791	490	300	1,344	1,091	11.42	6.65
Occupational Therapist	5,088	5,349	-	3	6	20	6	23	1.18	3.74	

(continued on next page)

Appendix C – Violations- Continued

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 23	FY 2023	FY 2024
	Occupational Therapy Assistant	1,801	1,811	-	-	5	4	5	4	2.78	2.21
	Osteopathy & Surgery	5,113	5,611	121	95	41	54	162	149	8.02	9.62
	Physician Assistant	5,950	6,486	74	67	24	17	98	84	4.03	2.62
	Podiatry	576	578	18	28	-	-	18	28	-	-
	Polysomnographic Technician	479	474	-	-	20	-	20	0	41.75	-
	Radiologic Technologist	5,013	5,498	-	-	15	6	15	6	2.99	1.09
	Radiologist Assistant	16	16	-	-	-	-	0	0	-	-
	Respiratory Therapist	4,703	4,961	5	1	17	60	22	61	3.61	12.09
	Restricted Volunteer – Doctor of	64	63	-	-	-	-	0	0	-	-
	Surgical Assistant	714	834	-	1	-	16	0	17	-	19.18
	Surgical Technologist	2,143	2,683	-	1	-	18	0	19	-	6.71
	University Limited License	11	14	2	-	-	-	2	0	-	-
	Volunteer Registration	2	-	-	-	-	-	-	-	-	-
	Medicine Total	87,470	93,006	1,102	1,022	688	531	1,790	1,553	7.87	5.71

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Nursing	Advanced Certified Nurse Aide	43	50	-	1	-	-	0	1	-	-
	Authorization to Prescribe	-	-	-	-	18	-	18	0	-	-
	Certified Nurse Aide	50,584	51,552	344	457	396	522	740	979	7.83	10.13
	Clinical Nurse Specialist	-	-	-	-	-	-	0	0	-	-
	Licensed Massage Therapist**	8,197	8,263	28	36	56	109	84	145	6.83	13.19
	Advanced Practice Registered Nurse	18,738	20,988	380	328	62	96	442	424	3.31	4.57
	Licensed Practical Nurse	27,381	27,063	356	275	812	596	1,168	871	29.66	22.02
	Medication Aide	6,969	7,377	62	102	140	146	202	248	20.09	19.79
	Medication Aide Training Program	243	215	1	-	-	2	1	2	-	9.30
	Registered Nurse	119,873	122,291	640	510	1,096	735	1,736	1,245	9.14	6.01
	RN by Privilege-Discipline	-	1	46	59	74	73	120	132	-	73,000.00
	LPN by Privilege-Discipline	-	-	-	-	-	-	-	-	-	-
	Restricted Volunteer-LPN	1	1	-	-	-	-	0	0	-	-
	Restricted Nurse-NP	9	12	-	-	-	-	0	0	-	-
	Restricted Nurse-PA	-	-	-	-	-	-	0	0	-	-
	Restricted Volunteer- RN	46	45	-	-	-	-	0	0	-	-
	V.A. Nurse Aide Education Programs	190	178	4	1	1	1	5	2	5.26	5.62
	V.A. Practical School of Nursing	52	40	9	5	2	2	11	7	38.46	50.00
V.A. Professional School of Nursing	72	67	9	7	1	1	10	8	13.89	14.93	
Volunteer Registration	-	1	-	-	-	-	0	0	-	-	
Nursing Total		232,398	238,150	1,879	1,799	2,658	2,296	4,537	4,095	11.44	9.64

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Optometry	Optometrist	49	46	1	-	-	-	1	0	-	-
	Optometrist – Volunteer Registration	-	-	-	-	-	-	0	0	-	-
	Professional Designation	-	-	-	-	-	-	0	0	-	-
	TPA Certified Optometrist	1,777	1,819	26	53	2	28	28	81	1.13	15.39
Optometry Total		1,826	1,865	27	53	2	28	29	81	1.10	15.01
Pharmacy	Business CSR	1,465	1,498	-	3	4	8	4	11	2.73	5.34
	Cannabis Dispensing Facility	-	-	3	7	2	-	5	7	-	-
	CE Courses	9	9	-	-	-	-	0	0	-	-
	Humane Society	-	-	-	-	-	-	0	0	-	-
	Limited Use Facility Dispensing	3	4	-	-	-	-	0	0	-	-
	Limited Use Pharmacy Technician	7	6	-	-	-	-	0	0	-	-
	Limited Use Practitioner Dispensing	3	8	-	-	-	-	0	0	-	-
	Medical Equipment Supplier	220	212	-	-	-	-	0	0	-	-
	Non-resident Manufacturer †	226	232	-	-	-	-	0	0	-	-
	Non-resident Medical Equipment †	355	367	-	1	-	-	0	1	-	-
	Non-resident Outsourcing Facility	33	33	1	-	-	-	1	0	-	-
	Non-resident Pharmacy	923	962	12	17	18	15	30	32	19.50	15.59
	Non-resident Wholesale Distributor	624	624	-	-	4	-	4	0	6.41	-
	Non-restricted Manufacturer	35	34	-	-	-	-	0	0	-	-
Non-resident Third Party Logistics Prov	219	241	-	-	-	-	0	0	-	-	
Non-resident warehouse	114	142	3	-	-	-	3	0	-	-	

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Pharmacy	Outsourcing Facility	1	1	-	-	-	-	0	0	-	-
	Permitted Physician	-	-	-	-	-	-	0	0	-	-
	Pharmaceutical Processor Permit†	4	-	6	4	8	-	14	4	2,000.00	-
	Pharmacist	16,273	16,357	109	110	360	97	469	207	22.12	5.93
	Pharmacist – Volunteer Registration	1	-	-	-	-	-	0	0	-	-
	Pharmacy	1,755	1,737	157	155	2,140	1,453	2,297	1,608	1,219.37	836.50
	Pharmacy Intern	1235	1125	1	1	4	-	5	1	3.24	-
	Pharmacy Technician	12,871	12,807	9	21	208	182	217	203	16.16	14.21
	Pharmacy Technician Training Program	-	-	-	-	-	-	0	0	-	-
	Pharmacy Technician Trainee	8,178	8,014	6	6	42	38	48	44	5.14	4.74
	Physician Selling Controlled Substances	565	559	-	2	4	-	4	2	7.08	-
	Physician Selling Drugs Location	131	129	-	2	-	-	0	2	-	-
	Pilot Programs	15	18	2	3	-	-	2	3	-	-
	Registered Agent for Medical Cannabis	137	-	-	-	-	-	0	0	-	-
	Registered Practitioner For CBD/THCA Oil	1051	-	-	-	2	-	2	0	1.90	-
	Registered Par/Guard For Medical Cannab	74	-	-	-	-	-	0	0	-	-
	Registered Patient For Medical Cannabis	16201	-	-	-	-	-	0	0	-	-
	Registered Product	3,158	-	-	-	-	-	0	0	-	-
Registered Physician for CBD/THC-A Oil**	-	-	-	-	-	-	0	0	-	-	

