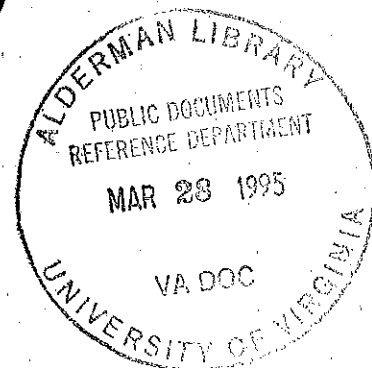


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# THE VIRGINIA REGISTER

OF REGULATIONS

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March 20, 1995

# 1995

Pages 2023 Through 2172

## VIRGINIA REGISTER

The *Virginia Register* is an official state publication issued every other week throughout the year. Indexes are published quarterly, and the last index of the year is cumulative.

The *Virginia Register* has several functions. The full text of all regulations, both as proposed and as finally adopted or changed by amendment, is required by law to be published in the *Virginia Register of Regulations*.

In addition, the *Virginia Register* is a source of other information about state government, including all Emergency Regulations issued by the Governor, and Executive Orders, the Virginia Tax Bulletin issued periodically by the Department of Taxation, and notices of all public hearings and open meetings of state agencies.

### ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the *Virginia Register* a notice of proposed action; a basis, purpose, impact and summary statement; a notice giving the public an opportunity to comment on the proposal; and the text of the proposed regulations.

Under the provisions of the Administrative Process Act, the Registrar has the right to publish a summary, rather than the full text, of a regulation which is considered to be too lengthy. In such case, the full text of the regulation will be available for public inspection at the office of the Registrar and at the office of the promulgating agency.

Following publication of the proposal in the *Virginia Register*, sixty days must elapse before the agency may take action on the proposal.

During this time, the Governor and the General Assembly will review the proposed regulations. The Governor will transmit his comments on the regulations to the Registrar and the agency and such comments will be published in the *Virginia Register*.

Upon receipt of the Governor's comment on a proposed regulation, the agency (i) may adopt the proposed regulation, if the Governor has no objection to the regulation; (ii) may modify and adopt the proposed regulation after considering and incorporating the Governor's suggestions; or (iii) may adopt the regulation without changes despite the Governor's recommendations for change.

The appropriate standing committee of each branch of the General Assembly may meet during the promulgation or final adoption process and file an objection with the Registrar and the promulgating agency. The objection will be published in the *Virginia Register*. Within twenty-one days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative committee, and the Governor.

When final action is taken, the promulgating agency must again publish the text of the regulation as adopted, highlighting and explaining any substantial changes in the final regulation. A thirty-day final adoption period will commence upon publication in the *Virginia Register*.

The Governor will review the final regulation during this time and if he objects, forward his objection to the Registrar and the agency. His objection will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation are substantial, he may suspend the regulatory process for thirty days and require the agency to solicit additional public comment on the substantial changes.

A regulation becomes effective at the conclusion of this thirty-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall

be after the expiration of the twenty-one day extension period; or (ii) the Governor exercises his authority to suspend the regulatory process for solicitation of additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the period for which the Governor has suspended the regulatory process.

Proposed action on regulations may be withdrawn by the promulgating agency at any time before the regulation becomes final.

### EMERGENCY REGULATIONS

If an agency determines that an emergency situation exists, it then requests the Governor to issue an emergency regulation. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited in time and cannot exceed a twelve-month duration. The emergency regulations will be published as quickly as possible in the *Virginia Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures (See "Adoption, Amendment, and Repeal of Regulations," above). If the agency does not choose to adopt the regulations, the emergency status ends when the prescribed time limit expires.

### STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 of Chapter 1.1:1 (§§ 9-6.14:6 through 9-6.14:9) of the Code of Virginia be examined carefully.

### CITATION TO THE VIRGINIA REGISTER

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INDEX 2 - Volume 11

April 1995

March 15, 1995  
March 29, 1995  
April 12, 1995  
April 26, 1995  
May 10, 1995  
May 24, 1995  
June 7, 1995

April 3, 1995  
April 17, 1995  
May 1, 1995  
May 15, 1995  
May 29, 1995  
June 12, 1995  
June 26, 1995

INDEX 3 - Volume 11

July 1995

June 21, 1995  
July 5, 1995  
July 19, 1995  
August 2, 1995  
August 16, 1995  
August 30, 1995

July 10, 1995  
July 24, 1995  
August 7, 1995  
August 21, 1995  
September 4, 1995  
September 18, 1995

FINAL INDEX - Volume 11

October 1995

Volume 12

September 13, 1995  
September 27, 1995  
October 11, 1995  
October 25, 1995  
November 8, 1995  
November 21, 1995 (Tuesday)  
December 6, 1995

October 2, 1995  
October 16, 1995  
October 30, 1995  
November 13, 1995  
November 27, 1995  
December 11, 1995  
December 25, 1995

INDEX 1 - Volume 12

January 1996

December 19, 1995 (Tuesday)  
January 3, 1996  
January 17, 1996  
January 31, 1996  
February 14, 1996  
February 28, 1996

January 8, 1996  
January 22, 1996  
February 5, 1996  
February 19, 1996  
March 4, 1996  
March 18, 1996

INDEX 2 - Volume 12

April 1996

---

# TABLE OF CONTENTS

---

## NOTICES OF INTENDED REGULATORY ACTION

Notices of Intent. .... 2025

## PROPOSED REGULATIONS

### DEPARTMENT OF CORRECTIONS (BOARD OF)

Minimum Standards for Jails and Lockups. (VR 230-30-001) ..... 2028

### MILK COMMISSION

Rules and Regulations for the Control, Regulation and Supervision of the Milk Industry in Virginia (§ 8). (VR 475-02-02) ..... 2044

