COMMONWEALTH of VIRGINIA

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TO: The Honorable Mark D. Sickles
Chair, House Committee on Health and Human Services

The Honorable Ghazala F. Hashmi
Chair, Senate Committee on Education and Health

FROM: Arne W. Owens
Director, Virginia Department of Health Professions

DATE: October 1, 2025

RE: Workgroup and report regarding certain prescriber medication management and communication with patients pursuant to Item 285 #2c of the 2025 amended budget

This report is submitted in compliance with Item 285 B.2 of Chapter 725, which requires that the Boards of Medicine and Nursing:

> Convene a workgroup to study best practices regarding patient medication management for behavioral health medications to children and adolescents, provider-patient communication with respect to medication management, and provider availability when a child or adolescent is prescribed a behavioral health medication . . . The workgroup shall report its findings and recommendations to the Chairs of the House Committee [on] Health and Human Services and the Senate Committee on Education and Health by December 1, 2025.

Should you have questions about this report, please feel free to contact me at (804) 367-4648 or arne.owens@dhp.virginia.gov.

AO/EB
Enclosure

CC: The Honorable Janet Kelly, Secretary of Health and Human Resources

Preface

This report is submitted in compliance with budget language included in Item 285 B.2, which requires that the Boards of Medicine and Nursing:

> Convene a workgroup to study best practices regarding patient medication management for behavioral health medications to children and adolescents, provider-patient communication with respect to medication management, and provider availability when a child or adolescent is prescribed a behavioral health medication.

The budget language requires the Boards of Medicine and Nursing to submit this report by December 1, 2025.

Contents

I. Executive Summary

Pursuant to Item 285 B.2 of Chapter 725, the Boards of Medicine and Nursing convened a workgroup which met on August 20, 2025. The workgroup considered the required topics of the budget language, which were as follows:

1. Best practices regarding patient medication management for behavioral health medications in children and adolescents;

2. Provider-patient communication with respect to medication management; and

3. Provider availability when a child or adolescent is prescribed behavioral health medication.

The workgroup found that existing statutes and regulations adequately govern these issues. The workgroup determined that the implementation of the requirements in statutes and regulations should be left to the discretion of practitioners and individual business practices. The workgroup found that regulating these issues could be detrimental to healthcare. The workgroup additionally noted that these issues apply to all medications prescribed to all patient populations, and that it was not possible or prudent to carve out behavioral health medications prescribed to children and adolescents. The workgroup ultimately recommended that the Board of Medicine send out an informational reminder to practitioners of statutory and regulatory requirements regarding medication management, patient communication, and closing a practice.

Workgroup Members

Erin Barrett
Director of Legislative and Regulatory Affairs
Virginia Department of Health Professions

Jennifer Deschenes
Deputy Executive Director for Discipline
Virginia Board of Medicine

William L. Harp, MD
Executive Director
Virginia Board of Medicine

Laney Kortas
Parent

Claire Morris, RN, LNHA
Executive Director
Virginia Board of Nursing

Theresa "Tess" Searls
Psychiatric Nurse Practitioner

Neil Sonenklar, MD
Psychiatrist, Interim Division Chair for Child and Adolescent Psychiatry
Children's Hospital of Richmond at VCU

II. Patient medication management and provider-patient communication regarding medication management

Although the budget language specifically referred to behavioral health medications prescribed to children and adolescents, the workgroup found this to be an impractical isolation of one medication category provided to one category of patient. Best practices for medication management and communication with patients regarding treatment apply across all prescription medications. Furthermore, the number of prescribers of behavioral health medications is substantial, including psychiatrists, pediatricians, internists, and family medicine practitioners, among others. Finally, the workgroup felt these two topics must be addressed together.

The workgroup determined that existing statutes and regulations adequately govern patient medication management and communication of treatment plans to patients. 18VAC85-20-28(A)(1) requires practitioners to "accurately inform a patient or the patient's legally authorized representative of the patient's medical diagnoses, prognosis, and prescribed treatment or plan of care in understandable terms." This is consistent with published standards of practice for prescribing behavioral health medications to children and adolescents.[1] Additionally, standard practice requires establishing medication management of any prescribed substance, including behavioral health medications.[2]

[1] *See* J. Walkup, *et al.*, *Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents*, 48 J. AM. ACAD. CHILD ADOLESCENT PSYCHIATRY, 961 – 73, at 965 (2009) (citing as Principle 4 of the parameter that the prescriber develops a psychosocial and pharmacological treatment plan based on the best available evidence).
[2] *Id.* At 966 (citing as Principle 5 of the parameter that the prescriber develops a plan to monitor the patient in the short and long term).

III. Availability of prescribers

As stated previously, the workgroup did not believe a delineation should be made between practitioners who prescribe behavioral health medications to children and adolescents and all other prescribers. The workgroup found that existing standards of care require coverage when practitioners are not available to patients. That coverage generally takes the form of on-call physicians and after-hours call services. Patients may be referred to an emergency department for treatment, but the workgroup members felt this was appropriate as a practitioner could not treat an emergency over the phone after hours. Board of Medicine and Board of Nursing staff were not aware of disciplinary issues related to failure to provide after-hours communication services.

IV. Workgroup recommendations

The workgroup determined that the implementation of the existing requirements in statutes and regulations should be left to the discretion of practitioners and business practices. The workgroup found that regulating these issues could be detrimental to healthcare. Such regulation could have the unintended effect of limiting behavioral health prescriptions to children and adolescents, as fewer practitioners may be able or willing to provide such prescriptions. The workgroup expressed concern that unnecessary regulation may result in chilling the industry regulated. Unnecessary regulation can additionally eliminate flexibility that practitioners rely on to appropriately treat and communicate with individual patients and their families.

Failure to communicate appropriately with any patient can be adequately addressed under the existing disciplinary system. Such a failure could result in a finding by the Board of Medicine or Board of Nursing of a violation of Virginia Code § 54.1-2915. Importantly, staff of the Boards of Medicine and Nursing are not aware of disciplinary problems arising from the issues the General Assembly directed the workgroup to review. This contrasts with other practice issues which have resulted in regulation, such as the opioid crisis and overprescribing of opioids,[3] which led to the Board of Medicine adopting prescribing regulations for opioids and buprenorphine.

The workgroup recommended that the Board of Medicine send out reminders regarding patient medication management, communication of medication plans and management, and requirements for closing a practice in the regular communications which go out to all licensees.

[3] *See, e.g.,* M. Wunsch, *et al.*, *Opioid Deaths in Rural Virginia: A Description of the High Prevalence of Accidental Fatalities Involving Prescribed Medications*, 18 AM. J. ON ADDICTIONS 5 – 14 (2009) (summarizing in the abstract that drug overdose deaths increased 300% in rural Virginia from 1997 – 2003 and noting that 74% of those deaths involved a prescription opioid).

V. Conclusion

The workgroup directed by Item 285 B.2 of Chapter 725, which included prescribers, stakeholders, and agency and board staff, found that existing statutes and regulations adequately govern the topics identified in Item 285 B.2. The workgroup determined that the execution of the requirements in statute and regulation should be left to the discretion of practitioners and individual business practices. The workgroup found that regulating these issues could be detrimental to healthcare. The workgroup additionally noted that these issues apply to all medications prescribed to all patient populations, and that it was not possible or prudent to carve out behavioral health medications prescribed to children and adolescents. The workgroup recommended that the Board of Medicine send out an informational reminder to practitioners of statutory and regulatory requirements regarding medication management, patient communication, and closing a practice.