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Pharmacy	Repackaging Training Program	2	1	-	-	-	-	0	0	-	-
	Restricted Manufacturer	32	32	-	-	-	-	0	0	-	-
	Third Party Logistics Provider †	6	5	-	-	-	-	0	0	-	-
	Warehouser	125	128	-	-	-	-	0	0	-	-
	Wholesale Distributor	60	62	-	2	-	-	0	2	-	-
Pharmacy Total		66,111	45,347	309	334	2,796	1,793	3,105	2,127	42.29	39.54
Physical Therapy	Direct Access Certification	1,448	1,274	1	4	6	-	7	4	4.14	-
	Physical Therapist	9,146	9,896	13	31	19	18	32	49	2.08	1.82
	Physical Therapist Assistant	3,676	3,904	4	3	24	10	28	13	6.53	2.56
	PT by Privilege-Discipline	-	-	-	-	-	6	0	6	-	-
Physical Therapy Total		14,270	15,074	18	38	49	34	67	72	3.43	2.26
Psychology	Applied Psychologist	25	24	-	-	-	-	0	0	-	-
	Clinical Psychologist	4,573	4,801	92	110	-	18	92	128	-	3.75
	Resident in School Psychology	27	36	-	-	-	-	0	0	-	-
	Resident In Training	392	377	-	2	3	-	3	2	7.65	-
	School Psychologist	103	101	2	1	-	8	2	9	-	79.21
	School Psychologist – Limited	598	608	4	2	-	-	4	2	-	-
	Sex Offender Treatment Provider	450	458	11	33	4	-	15	33	8.89	-
SOTP Trainee	78	83	4	11	-	-	4	11	-	-	
Psychology Total		6,246	6,488	113	159	7	26	120	185	1.12	4.01

Appendix C – Violations

Board	Occupation	Total Licenses ¹		No Violation ²		Violation ³		Total Findings ⁴		Violations Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024	FY 23	FY 24	FY 2023	FY 2024
Social Work	Associate Social Worker	1	1	-	-	-	-	0	0	-	-
	Licensed Baccalaureate Social Worker	56	61	-	1	-	-	0	1	-	-
	Licensed Clinical Social Worker	10,178	11,486	40	83	12	8	52	91	1.18	0.70
	Licensed Master's Social Worker	1,300	1,530	3	8	2	-	5	8	1.54	-
	Licensed Social Worker	-	-	-	-	-	-	0	0	-	-
	Licensed Social Worker Supervision †	-	-	-	-	-	-	0	0	-	-
	Registered Social Worker*	6	6	-	-	-	-	0	0	-	-
Registration of Supervision	3,372	3,469	15	36	2	8	17	44	0.59	2.31	
Social Work Total		14,913	16,553	58	128	16	16	74	144	1.07	0.97
Veterinary Medicine	Equine Dental Technician	21	21	-	-	-	-	0	0	-	-
	Veterinarian	4,936	5,076	113	79	65	55	178	134	13.17	10.84
	Veterinary Clinics ***	1,243	1,311	15	30	63	58	78	88	50.68	44.24
	Veterinary Faculty†	108	113	-	-	1	-	1	0	9.26	-
	Veterinary Intern/Resident†	61	59	-	-	-	-	0	0	-	-
Veterinary Technician	2,647	2,730	2	5	1	1	3	6	0.38	0.37	
Veterinary Medicine Total		9,016	9,310	130	114	130	114	260	228	14.42	12.24
AGENCY TOTAL		499,117	494,793	4,486	4,685	6,885	5,582	11,371	10,267	13.79	11.28

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Audiology & Speech-Language Pathology	Audiologist	618	625	3	-	5	-
	Continuing Education Provider	-	-	-	-	-	-
	Provisional Speech-Language Pathologist †	-	-	-	-	-	-
	School Speech Pathologist	341	372	-	2	-	5
	Speech Pathologist	5,158	5,484	14	28	3	5
Audiology & Speech-Language Pathology Total		6,117	6,481	17	30	3	5
Counseling	Certified Substance Abuse Counselor	1,824	1,809	6	-	3	-
	Licensed Marriage and Family Therapist	1,105	1,150	2	2	2	2
	Licensed Professional Counselor	9,050	9,983	54	44	6	4
	Marriage and Family Therapist Resident	161	182	-	5	-	27
	Pre Education Review- Substance Abuse	-	-	-	-	-	-
	Qualified Mental Health Prof - Adult †	7,052	7,056	34	32	5	5
	Qualified Mental Health Prof - Child †	4,893	4,718	6	10	1	2
	Registered Peer Recovery Specialist †	636	815	2	-	3	-
	Registration of Supervision	-	-	-	-	-	-
Rehabilitation Provider	146	140	-	-	-	-	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Counseling	Resident in Counseling	3,107	3,355	26	11	8	3
	Substance Abuse Counseling Assistant	289	301	4	-	14	-
	Substance Abuse Trainee †	2,330	2,549	4	5	2	2
	Substance Abuse Treatment Practitioner	449	506	-	8	-	16
	Substance Abuse Treatment Resident	14	16	-	-	-	-
	Trainee for Qualified Mental Health Prof †	9,062	9,385	10	3	1	0
Counseling Total		40,118	41,965	148	120	4	3
Dentistry	Conscious/Moderate Sedation	-	-	-	-	-	-
	Cosmetic Procedure Certification	41	42	-	-	-	-
	Deep Sedation/General Anesthesia	64	63	-	1	-	16
	Dental Assistant II	48	50	-	-	-	-
	Dental FullTime Faculty	16	17	-	-	-	-
	Dental Hygienist	6,049	6,113	12	129	2	21
	Dental Hygienist Faculty	-	-	-	-	-	-
	Dental Hygienist Restricted Volunteer	3	-	-	-	-	-
	Dental Hygienist Temporary Permit	-	-	-	-	-	-
	Dental Hygienist Volunteer Registration	-	-	-	-	-	-
	Dental Restricted Volunteer	14	10	-	-	-	-
	Dental Teacher	-	-	-	-	-	-
	Dental Temporary Permit	-	-	-	-	-	-
	Dentist	7,829	7,972	271	350	35	44