### BOARD OF NURSING

Regulations of the Board of Nursing. (VR 495-01-1) . 2048

### BOARD OF PHARMACY

Regulations of the Board of Pharmacy. (VR 530-01-1) ..... 2069

## FINAL REGULATIONS

### DEPARTMENT OF LABOR AND INDUSTRY

#### Safety and Health Codes Board

Occupational Exposure to Asbestos, General Industry (1910.1001). (VR 425-02-09) ..... 2096

Occupational Exposure to Asbestos, Construction Industry (1926.1101). (VR 425-02-10) ..... 2099

Special Provisions for Air Contaminants, General Industry (1910.19). (VR 425-02-15) ..... 2101

Occupational Exposure to Asbestos, Shipyard Employment (1915.1001) (VR 425-02-178) ..... 2103

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

State Plan for Medical Assistance Relating to Reimbursement for Organ Transplant Services: Amount, Duration, and Scope of Services. (VR 460-03-3.1100) ..... 2105

### VIRGINIA COMMONWEALTH UNIVERSITY

Rules and Procedures of Virginia Commonwealth University. (VR 649-01-01) ..... 2120

Parking Information. (VR 649-01-02) ..... 2130

Guidelines for Demonstrations on the Campuses of Virginia Commonwealth University. (VR 649-01-03) ..... 2134

Ethics Policy on Computing. (VR 649-01-04) ..... 2135

Posting Materials Policy. (VR 649-01-05) ..... 2137

## GOVERNOR

### GOVERNOR'S COMMENTS

#### BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Regulations for Preneed Funeral Planning. (VR 320-01-3) ..... 2139

Resident Trainee Program for Funeral Service. (VR 320-01-04) ..... 2139

#### DEPARTMENT OF HEALTH (STATE BOARD OF)

Rules and Regulations for the Licensure of Hospitals in Virginia (Substance Abusing Postpartum Women, § 301.0). (VR 355-33-500) ..... 2139

#### STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

Virginia Postsecondary Review Entity Regulations. (VR 380-04-01) ..... 2139

#### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Narrative for the Amount, Duration and Scope of Services (Reimbursement for Organ Transplant Services). (VR 460-03-3.1100) ..... 2139

#### DEPARTMENT OF SOCIAL SERVICES (STATE BOARD OF)

Aid to Families with Dependent Children (AFDC) Program - Disregarded Income and Resources. (VR 615-01-29) ..... 2139

## SCHEDULES FOR COMPREHENSIVE REVIEW OF REGULATIONS

Department of Health. .... 2141

Department of Social Services. .... 2141

## GENERAL NOTICES/ERRATA

### DEPARTMENT OF HEALTH (BOARD OF)

Waterworks Regulations - General Notice Requesting Comment on Recycle of Certain

# Table of Contents

---

Drinking Water Plant Wastewaters. .... 2143

Waterworks Regulations – General Notice  
Requesting Comment on Viability and  
Comprehensive Business Plan for Certain Drinking  
Water Systems. .... 2143

## **COMMISSION ON LOCAL GOVERNMENT**

Schedule of Assessments of Mandates on Local  
Government. .... 2143

## **VIRGINIA CODE COMMISSION**

Notice of mailing address. .... 2148

Forms for filing material on dates for publication. .. 2148

## ERRATA

## **BOARD FOR CONTRACTORS**

Board for Contractors Regulations. (VR 220-01-1:1) .. 2149

## **CALENDAR OF EVENTS**

### EXECUTIVE

Open Meetings and Public Hearings ..... 2150

### CHRONOLOGICAL LIST

Open Meetings ..... 2168

Public Hearings ..... 2170

# NOTICES OF INTENDED REGULATORY ACTION

## Symbol Key †

† Indicates entries since last publication of the Virginia Register

VA.R. Doc. No. R95-299; Filed February 17, 1995, 4:07 p.m.

## BOARD OF DENTISTRY

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Dentistry intends to consider amending regulations entitled: **VR 255-01-1. Board of Dentistry Regulations.** The purpose of the proposed action is to consider a modest increase in fees in order to comply with § 54.1-113 of the Code of Virginia, which requires the agency to adjust fees after any biennium in which there is more than a 10% differential between revenue and expenses. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: § 54.1-2400 of the Code of Virginia.

Public comments may be submitted until April 21, 1995.

**Contact:** Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9906, FAX (804) 662-9943 or (804) 662-7197/TDD ☎

VA.R. Doc. No. R95-317; Filed March 1, 1995, 10:56 a.m.

## DEPARTMENT OF HEALTH (STATE BOARD OF)

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the State Board of Health intends to consider amending regulations entitled: **VR 355-18-014. Waterworks Operation Fee.** The purpose of the proposed action is to (i) reduce the present fee from \$2.05 per connection per year for a community waterworks to \$1.60 per connection per year in FY '95-96 and \$1.98 in FY '96-97; and (ii) reduce the present flat fee of \$90 per year for a nontransient waterworks to \$70 (FY '95-96) and \$87 (FY '96-97). The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 32.1-170 and 32.1-171.1 of the Code of Virginia.

Written comments may be submitted until April 6, 1995.

**Contact:** Thomas B. Gray, P.E., Special Projects Manager, Department of Health, Office of Water Programs, 1500 E. Main St., Suite 109, Richmond, VA 23219, telephone (804) 786-5566 or FAX (804) 786-5567.

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Department of Medical Assistance Services intends to consider promulgating regulations entitled: **VR 460-01-66.2. Vaccines for Children Administration Fee.** The purpose of the proposed action is to promulgate permanent regulations to supersede the current identical emergency regulation for the vaccines administration fee. The regulation that the agency intends to propose for public comment period is a preprinted page issued by the Health Care Financing Administration for inclusion in all State Plans for Medical Assistance. This regulation will incorporate into the State Plan the required administration fee for the Vaccines for Children Program in conformance with federal requirements. The agency does not intend to hold public hearings on this issue.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Written comments may be submitted until March 22, 1995, to Sally Rice, Division of Client Services, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

**Contact:** Victoria P. Simmons, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

VA.R. Doc. No. C95-958; Filed February 1, 1995, 11:19 a.m.

## BOARD OF PHARMACY

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Pharmacy intends to consider amending regulations entitled: **VR 530-01-1. Regulations of the Board of Pharmacy.** The purpose of the proposed action is to address the following issues:

1. Relaxing criteria for approved CE to allow courses approved by some other approval method, but which relate to pharmacy, pharmacology, or other drug or pharmacy related topic (e.g. Category I CME's which

# Notices of Intended Regulatory Action

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relate to drug therapy),

2. Amending fax regulation to include schedule II-V consistent with new federal regulations – have received petition for rulemaking (current regulation is particularly burdensome to pharmacies serving nursing homes and home infusion pharmacies),

3. Reducing the 30-day notice to the board for pharmacies which wish to close to a 15-day notice to be consistent with the 1994 statute change reducing the time for notice to the public,

4. Better regulation of the use of automated dispensing machines which are being used in current practice, but probably not in compliance with current regulations and law,

5. Considering amendments to address on-line transmission of prescriptions by practitioners to pharmacy and from one pharmacy to another pharmacy for copies,

6. Better regulation of satellite pharmacies in hospitals by possibly requiring a separate pharmacist in charge,

7. Changing definitions of storage temperatures consistent with new USP definitions,

8. Adding a specific requirement for the biennial inventory to be signed, dated, and designation made as to opening or closing of business,

9. Considering regulations setting standards for compounding sterile products,

10. Minor “housekeeping” amendments to correct errors from previous revisions, remove or amend provisions which are obsolete or inconsistent with some other prevailing law, regulation, contract, or procedure, as follows:

a. Replace the term “nursing homes,” still in some paragraphs, with “LTCF” and review whether the “LTCF” should have replaced “nursing homes” in § 11.2(9)

b. The number of destruction forms required for DEA is not consistent with federal requirements

c. DEA no longer accepts drugs for destruction

d. Change “employee” in § 12.1 D to “person” to cover college infirmaries and other situations other than industrial first aid rooms

e. Remove the “examination” portion of the current combination fee for “application and examination” since candidates for examination will directly pay the examination contractor the amount specified in contract

f. Make other nonsubstantive corrections or changes noted during process.

The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 54.1-2400, 54.1-3307, 54.1-3314.1, 54.1-3410 and 54.1-3434.

Public comments may be submitted until May 26, 1995.

**Contact:** Scotti W. Milley, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9911.

VA.R. Doc. No. R95-322; Filed March 1, 1995, 10:57 a.m.

## DEPARTMENT OF TRANSPORTATION (COMMONWEALTH TRANSPORTATION BOARD)

### Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Commonwealth Transportation Board intends to consider amending regulations entitled: **VR 385-01-8. Subdivision Street Requirements.** The purpose of the proposed action is to determine the necessity for revision of the current regulation in the (i) promotion of public welfare and safety; (ii) accommodation of changing conditions throughout the Commonwealth; (iii) fostering of Virginia's economic development; and (iv) response to SJR #61 as enacted by the 1994 Session of the General Assembly. The agency intends to hold a public hearing on the proposed regulation after publication.

Statutory Authority: §§ 33.1-12, 33.1-69, and 33.1-229 of the Code of Virginia.

Public comments may be submitted until April 5, 1995.

**Contact:** James S. Givens, State Secondary Roads Engineer, Department of Transportation, 1401 E. Broad St., Richmond, VA 23219, telephone (804) 786-2746 or FAX (804) 786-2603.

VA.R. Doc. No. R95-298; Filed February 15, 1995, 10:15 a.m.

## BOARD OF VETERINARY MEDICINE

### † Notice of Intended Regulatory Action

Notice is hereby given in accordance with this agency's public participation guidelines that the Board of Veterinary Medicine intends to consider amending regulations entitled: **VR 645-01-1. Regulations Governing the Practice of Veterinary Medicine.** The purpose of the proposed action is to reduce fees in accordance with § 54.1-113 of the Code of Virginia. A public hearing will be scheduled if, during the 30-day comment period, the board receives

# Notices of Intended Regulatory Action

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requests for a hearing from at least 25 persons.

Statutory Authority: §§ 54.1-113 and 54.1-2505 of the Code of Virginia.

Written comments may be submitted until April 20, 1995.

**Contact:** Elizabeth Carter, Executive Director, Board of Veterinary Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9915.

V.A.R. Doc. No. R05-311; Filed February 27, 1995, 4:35 p.m.



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# PROPOSED REGULATIONS

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For information concerning Proposed Regulations, see information page.

## Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates proposed new text. Language which has been stricken indicates proposed text for deletion.

### DEPARTMENT OF CORRECTIONS (BOARD OF)

#### Title of Regulations: VR 230-30-001. Minimum Standards for Jails and Lockups.

Statutory Authority: §§ 53.1-5, 53.1-68, 53.1-131 and 53.1-133.01 of the Code of Virginia.

Public Hearing Date: April 19, 1995 - 10 a.m.

Written comments may be submitted until May 20, 1995.

(See Calendar of Events section for additional information.)

Basis: Section 53.1-68 of the Code of Virginia directs the Board of Corrections to establish minimum standards for the construction, equipment, administration and operation of local correctional facilities. This section also authorizes the Board of Corrections to establish minimum standards for the construction, equipment, and operation of lockups. Section 53.1-131 directs the Board of Corrections to prescribe regulations governing work release, educational release, and other rehabilitative release programs.

Also, the Board of Corrections is authorized to monitor the activities of the department and its effectiveness in implementing the standards and goals of the board as specified in § 53.1-5 of the Code of Virginia.

Finally, § 53.1-133.01 allows localities to establish medical treatment programs in which inmates pay a portion of the costs.