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Dentistry	Dentist-Volunteer Registration	1	-	-	-	-	-
	Enteral Conscious/Moderate Sedation	98	88	4	14	41	159
	Mobile Dental Facility	7	8	-	-	-	-
	Moderate Sedation	279	291	6	12	22	41
	Oral/Maxillofacial Surgeon Registration	270	275	9	31	33	113
	Sedation Permit Holder Location	381	397	-	-	-	-
	Temporary Conscious/Moderate Sedation	-	-	-	-	-	-
	Temporary Resident	86	87	1	-	12	-
Dentistry Total		15,186	15,413	303	537	20	35
Funeral Directors & Embalmers	Branch Establishment	86	88	-	-	-	-
	Continuing Education Provider	11	13	-	-	-	-
	Courtesy Card	131	137	-	-	-	-
	Crematories	136	137	4	-	29	-
	Embalmer	4	4	-	-	-	-
	Embalming Internship	2	5	-	-	-	-
	Funeral Director	44	58	-	3	-	52
	Funeral Directing Internship	38	37	-	-	-	-
	Funeral Establishment	423	412	6	10	14	24
	Funeral Service Intern	216	193	-	1	-	5
	Funeral Service Licensee	1,557	1,554	13	34	8	22
	Funeral Supervisor	594	282	8	10	13	35
Surface Transport & Removal Service	45	49	-	3	-	61	
Funeral Directors & Embalmers Total		3,287	2,969	31	61	9	21

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Long-Term Care Administrators	Acting ALF-Administrator-In-Training	10	3	-	1	-	333
	Administrator-In-Training	85	92	-	-	-	-
	ALF-Administrator-In-Training	119	102	-	-	-	-
	Assisted Living Facility Administrator	611	626	7	7	11	11
	Assisted Living Facility Preceptor	208	209	-	6	-	29
	Nursing Home Administrator	915	930	38	-	42	-
	Nursing Home Preceptor	211	210	-	-	-	-
Long-Term Care Administrators Total		2,159	2,172	45	14	21	6
Medicine	Assistant Behavior Analyst	257	256	-	-	-	-
	Athletic Trainer	1,772	1,768	8	-	5	-
	Behavior Analyst	2,531	2,985	-	2	-	1
	Chiropractor	1,773	1,806	27	26	15	14
	Genetic Counselor †	582	598	4	-	7	-
	Genetic Counselor- Temporary	8	19	4	-	500	-
	Interns & Residents	4,772	4,834	2	4	0	1
	Licensed Acupuncturist	599	628	4	-	7	-
	Licensed Midwife	113	125	21	-	186	-
	Limited Radiologic Technologist	474	477	-	4	-	8

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Medicine	Medicine & Surgery	42,918	45,132	489	300	11	7
	Occupational Therapist	5,088	5,349	6	20	1	4
	Occupational Therapy Assistant	1,801	1,811	5	4	3	2
	Osteopathy & Surgery	5,113	5,611	41	54	8	10
	Physician Assistant	5,950	6,486	24	17	4	3
	Podiatry	576	578	-	-	-	-
	Polysomnographic Technician	479	474	20	-	42	-
	Radiologic Technologist	5,013	5,498	15	6	3	1
	Radiologist Assistant	16	16	-	-	-	-
	Respiratory Therapist	4,703	4,961	17	60	4	12
	Restricted Volunteer – Doctor of	64	63	-	-	-	-
	Surgical Assistant	714	834	-	16	-	19
	Surgical Technologist	2,143	2,683	-	18	-	7
	University Limited License	11	14	-	-	-	-
Volunteer Registration	-	-	-	-	-	-	
Medicine Total		87,470	93,006	687	531	8	6

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Nursing	Advanced Certified Nurse Aide	43	50	-	-	-	-
	Authorization to Prescribe	-	-	18	-	-	-
	Certified Nurse Aide	50,584	51,552	413	539	8	10
	Clinical Nurse Specialist	-	-	-	-	-	-
	Licensed Massage Therapist**	-	6	-	-	-	-
	Licensed Nurse Practitioner	8,197	8,263	56	109	7	13
	Licensed Practical Nurse	18,738	20,988	69	100	4	5
	LPN by Privelege-Discipline	27,381	27,063	834	621	30	23
	Medication Aide	-	-	-	13	-	-
	Medication Aide Training Program	6,969	7,377	147	161	21	22
	Registered Nurse	243	215	-	2	-	9
	RN by Privelege-Discipline	119,873	122,291	1,140	771	10	6
	Restricted Volunteer-LPN	-	1	79	78	-	78,000
	Restricted Nurse-NP	1	1	-	-	-	-

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Nursing	Restricted Nurse-PA	-	-	-	-	-	-
	Restricted Volunteer- RN	46	45	-	-	-	-
	V.A. Nurse Aide Education Programs	190	178	2	1	11	6
	V.A. Practical School of Nursing	52	40	2	2	38	50
	V.A. Professional School of Nursing	72	67	1	1	14	15
	Volunteer Registration	-	1	-	-	-	-
Nursing Total		232,398	238,150	2,761	2,398	12	10
Optometry	Optometrist	49	46	-	-	-	-
	Optometrist – Volunteer Registration	-	-	-	-	-	-
	Professional Designation	-	-	-	-	-	-
	TPA Certified Optometrist	1,777	1,819	2	28	1	15
Optometry Total		1,826	1,865	2	28	1	15
Pharmacy	Business CSR	1,465	1,498	4	8	3	5
	Cannabis Dispensing Facility	-	-	2	-	-	-
	CE Courses	9	9	-	-	-	-
	Humane Society	-	-	-	-	-	-
	Limited Use Facility Dispensing	3	4	-	-	-	-

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Pharmacy	Limited Use Pharmacy Technician	7	6	-	-	-	-
	Limited Use Practitioner Dispensing	3	8	-	-	-	-
	Medical Equipment Supplier	220	212	-	-	-	-
	Non-resident Manufacturer †	226	232	-	-	-	-
	Non-resident Medical Equipment †	355	367	-	-	-	-
	Non-resident Outsourcing Facility	33	33	-	-	-	-
	Non-resident Pharmacy	923	962	18	15	20	16
	Non-resident Wholesale Distributor	624	624	4	-	6	-
	Non-restricted Manufacturer	35	34	-	-	-	-
	Non resident third party logistics provider	219	241	-	-	-	-
	Non resident warehouse	114	142	-	-	-	-
	Outsourcing Facility	1	1	-	-	-	-
	Permitted Physician	-	-	-	-	-	-
	Pharmaceutical Processor Permit†	4	-	8	-	2,000	-
	Pharmacist	16,273	16,357	361	97	22	6
Pharmacist – Volunteer Registration	1	-	-	-	-	-	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Pharmacy	Pharmacy	1,755	1,737	2,140	1,450	1,219	835
	Pharmacy Intern	1,235	1,125	4	-	3	-
	Pharmacy Technician	12,871	12,807	208	182	16	14
	Pharmacy Technician Trainee	8,178	8,014	42	38	5	5
	Pharmacy Technician Training Program	-	-	-	-	-	-
	Physician Selling Controlled Substances	565	559	4	-	7	-
	Physician Selling Drugs Location	131	129	-	-	-	-
	Pilot Programs	15	18	-	-	-	-
	Registered Physician for CBD/THC Oil	-	-	-	-	-	-
	Registered Agent for Medical Cannabis	137	-	-	-	-	-
	Registered Practitioner For CBD/THCA Oil	1,051	-	2	-	2	-
	Registered Par/Guard For Medical Cannab	74	-	-	-	-	-
	Registered Patient For Medical Cannabis	16,201	-	-	-	-	-
Registered Product	3,158	-	-	-	-	-	

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Pharmacy	Repackaging Training Program	2	1	-	-	-	-
	Restricted Manufacturer	32	32	-	-	-	-
	Third Party Logistics Provider †	6	5	-	-	-	-
	Warehouser	125	128	-	-	-	-
	Wholesale Distributor	60	62	-	-	-	-
Pharmacy Total		66,111	45,347	2,797	1,790	42	39

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Physical Therapy	Direct Access Certification	1,448	1,274	6	-	4	-
	Physical Therapist	9,146	9,896	19	18	2	2
	Physical Therapist Assistant	3,676	3,904	25	10	7	3
	PT by Privilege-Discipline	-	-	-	6	-	-
Physical Therapy Total		14,270	15,074	50	34	4	2
Psychology	Applied Psychologist	25	24	-	-	-	-
	Clinical Psychologist	4,573	4,801	-	19	-	4
	Resident In Training	392	377	3	-	8	-
	Resident in School Psychology	27	36	-	-	-	-
	School Psychologist	103	101	-	8	-	79
	School Psychologist – Limited	598	608	-	-	-	-
	Sex Offender Treatment Provider	450	458	4	-	9	-
	SOTPTrainee	78	83	-	-	-	-
Psychology Total		6,246	6,488	7	27	1	4

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Social Work	Associate Social Worker	1	1	-	-	-	-
	Licensed Baccalaureate Social Worker	56	61	-	-	-	-
	Licensed Clinical Social Worker	10,178	11,486	12	8	1	1
	Licensed Master's Social Worker	1,300	1,530	2	-	2	-
	Licensed Social Worker	-	-	-	-	-	-
	Licensed Social Worker Supervision †	-	-	-	-	-	-
	Registered Social Worker*	6	6	-	-	-	-
	Registration of Supervision	3,372	3,469	2	8	1	2
Social Work Total		14,913	16,553	16	16	1	1
Veterinary Medicine	Equine Dental Technician	21	21	-	-	-	-
	Veterinarian	4,936	5,076	72	54	15	11
	Veterinary Clinics ***	1,243	1,311	63	58	51	44
	Veterinary Faculty†	108	113	1	-	9	-
	Veterinary Intern/Resident†	61	59	-	-	-	-
	Veterinary Technician	2,647	2,730	1	1	0	0
Veterinary Medicine Total		9,016	9,310	137	113	15	12

Appendix D – Sanctions*

Board	Occupation	Total Licensees ¹		Sanctions ²		Sanctions Per 1000 Licensees ⁵	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
AGENCY TOTAL		499,117	494,793	7,001	5,699	14	12

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

¹ Any individual or entity that held a valid and current license within the designated timeframe.

² Shows the total number of sanctions imposed per licensed occupation and board.

³ Shows the ratio of sanction per 1,000 licensees of the respective board and occupations.

† This is no longer a valid category of licensure

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Audiology & Speech Language Pathology	Inability to Safely Practice	4	3	5	5	9	8
	Abuse/Abandonment/Neglect	2	0	3	1	5	1
	Std of Care, Diagnosis/Treatment	1	0	5	2	6	2
	Std of Care, Exceeding Scope	0	0	0	0	0	0
	Inappropriate Relationship	0	0	0	0	0	0
	Unlicensed Activity	8	3	5	3	13	6
	Fraud, Patient Care	4	3	2	2	6	5
	Fraud, Non-Patient Care	0	0	7	4	7	4
	Criminal Activity	0	0	0	0	0	0
	HPMP	0	0	0	0	0	0
	Business Practice Issues	5	0	4	0	9	0
	Compliance	0	0	0	0	0	0
	Confidentiality Breach	0	0	1	0	1	0
	Continuing Competency Req Not Met	0	0	0	0	0	0
	Dishonored Check	0	0	0	0	0	0
	No Jurisdiction	0	0	2	0	2	0
Reinstatement	0	0	0	0	0	0	
Audiology & Speech Language Pathology Total		24	9	34	17	58	26
Counseling	Inability to Safely Practice	67	6	50	3	117	9
	Drug Related, Patient Care	4	2	2	0	6	2
	Abuse/Abandonment/Neglect	27	4	25	2	52	6