Purpose: The purpose of these amendments is to act upon the Board of Corrections' and the Department of Corrections' continuing review and findings of the administration and programs in local jails and lockups. Specifically, the changes aim to strengthen safety and inmate supervision, offer local jail and lockup management more flexibility in daily operations, and lend to the standards' overall clarity, consistency, and organization. Also, standards have been added as a result of the 1994 General Assembly Session, and as a result of some recommendations from a recent JLARC study.

#### Substance:

##### A. Many of the changes are technical in nature:

1. The definition of "state offender" was changed to be consistent with the meaning in the Code of Virginia.
2. Concerning release programs, the word "release" is

added after educational and rehabilitative programs to clarify that the standards only apply to educational release and rehabilitative release programs, not general educational and rehabilitative programs.

3. Titles are provided for each section, as in compliance with the Virginia Register Form, Style, and Procedure Manual.

4. Where written policies are required throughout the standards, the proposed amendments also stipulate that procedure and practice also comply with the standards.

5. The existing Part IX (Work Release, Educational Release, and other Rehabilitative Standards) has been moved to Part IV, as a part of Jail Programs and Services.

6. Other minor organizational and grammatical changes have been made to the standards.

##### B. Other proposed changes to the standards are substantive in nature:

1. Under § 2.2, the facility's policy and procedures manual is required to be reviewed and updated every 12 months.

2. Under § 3.5, jail administrators are now required to submit a report concerning deaths, escapes, discharging firearms, or other similar incidents. This new requirement is consistent with the existing requirement for lockup administrators.

3. Under § 3.7, nine calendar days defines a reasonable time limit for responding to grievances.

4. Under § 4.4, there is a requirement for a daily inmate count, as opposed to a periodic inmate count, for work release, educational release, and other rehabilitative release programs.

5. An existing requirement that educational release or rehabilitative release programs be approved or accepted in the community has been deleted.

6. An existing requirement that furloughs shall not exceed three days has been deleted.

7. Section 4.17 clarifies the screening of reading materials.

8. Section 4.18 clarifies the requirements for the

availability of commissary services.

9. Section 4.24 specifies items to be included in the medical screening. These items were suggested by a recent JLARC report.

10. Section 4.25 sets additional standards for communicable disease control. These items were also suggested by a recent JLARC report.

11. Section 4.27 requires written policy, procedure and practice for the proper management of pharmaceuticals. This item was also suggested by a recent JLARC report.

12. Section 4.32 establishes a suicide prevention and intervention plan.

13. Article 7 of Part IV establishes a medical treatment program in which prisoners pay a portion of the costs. These new standards are authorized by § 53.1-133.01 of the Code of Virginia.

14. Section 4.38 clarifies that medical or dental diets must be prescribed by an appropriate physician.

15. Section 4.45 has been changed so that legal mail is included in the inmate's postage allowance.

16. Section 4.51 allows attorneys to have confidential visits with their clients.

17. Section 5.11 requires a receipt for the return of inmate property and funds.

18. Section 5.13 3 b adds more flexibility for managing an inmate during a disciplinary charge.

19. Sections 5.17 A and 6.10 clarify that personnel who carry either firearms or ammunition shall not be assigned positions which are accessible to inmates and that firearms and ammunition shall be accessible to authorized personnel only.

20. Section 5.34 requires that no obstruction be placed in the bars or windows that would interfere with the ability of jail staff to view inmates or the entire housing area. This recommendation is also from a recent JLARC report.

21. Section 5.35 requires that institution inspections be documented.

22. Section 5.38 requires that plans for emergency situations shall be reviewed and documented on a semiannual basis.

23. Section 6.2 requires that staff review fire prevention practices on a semiannual basis.

24. Section 6.6 allows pest control services to be

performed by any certified personnel, in lieu of professional pest control personnel.

25. Part VIII concerning juveniles has been deleted, as regulations concerning juveniles are no longer under the jurisdiction of the Board of Corrections.

26. Section 7.4 requires that documentation of weekly inspections be performed.

27. Section 7.11 clarifies that a permanent log must be maintained on disclosable medical activities.

28. Section 7.14 requires that, for lockups, a serious incident report must be made to the appropriate regional office.

Issues: Advantages: The proposed amendments should be beneficial to jails and lockups, the department, offenders confined to local jails and lockups, and to the community. The proposed amendments should be more understandable to jail and lockup administrators, where standards have been clarified or reformatted; e.g., defining a reasonable time for responding to grievances; clarifying the availability of commissary services; and addressing work release standards within the context of jail programs. Many of the proposed amendments should offer management more flexibility; e.g., localities would no longer be required to have community approval for educational release and rehabilitative release programs; jails would no longer need to pay for professional pest control services if certified personnel is available; and new circumstances are proposed for when an inmate's disciplinary charge is heard in the inmate's presence. Enhanced safety and inmate supervision standards, such as the proposed requirement for a suicide prevention and intervention plan, and requiring inspections of inmate housing areas with no less than 20 minute intervals, should benefit offenders, localities, and the community. Facilities which elect to participate in the medical treatment programs in which inmates pay a portion of the costs may be able to manage better their demand for sick call by inmates. Also, the copayments required of inmates may offset the cost of incarceration.

Disadvantages: The proposed amendments should place minimal disadvantages upon the localities. More staff time would be required for reviewing emergency and fire plans on a semiannual basis, submitting reports on serious incidents, and developing a suicide prevention plan. For facilities which choose to establish a medical copayment plan, time and resources will be required to set up the program. Program set up may include notification to inmates, changing procedures dealing with inmate accounts, and training of personnel on the new procedures. Also, the new requirements for medical screening items and communicable disease control may require additional forms and more time by physicians to complete the assessments if these items have not been conducted in the past.

# Proposed Regulations

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**Impact:** These amended standards will directly affect 95 jails (including nine regional jails) and 19 lockups in Virginia in terms of complying with amended requirements. At least 67 of these facilities have some type of work release programs subject to the work release portion of the standards. No jail, lockup, or work release program should be particularly affected more so than others.

The Department of Corrections will need to adjust auditing and review criteria to conform with the amended standards. Extra staff time may be needed to review audit materials, and to receive and review additional reports.

The amendments should not place additional costs upon the localities. If a locality chooses to participate in a medical copayment program, the locality may experience some offset of incarceration costs. Possible revenues are difficult to predict because such programs are relatively new in the United States. As an example, Alabama's Mobile County Metro Jail collected \$7,649.60 in inmate copayments for medical services during FY 1993. During that same year, total medical charges were \$18,924.58, for a 40% recovery. This jail applied a \$10 copayment for doctor visits, dental visits, and sick call visits, and a \$3.00 fee for prescriptions.

## Summary:

*The amendments to the Minimum Standards for Jails and Lockups alter the requirements for administration and programs in jails and lockups, and are based on a board committee review of the implementation and application of the standards. In summary, the changes are directed toward: offering more flexibility in terms of population management; strengthening requirements where inmate supervision and general safety is a concern; rearranging portions of the standards to enhance clarity, organization, and consistency among standards; responding to Code changes from the 1994 General Assembly; and incorporating recommendations from a recent Joint Legislative Audit and Review Commission study.*

*Amendments to this regulation were proposed and published in 10:16 V.A.R. 4187-4202 May 2, 1994. The proposal was withdrawn on November 16, 1994. Please review the Basis, Purpose, Substance, and Issues statement for the substance of the proposed changes.*

VR 230-30-001. Minimum Standards for Jails and Lockups.

## PART I. INTRODUCTION.

### Article I. Definitions.

#### § 1.1. Definitions.

The following words and terms when used in these

regulations shall have the following meaning unless the context clearly indicates otherwise:

*"Administrative segregation"* means a form of ~~segregation~~ separation from the general population when the continued presence of the inmate in the general population would pose a serious threat to life, property, self, staff or other inmates, or to the security or orderly running of the institution. Inmates pending investigation for trial on a criminal act or pending transfer can also be included.

*"Annually"* means an action performed each calendar year.

*"Appeal"* means the procedure for review of an action by a higher authority.

*"Appropriate heating"* means temperatures appropriate to the summer and winter comfort zones. Heat shall be evenly distributed in all rooms so that a temperature no less than 65°F is maintained. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided when the temperature exceeds 85°F.

*"Appropriate lighting"* means at least 20 footcandles at desk level and in personal grooming area.

*"Audit"* means the determination of facility compliance with standards through an examination of records and operations by a team of qualified professionals.

*"Certification"* means an official approval by the Board of Corrections which allows a facility to operate.

*"Chief executive"* means the elected or appointed individual who by law or position has the overall responsibility for the facility's administration and operation.

*"Classification"* means the process for determining inmate housing, custody and program assignments.

*"Communication system"* means a mechanical audio transmission such as telephone, intercom, walkie talkie or T.V. monitor.

*"Contraband"* means any item possessed by inmates or found within the jail or lockup which is illegal by law or not specifically approved for inmate possession by the administrator of the facility.

*"Daily log"* means a written record for the recording of daily activities or unusual incidents.

*"Department"* means the Department of Corrections.

*"Detainee"* means any person confined but not serving a sentence.

*"Director"* means the Director of the Department of

# Proposed Regulations

## Corrections.

"Disciplinary detention" means the separation of an inmate from the general population for major violations of conduct or regulations.

"Facility" means the actual physical setting in which a program or agency functions.

"Fire prevention practices" means the activities and written procedures utilized and rehearsed to ensure the safety of staff, inmates and public.

"Fire safety inspection" means an inspection conducted by the Office of State Fire Marshal or local fire department.

"Grievance procedure" means the method by which inmates may formally address complaints to the facility administration.

"Health care personnel" means individuals whose primary duties are to provide health services to inmates.

"Health inspection" means an inspection conducted by the local or state Department of Health.

"Impartial officer or committee" means individual(s) who are unbiased and are not directly involved in the particular incident or situation being reviewed.

"Indigent inmate" means an inmate who has no financial means to purchase personal hygiene items or postage for mailing letters.

"Inmate handbook" means a manual, pamphlet or handout which contains information describing inmate activities and conduct.

"Inmate records" means written information concerning the individual's personal, criminal and medical history, behavior and activities while in custody.

"Impartial officer or committee" means individual(s) who are unbiased and are not directly involved in the particular incident or situation being reviewed.

"Juvenile" means a person less than 18 years of age.

"Legal mail" means mail addressed to or received from an attorney or court.

"Local offender" means an individual who has a conviction but who is not a state offender in accordance with § 53.1-20 of the Code of Virginia.

"Lockup" means a temporary detention facility where detainees are held for not more than 12 hours.

"Major violations" means those institutional violations for which an inmate may be punished either by being placed

in disciplinary detention or by losing statutory good time.

"Medical screening" means an observation and interview process within the booking procedure designed to obtain pertinent information regarding an individual's medical or mental health condition.

"Major violations" means those institutional violations for which an inmate may be punished either by being placed in disciplinary detention or by losing statutory good time.

"Minor violations" means those institutional violations punishable by less severe sanctions such as reprimand or loss of privileges.

"Permanent log" means a written record of a facilities' activities which cannot be altered or destroyed subject to state law.

"Pharmaceuticals" means prescription and nonprescription drugs.

"Policy and procedures manual" means a written record containing all policies and procedures needed for the operation of the facility in accordance with the law and the minimum standards for local jails and lockups.

"Post order" means a list of specific job functions and responsibilities required of each duty position.

"Program" means the plan or system through which a correctional agency works to meet its goals; often the program requires a distinct physical setting.