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Counseling	Std of Care, Diagnosis/Treatment	129	2	122	0	251	2
	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Other	0	0	0	0	0	0
	Std of Care, Exceeding Scope	27	2	21	0	48	2
	Inappropriate Relationship	80	44	70	14	150	58
	Unlicensed Activity	29	2	26	0	55	2
	Misappropriation of Patient Property	2	0	1	0	3	0
	Fraud, Patient Care	32	0	46	7	78	7
	Action by Another Board, Patient Care	1	0	1	0	2	0
	Criminal Activity	13	4	14	9	27	13
	Fraud, Non-Patient Care	1	0	0	0	1	0
	Business Practice Issues	32	0	31	7	63	7
	Drug Related, Security	161	2	156	0	317	2
	Compliance	0	0	0	0	0	0
	Confidentiality Breach	2	2	4	4	6	6
	Continuing Competency Req Not Met	35	2	41	0	76	2
	Dishonored Check	15	4	13	12	28	16
	Records Release	0	0	2	0	2	0
	Reinstatement	10	2	14	0	24	2
	Eligibility	4	3	10	9	14	12
No Jurisdiction	0	0	0	0	0	0	
Counseling Total		671	81	652	67	1,323	148

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Dentistry	Inability to Safely Practice	13	9	15	7	28	16
	Drug Related, Patient Care	4	2	2	0	6	2
	Abuse/Abandonment/Neglect	14	2	24	0	38	2
	Std of Care, Surgery	5	0	20	5	25	5
	Std of Care, Diagnosis/Treatment	295	89	466	85	761	174
	Std of Care, Medication/Prescription	2	0	7	4	9	4
	Std of Care, Malpractice Reports	18	10	56	25	74	35
	Std of Care, Exceeding Scope	0	0	0	0	0	0
	Std of Care, Other	0	0	0	0	0	0

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Dentistry	Inappropriate Relationship	2	0	8	6	10	6
	Unlicensed Activity	16	6	34	12	50	18
	Misappropriation of Patient Property	0	0	0	0	0	0
	Fraud, Patient Care	10	3	15	0	25	3
	Action by Another Board, Patient Care	0	0	1	1	1	1
	Criminal Activity	0	0	0	0	0	0
	HPMP	2	2	1	1	3	3
	Drug Related, Non-Patient Care	6	6	0	0	6	6
	Fraud, Non-Patient Care	22	3	45	2	67	5
	Business Practice Issues	285	30	350	129	635	159
	Drug Related, Security	0	0	0	0	0	0

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Dentistry	Compliance	1	0	9	3	10	3
	Misappropriation of Property, NPC	0	0	0	0	0	0
	Confidentiality Breach	4	0	7	0	11	0
	Continuing Competency Req Not Met	0	0	0	0	0	0
	Dishonored Check	0	0	0	0	0	0
	Records Release	26	7	24	1	50	8
	Action by Another Board, NPC	0	0	0	0	0	0
	Reinstatement	3	3	10	10	13	13
	Eligibility	0	0	0	0	0	0
	No Jurisdiction	1	0	2	0	3	0
Dentistry Total		729	172	1,096	291	1,825	463
Funeral Directors & Embalmers	Inability to Safely Practice	0	0	7	7	7	7
	Abuse/Abandonment/Neglect	23	1	33	15	56	16

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Funeral Directors & Embalmers	Std of Care, Diagnosis/Treatment	0	0	0	0	0	0
	Std of Care, Exceeding Scope	0	0	0	0	0	0
	Std of Care, Other	0	0	2	2	2	2
	Inappropriate Relationship	0	0	0	0	0	0
	Unlicensed Activity	17	8	16	6	33	14
	Misappropriation of Patient Property	4	0	1	1	5	1
	Fraud, Patient Care	13	4	4	2	17	6
	Criminal Activity	0	0	2	0	2	0
	HPMP	0	0	0	0	0	0
	Drug Related, Non-Patient Care	3	2	0	0	3	2
	Fraud, Non-Patient Care	3	2	7	5	10	7
	Business Practice Issues	43	10	88	20	131	30
	Drug Related, Security	0	0	0	0	0	0
	Compliance	3	2	5	0	8	2
	Misappropriation of Property, NPC	0	0	0	0	0	0
	Confidentiality Breach	2	0	0	0	2	0
	Continuing Competency Req Not Met	4	0	2	0	6	0
	Dishonored Check	0	0	2	0	2	0
	Reinstatement	2	2	3	3	5	5
Eligibility	0	0	0	0	0	0	
Funeral Directors & Embalmers Total		117	31	172	61	289	92

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Long Term Care Administrators	Inability to Safely Practice	7	6	2	0	9	6
	Drug Related, Patient Care	1	1	0	0	1	1
	Abuse/Abandonment/Neglect	75	6	39	2	114	8
	Std of Care, Diagnosis/Treatment	11	3	25	0	36	3
	Std of Care, Medication/Prescription	1	0	3	0	4	0
	Std of Care, Exceeding Scope	0	0	2	0	2	0
	Std of Care, Other	0	0	2	0	2	0
	Inappropriate Relationship	0	0	0	0	0	0
	Unlicensed Activity	9	0	5	0	14	0
	Misappropriation of Patient Property	4	2	0	0	4	2
	Fraud, Patient Care	4	0	4	0	8	0
	Criminal Activity	3	2	5	4	8	6
	HPMP	1	0	1	0	2	0
	Drug Related, Non-Patient Care	0	0	0	0	0	0
	Fraud, Non-Patient Care	0	0	5	4	5	4
Business Practice Issues	38	5	35	0	73	5	

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Long Term Care Administrators	Drug Related, Security	1	1	0	0	1	1
	Compliance	0	0	0	0	0	0
	Dishonored Check	0	0	0	0	0	0
	Misappropriation of Property, NPC	1	0	0	0	1	0
	Confidentiality Breach	2	0	0	0	2	0
	Continuing Competency Req Not Met	4	2	0	0	4	2
	Reinstatement	0	0	0	0	0	0
	Eligibility	0	0	0	0	0	0
Long Term Care Administrators Total		162	28	128	10	290	38
Medicine	Inability to Safely Practice	103	41	120	63	223	104
	Drug Related, Patient Care	143	83	68	22	211	105
	Abuse/Abandonment/Neglect	81	18	83	11	164	29
	Std of Care, Surgery	105	5	165	5	270	10
	Std of Care, Diagnosis/Treatment	1,185	54	1,204	32	2,389	86
	Std of Care, Medication/Prescription	160	12	167	3	327	15
	Std of Care, Malpractice Reports	133	5	166	6	299	11
	Std of Care, Exceeding Scope	12	4	13	4	25	8
	Std of Care, Other	15	5	4	0	19	5
	Inappropriate Relationship	29	7	44	22	73	29