"Protective custody" means a form of separation from the general population for inmates requesting or requiring protection from other inmates.

"Quarterly" means an action which occurs once every three months within a calendar year.

"Recreational activities" means any out-of-cell activity ranging from scheduled outside or inside recreation to informal table top games.

"Semi-annual" means an action occurring once every six months within a calendar year.

"State offender" means an individual sentenced to a term of incarceration in a state correctional facility excess of two years in accordance with § 53.1-20 of the Code of Virginia. For the purpose of §§ 4.10 and 4.11 relative to work release, educational release or rehabilitative release, a state offender shall be defined in terms of the intake schedule pursuant to § 53.1-20 of the Code of Virginia.

"Volunteer" means an individual who provides services to the detention facility without compensation.

Article 2.  
Legal Base.

# Proposed Regulations

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~~§ 1.2. The Code of Virginia is the foundation for the development of Minimum Standards for Local Jails and Lockups. Section 53.1-68 of the Code of Virginia directs the State Board of Corrections to establish minimum standards for the construction, equipment, administration and operation of local correctional facilities. This Code section also authorizes the Board of Corrections to establish minimum standards for the construction, equipment and operation of lockups.~~

~~§ 1.3. Section 53.1-131 of the Code of Virginia directs the State Board of Corrections to prescribe regulations governing work release, educational and other rehabilitative programs.~~

~~§ 1.4. The State Board of Corrections is authorized to monitor the activities of the department and its effectiveness in implementing the standards and goals of the board as specified by § 53.1-5 of the Code of Virginia.~~

## ~~Article 3. Administration.~~

~~§ 1.5. § 1.2. Responsibility.~~

The primary responsibility for application of these standards shall be with the sheriff or chief executive officer of the jail or lockup.

## PART II. JAIL ADMINISTRATION.

### Article 1. Philosophy, Goals and Objectives.

§ 2.1. *Requirement for written statement.*

The facility shall have a written statement discussing its philosophy, goals and objectives.

### Article 2. Policies and Procedures.

§ 2.2. *Policy and procedures manual.*

Written policy and procedures shall be maintained in a manual and shall be available 24 hours a day to all staff. *The facility's policy and procedures manual shall be reviewed every 12 months by the administration and updated to keep current with changes.*

§ 2.3. *Chief executive officer.*

Written policy shall provide that each facility shall be headed by a single chief executive officer to whom all employees and functional units are responsible.

§ 2.4. *Annual report.*

A written annual report of the availability of services and programs to inmates in a facility shall be reviewed

and provided to the sentencing courts and may be provided to relevant community agencies.

## PART III. MANAGEMENT INFORMATION.

### Article 1. Release of Information.

§ 3.1. *Release of information.*

Written policies and procedures covering the release of information shall be developed in accordance with the rules and Regulations *Relating to Criminal History Record Information Use and Security (VR 240-02-01)*, as promulgated by the Criminal Justice Services Board and the Virginia Plan for the Privacy and Security of Criminal History Record Identification .

### Article 2. Inmate Records.

§ 3.2. *Current and accurate inmate records.*

Written policy and procedures , *procedure and practice* shall ensure that inmate records are current and accurate.

§ 3.3. *Content of personal inmate records.*

Personal records shall be maintained on all inmates committed or assigned to the facility. These records shall contain, but not be limited to ; the :

1. ~~Inmates~~ Inmate data form;
2. Commitment form ~~and~~ or court order , or both ;
3. Records developed as a result of classification;
4. All medical orders issued by the ~~facilities~~ facility's physician;
5. All disciplinary actions, or unusual incidents;
6. Work record and program involvement; and
7. Copies of inmates' property expenditure records and receipts.

### Article 3. Facility Logs and Reports.

§ 3.4. *Daily logs.*

The facility shall maintain a daily log(s) which records the following information:

1. Inmate count and location;
2. Intake and release of inmates;

3. Entries and exits of physicians, attorneys, ministers, and other nonfacility personnel; ~~and~~

4. Any unusual incidents such as those that result in physical harm to or threaten the safety of any person, or the security of the facility.

### § 3.5. *Serious incident report.*

*A report setting forth in detail the pertinent facts of deaths, escapes, discharging firearms, or similar serious incidents shall be reported to the appropriate regional administrator, Department of Corrections, or designee. The initial report should be made within 24 hours with a full report submitted at the end of the investigation.*

### Article 4. Classification.

### § ~~3.5.~~ § 3.6. *Classification.*

Written policy ~~and~~ procedures , *procedure and practice* shall ensure the following:

1. Classification of inmates as to level of housing assignment and participation in correctional programs;
2. Separate living quarters for males, females, and juveniles;
3. ~~Prohibition of segregation of inmates~~ *Inmates are not segregated* by race, color, creed or national origin;
4. Security permitting, equal access to all programs and activities, through separate scheduling, or other utilization of combined programs under supervision; *and*
5. ~~The proper release of inmates; and~~
5. Any exception to the above to be documented in writing.

### Article 5. Grievance Procedure.

### § ~~3.6.~~ § 3.7. *Written grievance procedure.*

A written grievance procedure shall be developed and made available to all inmates with the following elements:

1. Grievance shall be responded to within a ~~prescribed reasonable time limit~~ *nine calendar days of receipt* ;
2. Written responses including the reason for the decision shall be made to all grievances;
3. A review shall be made by someone not directly involved in the grievance; ~~and~~
4. All inmates shall have access to the procedures

with guaranty against reprisal ; *and*

5. All inmates ~~must~~ *shall* be afforded the opportunity to appeal the decision.

### PART IV. JAIL PROGRAMS AND SERVICES.

### Article 1. Inmate Participation.

### § 4.1. *Awareness of programs.*

The facility administrator *or designee* shall make each inmate aware of available programs.