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Medicine	Unlicensed Activity	82	40	85	28	167	68
	Misappropriation of Patient Property	1	0	0	0	1	0
	Fraud, Patient Care	78	8	79	9	157	17
	Action by Another Board, Patient Care	38	25	44	25	82	50
	Criminal Activity	27	12	24	16	51	28
	HPMP	7	4	18	12	25	16
	Drug Related, Non-Patient Care	3	2	0	0	3	2
	Fraud, Non-Patient Care	73	10	69	13	142	23
	Business Practice Issues	408	15	577	7	985	22
	Drug Related, Security	0	0	0	0	0	0
	Compliance	4	2	5	3	9	5
	Misappropriation of Property, NPC	0	0	0	0	0	0
	Confidentiality Breach	48	1	39	1	87	2
	Continuing Competency Req Not Met	4	1	0	0	4	1
	Dishonored Check	0	0	3	0	3	0
	Records Release	45	0	48	3	93	3
	Action by Another Board, NPC	19	10	10	5	29	15
	Reinstatement	32	28	23	18	55	46
	Eligibility	0	0	0	0	0	0
No Jurisdiction	1	0	1	0	2	0	
Medicine Total		2,836	392	3,059	308	5,895	700

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Nursing	Inability to Safely Practice	544	250	430	144	974	394
	Drug Related, Patient Care	333	193	225	138	558	331
	Abuse/Abandonment/Neglect	888	307	1,011	336	1,899	643
	Std of Care, Surgery	0	0	6	0	6	0
	Std of Care, Diagnosis/Treatment	465	119	302	72	767	191
	Std of Care, Medication/Prescription	158	52	201	41	359	93
	Std of Care, Malpractice Reports	8	2	20	6	28	8
	Std of Care, Exceeding Scope	102	46	79	31	181	77

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Nursing	Std of Care, Other	0	0	1	0	1	0
	Inappropriate Relationship	94	53	64	30	158	83
	Unlicensed Activity	92	25	92	14	184	39
	Misappropriation of Patient Property	239	151	119	89	358	240
	Fraud, Patient Care	280	192	199	129	479	321
	Action by Another Board, Patient Care	26	19	33	24	59	43
	Criminal Activity	140	47	160	61	300	108
	HPMP	51	45	19	13	70	58
	Drug Related, Non-Patient Care	39	13	26	3	65	16
	Fraud, Non-Patient Care	89	37	156	99	245	136
	Business Practice Issues	273	8	210	17	483	25
	Drug Related, Security	51	21	7	6	58	27

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Nursing	Compliance	108	57	76	48	184	105
	Misappropriation of Property, NPC	10	6	8	4	18	10
	Confidentiality Breach	68	12	47	7	115	19
	Continuing Competency Req Not Met	20	16	49	16	69	32
	Dishonored Check	4	2	11	0	15	2
	Records Release	5	0	3	0	8	0
	Action by Another Board, NPC	9	8	18	12	27	20
	Reinstatement	121	106	125	115	246	221
	Eligibility	0	0	0	0	0	0
	No Jurisdiction	1	0	1	0	2	0
Nursing Total		4,218	1,787	3,698	1,455	7,916	3,242
Optometry	Inability to Safely Practice	0	0	2	0	2	0
	Abuse/Abandonment/Neglect	1	0	2	0	3	0
	Std of Care, Surgery	0	0	0	0	0	0
	Std of Care, Diagnosis/Treatment	16	0	20	3	36	3
	Std of Care, Medication/Prescription	8	0	13	2	21	2

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Optometry	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Exceeding Scope	0	0	0	0	0	0
	Std of Care, Other	0	0	1	0	1	0
	Inappropriate Relationship	0	0	0	0	0	0
	Unlicensed Activity	3	1	2	0	5	1
	Fraud, Patient Care	0	0	2	0	2	0
	Action by Another Board, Patient Care	0	0	0	0	0	0
	Criminal Activity	0	0	1	0	1	0
	HPMP	0	0	0	0	0	0
	Fraud, Non-Patient Care	0	0	2	0	2	0
	Business Practice Issues	11	0	27	6	38	6
	Compliance	0	0	1	0	1	0
	Confidentiality Breach	1	0	1	0	2	0
	Continuing Competency Req Not Met	0	0	0	0	0	0
	Records Release	1	0	1	0	2	0
	Action by Another Board NPC	0	0	0	0	0	0
	Reinstatement	0	0	3	3	3	3
Optometry Total		41	1	78	14	119	15
Pharmacy	Inability to Safely Practice	50	25	40	14	90	39
	Drug Related, Patient Care	88	53	22	13	110	66
	Abuse/Abandonment/Neglect	5	3	4	4	9	7
	Std of Care, Diagnosis/Treatment	7	3	0	0	7	3

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Pharmacy	Std of Care, Medication/Prescription	310	73	403	47	713	120
	Std of Care, Malpractice Reports	3	3	0	0	3	3
	Std of Care, Exceeding Scope	2	0	7	2	9	2
	Std of Care, Other	0	0	1	0	1	0
	Inappropriate Relationship	2	0	0	0	2	0
	Unlicensed Activity	13	1	16	3	29	4
	Misappropriation of Patient Property	2	0	0	0	2	0
	Fraud, Patient Care	18	7	5	3	23	10
	Action by Another Board, Patient Care	19	13	3	1	22	14
	Criminal Activity	12	4	18	4	30	8
	HPMP	1	0	0	0	1	0
	Drug Related, Non-Patient Care	15	11	40	35	55	46
	Fraud, Non-Patient Care	16	11	13	3	29	14
	Business Practice Issues	1,172	1,060	793	696	1,965	1,756
	Drug Related, Security	12	8	18	7	30	15
	Compliance	17	5	21	2	38	7
	Misappropriation of Property, NPC	4	3	0	0	4	3
	Confidentiality Breach	9	1	15	2	24	3
	Continuing Competency Req Not Met	138	138	62	61	200	199
Dishonored Check	1	0	1	0	2	0	
Records Release	0	0	0	0	0	0	

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Pharmacy	Action by Another Board, NPC	5	4	3	2	8	6
	Reinstatement	6	3	18	12	24	15
	Eligibility	0	0	0	0	0	0
Pharmacy Total		1,927	1,429	1,503	911	3,430	2,340
Physical Therapy	Inability to Safely Practice	15	7	12	8	27	15
	Drug Related, Patient Care	2	2	0	0	2	2
	Abuse/Abandonment/Neglect	7	0	9	0	16	0
	Std of Care, Diagnosis/Treatment	8	1	13	0	21	1
	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Exceeding Scope	1	0	1	0	2	0
	Inappropriate Relationship	11	6	0	0	11	6
	Unlicensed Activity	1	1	8	4	9	5
	Misappropriation of Patient Property	1	0	0	0	1	0
	Fraud, Patient Care	5	1	8	3	13	4
	Action by Another Board, Patient Care	1	0	0	0	1	0
	Criminal Activity	3	0	2	1	5	1
	HPMP	2	2	0	0	2	2
	Fraud, Non-Patient Care	2	0	2	1	4	1
	Business Practice Issues	5	0	14	1	19	1
	Compliance	0	0	13	0	13	0
Confidentiality Breach	0	0	0	0	0	0	

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Physical Therapy	Continuing Competency Req Not Met	5	5	0	0	5	5
	Dishonored Check	0	0	0	0	0	0
	Records Release	0	0	2	0	2	0
	Action by Another Board, NPC	10	5	1	1	11	6
	Reinstatement	1	1	0	0	1	1
	Eligibility	0	0	0	0	0	0
Physical Therapy Total		80	31	85	19	165	50
Psychology	Inability to Safely Practice	4	0	3	0	7	0
	Abuse/Abandonment/Neglect	1	0	4	0	5	0
	Std of Care, Diagnosis/Treatment	57	0	94	2	151	2
	Std of Care, Medication/Prescription	0	0	0	0	0	0
	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Exceeding Scope	2	0	4	2	6	2
	Std of Care, Other	0	0	0	0	0	0
	Inappropriate Relationship	4	2	6	2	10	4
	Unlicensed Activity	11	0	5	0	16	0
	Fraud, Patient Care	4	0	6	1	10	1

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Psychology	Action by Another Board, Patient Care	1	0	0	0	1	0
	Criminal Activity	0	0	2	1	2	1
	Fraud, Non-Patient Care	6	0	8	0	14	0
	Business Practice Issues	37	0	52	2	89	2
	Compliance	0	0	4	4	4	4
	Confidentiality Breach	9	0	10	2	19	2
	Continuing Competency Req Not Met	0	0	0	0	0	0
	Dishonored Check	0	0	1	0	1	0
	Records Release	5	0	14	0	19	0
	Reinstatement	0	0	0	0	0	0
	No Jurisdiction	0	0	1	0	1	0
Eligibility	0	0	0	0	0	0	
Psychology Total		141	2	214	16	355	18
Social Work	Inability to Safely Practice	4	0	32	1	36	1
	Drug Related, Patient Care	0	0	0	0	0	0
	Abuse/Abandonment/Neglect	4	0	6	0	10	0
	Std of Care, Diagnosis/Treatment	7	0	26	0	33	0

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total [†]	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Social Work	Std of Care, Medication/Prescription	0	0	0	0	0	0
	Std of Care, Malpractice Reports	0	0	0	0	0	0
	Std of Care, Exceeding Scope	2	0	0	0	2	0
	Std of Care, Other	0	0	0	0	0	0
	Inappropriate Relationship	6	2	16	6	22	8
	Unlicensed Activity	1	0	0	0	1	0
	Misappropriation of Patient Property	0	0	0	0	0	0
	Fraud, Patient Care	1	0	13	0	14	0
	Action by Another Board, Patient Care	1	0	0	0	1	0
	HPMP	4	3	2	1	6	4
	Criminal Activity	0	0	1	0	1	0
	Fraud, Non-Patient Care	2	0	8	0	10	0
	Business Practice Issues	37	0	55	0	92	0
	Compliance	0	0	2	0	2	0
	Confidentiality Breach	6	0	9	0	15	0
	Continuing Competency Req Not Met	4	3	0	0	4	3

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Social Work	Records Release	0	0	1	0	1	0
	Dishonored Check	1	0	1	0	2	0
	Action by Another Board, NPC	0	0	0	0	0	0
	Reinstatement	0	0	0	0	0	0
	Drug Related, Non-Patient Care	0	0	0	0	0	0
	No Jurisdiction	0	0	0	0	0	0
Social Work Total		80	8	172	8	252	16
Veterinary Medicine	Inability to Safely Practice	5	1	6	4	11	5
	Drug Related, Patient Care	7	2	3	3	10	5
	Abuse/Abandonment/Neglect	10	4	2	1	12	5
	Std of Care, Surgery	20	6	25	5	45	11
	Std of Care, Diagnosis/Treatment	105	17	73	10	178	27
	Std of Care, Medication/Prescription	12	6	19	0	31	6
	Std of Care, Exceeding Scope	1	0	0	0	1	0
	Inappropriate Relationship	0	0	2	2	2	2
	Std of Care, Other	0	0	0	0	0	0
	Unlicensed Activity	36	9	31	13	67	22
	Misappropriation of Patient Property	1	0	0	0	1	0
	Fraud, Patient Care	7	2	3	0	10	2
Action by Another Board, Patient Care	2	0	0	0	2	0	

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Veterinary Medicine	Criminal Activity	0	0	0	0	0	0
	HPMP	0	0	0	0	0	0
	Drug Related, Non-Patient Care	0	0	1	1	1	1
	Fraud, Non-Patient Care	6	2	2	0	8	2
	Business Practice Issues	193	76	131	36	324	112
	Drug Related, Security	5	1	4	3	9	4
	Compliance	17	9	55	35	72	44
	Misappropriation of Property, NPC	0	0	0	0	0	0
	Confidentiality Breach	3	0	2	0	5	0
	Continuing Competency Req Not Met	1	0	0	0	1	0
	Dishonored Check	0	0	0	0	0	0
	Records Release	12	2	6	0	18	2
	Action by Another Board, NPC	1	0	0	0	1	0
	Reinstatement	0	0	1	0	1	0
	No Jurisdiction	0	0	0	0	0	0
Eligibility	0	0	0	0	0	0	
Veterinary Medicine Total		444	137	366	113	810	250
Agency	Inability to Safely Practice	816	348	724	256	1,540	604
	Drug Related, Patient Care	582	338	322	176	904	514