### § 4.2. *Inmate participation.*

Written policy ~~and~~ procedures , *procedure and practice* shall:

1. Provide inmates access to recreational activities consistent with health and security regulations;
2. Provide all inmates access to regular physical exercise;
3. Specify eligibility for work assignments; *and*
4. Govern the administration of local work programs ;
5. ~~Govern the administration of local work or education release programs if applicable.~~

Any exception to the above shall be documented in writing.

### Article 2. Work Release, Educational Release and Other Rehabilitative Release Programs.

### § 4.3. *Written procedures for eligibility criteria.*

*Written procedures outlining the eligibility criteria for participation in a work release, educational release or rehabilitation release program shall be developed by each facility with a work release, educational or rehabilitation program. Offenders shall meet the established eligibility requirements prior to being released to participate in the program.*

### § 4.4. *Written procedures for accountability of participants.*

*Written procedures shall ensure the accountability of participants and provide for supervision in the community. Such procedures shall include at a minimum:*

1. *Provisions for a daily inmate count;*
2. *Methods for determining and identifying inmates*

# Proposed Regulations

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who are authorized to leave the facility;

3. Provisions for a controlled sign-out and sign-in process; and

4. Methods of verifying the inmate's location within the community, both by telephone and random field visits.

§ 4.5. Conditions for offender participation in a work release program.

Offender participation in a work release program shall conform to the following specific conditions unless ordered otherwise by an appropriate court.

1. Participation by the inmate shall be on a voluntary basis.

2. The following conditions shall be met where the employer has a federal contract.

a. Representatives of local union central bodies or similar labor union organizations shall have been consulted;

b. Employment shall not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for services; and

c. Rates of pay and other conditions of employment shall not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.

§ 4.6. Conditions for offender participation in educational release or rehabilitative release program.

Offender participation in an educational release or rehabilitative release program shall conform to the following specific conditions unless ordered otherwise by an appropriate court.

1. Participation by the inmate may be voluntary or court ordered;

2. Meetings or classes shall be on a regularly scheduled basis; and

3. Other conditions shall not be more restrictive on the offender than those required by other participants.

§ 4.7. Furlough.

Participants in the work release, educational release or rehabilitative release programs may be considered for furlough. Written procedures shall govern the granting of furloughs, in accordance with the provisions of §§ 53.1-37 and 53.1-132 of the Code of Virginia.

§ 4.8. Earnings.

Written procedures shall be developed to ensure the accountability of all earnings received, disbursed, to whom and reason on behalf of the participant. Procedures shall be in accordance with § 53.1-131 of the Code of Virginia.

§ 4.9. Removing participants from program.

Written procedures shall establish the criteria and process for removing a participant from the program.

1. Procedures shall include provisions for an impartial hearing for the participant.

2. Procedures shall include provisions for the appeal of the removal.

3. Documentation shall reflect that this information was explained to all participants when they were assigned to the program.

§ 4.10. Written agreement with director.

Each facility having a work release, educational release or rehabilitation release program that includes state offenders as defined in § 53.1-20 of the Code of Virginia shall have a written agreement with the director.

§ 4.11. Offender participation in compliance with appropriate criteria and approval.

State offenders assigned to a work release, educational release or rehabilitation release program shall meet the Department of Corrections work release criteria and be approved by the department's Central Classification Board and the department's management review process pursuant to a written agreement as provided for in accordance with § 53.1-131 of the Code of Virginia.

## Article 2. 3.

### Religious, Social and Volunteer Services.

~~§ 4.3.~~ § 4.12. Participation in religious services or counseling.

Written policy and procedures, procedure and practice shall allow inmates to participate voluntarily in available religious services or counseling of their choice during scheduled hours within the facility.

§ 4.4. § 4.13. Social services and volunteer programs.

The facility shall secure and support social services and volunteer programs from the community. Where volunteers provide direct services to inmates in the facility there shall be written policies and procedures shall describe each available service or program. The facility shall secure and support social services and volunteer programs from the community.

# Proposed Regulations

~~§ 4-5.~~ § 4.14. *Coordination of volunteer program.*

The volunteer program shall be coordinated and administered in accordance with written policies and procedures. Each volunteer shall sign a statement agreeing to abide by facility rules and regulations.

Article ~~3.~~ 4.  
Education and Library Services.

~~§ 4-6.~~ § 4.15. *Availability and administration of educational services.*

Written policy ~~and procedures~~, *procedure and practice* shall govern the availability and administration of educational services for inmates. The facility administrator shall coordinate and cooperate with local authorities for the provision of local community services and resources utilized for this purpose where they are available.

~~§ 4-7.~~ § 4.16. *Provisions of reading materials.*

The facility shall provide reading materials which include current periodicals (not more than one year old).

~~§ 4-8.~~ § 4.17. *Permission of reading materials.*

Reading materials, including newspapers, magazines and books, shall be permitted in the jail unless the material poses a threat to security or is not in compliance with other jail restrictions or guidelines.

Article 4. 5.  
Commissary.

~~§ 4-9.~~ 4.18. *Commissary services.*

The facility shall make available to inmates commissary services where they may purchase from an approved list of items at a minimum of one time per week. *Written policy and procedure shall describe the circumstances and duration under which inmates may be restricted from this privilege.*

Article 5. 6.  
Medical Services.

~~§ 4-10.~~ 4.19. *Licensed physician.*

A licensed physician shall supervise the facility's medical and health care services.

~~§ 4-11.~~ 4.20. *Restrictions on physician.*

No restrictions shall be imposed on the physician by the facility in the practice of medicine; however, administrative and security regulations applicable to facility personnel shall apply to medical personnel as well.

~~§ 4-12.~~ 4.21. *Licensing and certification of health care personnel.*

Health care personnel shall meet appropriate and current licensing or certification requirements.

~~§ 4-13.~~ 4.22. *Private examination and treatment of inmates.*

Where in-house medical and health care services are provided there shall be space for the private examination and treatment of inmates.