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Agency	Abuse/Abandonment/Neglect	1,138	345	1,245	372	2,383	717
	Std of Care, Surgery	130	11	216	15	346	26
	Std of Care, Diagnosis/Treatment	2,286	288	2,350	206	4,636	494
	Std of Care, Medication/Prescription	651	143	813	97	1,464	240
	Std of Care, Malpractice Reports	162	20	242	37	404	57
	Std of Care, Exceeding Scope	149	52	127	39	276	91
	Std of Care, Other	15	5	11	2	26	7
	Inappropriate Relationship	228	114	210	82	438	196
	Unlicensed Activity	318	96	325	83	643	179

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ⁴	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Agency	Misappropriation of Patient Property	254	153	121	90	375	243
	Fraud, Patient Care	456	220	386	156	842	376
	Action by Another Board, Patient Care	89	57	82	51	171	108
	Criminal Activity	202	72	230	97	432	169
	HPMP	64	53	40	26	104	79
	Drug Related, Non-Patient Care	67	34	67	39	134	73
	Fraud, Non-Patient Care	251	65	355	138	606	203
	Business Practice Issues	2,668	1,206	2,492	914	5,160	2,120
	Drug Related, Security	69	31	29	16	98	47
	Compliance	152	77	195	99	347	176
	Misappropriation of Property, NPC	15	9	8	4	23	13

Appendix E - Categories

Board	Occupation	FY 2023		FY 2024		Total ¹	
		Category Count	Sanction Count	Category Count	Sanction Count	Category Count	Sanction Count
Agency	Confidentiality Breach	187	16	172	12	359	28
	Continuing Competency Req Not Met	195	169	126	89	321	258
	Dishonored Check	5	2	21	0	26	2
	Records Release	105	11	115	4	220	15
	Action by Another Board, NPC	44	27	32	20	76	47
	Reinstatement	169	146	193	170	362	316
	Eligibility	0	0	0	0	0	0
	No Jurisdiction	3	0	8	0	11	0
Agency Total		11,470	4,108	11,257	3,290	22,727	7,398

¹ A single case may fall into more than one category.

² More than one sanction may be imposed per case found in violation.

Appendix F – Confidential Consent Agreements

Board	Number of CCAs Accepted	More than two CCAs Accepted for Standard of Care Violations in 10 Years
Audiology & Speech Language Pathology	36	No cases fit the criteria for the biennium
Counseling	54	
Dentistry	240	
Funeral Directors & Embalmers	35	
Long-Term Care Administrators	16	
Medicine	57	
Nursing	143	
Optometry	32	
Pharmacy	251	
Physical Therapy	30	
Psychology	21	
Social Work	9	
Veterinary Medicine	380	
Agency Total	1,284	0

Appendix G – Disciplinary Staff

Board	Cases Closed			FTEs*			Complaints Closed per FTE		
	FY 21- FY 22	FY 23- FY 24	Change	FY 21-FY 22	FY 23-FY 24	Change	FY 21- FY 22	FY 23- FY 24	Change
Audiology & Speech Language Pathology	36	42	17%	0.67	0.67	0%	54	63	17%
Counseling	706	773	9%	0.33	1.28	284%	2,118	604	-71%
Dentistry	1,050	1,122	7%	2.00	4.73	137%	525	237	-55%
Funeral Directors & Embalmers	144	188	31%	0.66	0.67	1%	218	282	29%
Long-Term Care Administrators	193	204	6%	0.66	0.67	1%	292	306	5%
Medicine	4,098	4,535	11%	8.00	5.00	-38%	512	907	77%
Nursing	5,041	5,090	1%	14.60	13.75	-6%	345	370	7%
Optometry	101	96	-5%	0.67	0.67	0%	152	144	-5%
Pharmacy	1,364	1,812	33%	4.00	3.00	-25%	341	604	77%
Physical Therapy	99	113	14%	0.66	0.67	1%	150	170	13%
Psychology	205	278	36%	0.33	1.28	284%	615	217	-65%
Social Work	173	186	8%	0.33	1.28	284%	519	145	-72%
Veterinary Medicine	804	664	-17%	0.67	0.67	0%	1,206	996	-17%
Administrative Proceedings Division				27.00	25.00	-7%			
Enforcement Division				90.00	95.00	6%			
Agency Total	14,014	15,103	7.8%	150.58	154.32	2.5%	93.07	97.87	5.2%

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

Appendix H – Financial Overview

Board/Program	Revenue	Percentage	Expenditures	Percentage
Audiology and Speech Language Pathology	\$ 922,092	1.13%	\$ 916,271	0.96%
Counseling	\$ 4,941,170	5.62%	\$ 4,064,265	4.27%
Dentistry	\$ 5,978,293	6.08%	\$ 5,952,875	6.26%
Funeral Directors and Embalmers	\$ 1,505,724	1.71%	\$ 1,532,172	1.61%
Long Term Care Administrators	\$ 1,220,348	1.39%	\$ 1,229,882	1.29%
Medical Cannabis Program	\$ 481,847	0.55%	\$ 1,917,287	2.02%
Medicine	\$ 22,510,631	25.61%	\$ 19,239,162	20.23%
Nursing including Certified Nurse Aides	\$ 30,092,422	34.24%	\$ 35,807,055	37.65%
Optometry	\$ 782,080	0.89%	\$ 819,182	0.86%
Pharmacy	\$ 9,908,144	11.27%	\$ 10,719,917	11.27%
Physical Therapy	\$ 1,718,034	1.95%	\$ 1,514,502	1.59%
Prescription Monitoring Program	\$ 710,882	0.81%	\$ 4,760,169	5.01%
Psychology	\$ 1,609,864	1.83%	\$ 1,745,653	1.84%
Social Work	\$ 2,729,828	3.11%	\$ 2,082,980	2.19%
Veterinary Medicine	\$ 2,704,816	3.08%	\$ 2,793,275	2.94%
Total	\$ 87,889,175	100.00%	\$ 95,094,647	100.00%