~~§ 4-14.~~ 4.23. *Twenty-four-hour emergency medical care.*

Written policy shall provide 24-hour emergency medical care availability.

~~§ 4-15.~~ 4.24. *Receiving and medical screening of inmates.*

Written policy ~~and~~, *procedure and practice* shall provide that receiving and medical screening be performed on all inmates upon admission to the facility. *The medical screening shall:*

1. *Specify assessment of current illnesses, health problems and conditions, and past history of infections or communicable diseases;*
2. *Specify assessment of current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal disease;*
3. *Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicidal tendencies, and skin condition; and*
4. *For female inmates, include inquiry into possible pregnancy or gynecological problems.*

~~§ 4-16.~~ 4.25. *Inmate access to medical services.*

Written procedures shall be developed whereby inmates can be informed, at the time of admission to the facility, of the procedures for gaining access to medical services. *To ensure communicable disease control, the facility shall:*

1. *Develop communicable disease screening items for inclusion on medical screening forms;*
2. *Review, by the facility's medical authority, communicable disease screening procedures and subsequent documentation at least every 12 months;*
3. *Develop procedures for communicable disease testing in jails; and*
4. *Train jail staff in the identification and transmission of communicable diseases and in identification of hazardous conditions that may facilitate the spread of disease.*

~~§ 4-17.~~ 4.26. *Training and competency of staff.*



# Proposed Regulations

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All staff involved in security shall be trained and competent in rendering basic first aid equivalent to that defined by the American Red Cross in its use in emergency care procedures. Further, there shall be at least one person per shift who is competent in administering basic life support cardiopulmonary resuscitation (CPR).

~~§ 4.18.~~ 4.27. *Management of pharmaceuticals.*

Written standard operating procedures for the management of pharmaceuticals shall be established and approved by the facility's physician or pharmacist. *Written policy, procedure and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. Such procedures shall be reviewed every 12 months.*

~~§ 4.19.~~ 4.28. *Inmate medical record.*

The medical record for each inmate shall include:

1. The completed receiving screening form; and
2. All findings, diagnoses, treatment, dispositions, prescriptions, and administration of medication.

~~§ 4.20.~~ 4.29. *Transfer of summaries of medical record.*

Summaries of the medical record file shall be forwarded to the facility to which the inmate is transferred.

~~§ 4.21.~~ 4.30. *Medical or pharmaceutical testing for experimental or research purposes.*

Written policy and practice shall prohibit medical or pharmaceutical testing for experimental or research purposes.

~~§ 4.22.~~ 4.31. *Medical care provided by personnel other than physician.*

Medical care performed by personnel other than a physician shall be pursuant to a written protocol or order.

§ 4.32. *Suicide prevention and intervention plan.*

*There shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and reviewed every six months by all staff. The six-month reviews shall be documented.*

Article 7.

*Medical Treatment Programs in which Prisoners Pay a Portion of the Costs.*

§ 4.33. *Applicability of medical treatment program standards.*

*Sections 4.34, 4.35 and 4.36 apply only to those facilities which have established a medical treatment program in which prisoners pay a portion of the costs per § 53.1-133.01 of the Code of Virginia.*

§ 4.34. *Written policy and procedure required; fees; minimum requirements.*

A. *Jail medical treatment programs wherein inmates pay a portion of the costs for medical services shall be governed by written policy and procedure.*

B. *Inmate payment for medical services shall be in accordance with set fees based upon only a portion of the costs of these services.*

C. *Written policy and procedure shall specify, at a minimum, the following information:*

1. *Medical services which are subject to fees;*
2. *Fee amounts;*
3. *Payment procedures;*
4. *Medical services which are provided at no cost;*
5. *Fee application to medical emergencies, chronic care and pre-existing conditions; and*
6. *Written notification to inmates of proposed fee changes.*

§ 4.35. *Payment.*

A. *Inmates shall be advised of medical service fees and payment procedures at the time of admission/orientation.*

B. *Written policy, procedure and practice shall provide that no inmate will be denied access to medical services based upon ability to pay.*

C. *Medical service fee debits to inmate accounts shall be acknowledged by the inmate in writing.*

§ 4.36. *Accounting process.*

*A separate bank account, or accounting process, shall be established and used exclusively for the deposit and disbursement of medical service fees. Fee collections and disbursements shall be governed by generally accepted accounting principles.*

Article 8.  
Food Services.

~~§ 4.23.~~ 4.37. *Standards for food service equipment and personnel.*

*Written policy and procedures, procedure and practice shall ensure that the facility's food service equipment and*

personnel meet the established safety and protection standards and requirements as set forth by the State Board of Health's rules and regulations governing restaurants and the requirements by the Virginia Department of Corrections.

§ ~~4.24.~~ 4.38. *Food service program.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure that:

1. The menu meets the dietary allowances as stated in the Recommended Dietary Allowances, National Academy of Sciences;
2. There is at least a one-week advance menu preparation; and
3. Modifications in menus are based on inmates' medical or reasonable religious requirements. *Medical or dental diets shall be prescribed by an appropriate physician.*

§ ~~4.25.~~ 4.39. *Meals served under direct supervision of staff.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure meals are served under the direct supervision of staff.

§ ~~4.26.~~ 4.40. *Records of meals served.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure a food service program that meets the requirements as set forth by the Virginia Department of Corrections which shall ensure that records of meals served are kept for a minimum of three years.

§ ~~4.27.~~ 4.41. *Food service program not a disciplinary measure.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure a food service program that is not used as a disciplinary measure and meets the requirements as set forth by the Virginia Department of Corrections.

§ ~~4.28.~~ 4.42. *Number and spacing of meals.*

Written policy ~~and procedures~~, *procedure and practice* shall provide for at least three meals daily with no more than 14 hours between evening meal and breakfast, and a minimum of two hot meals within every 24 hours.

Article 7. 9.  
Mail.

§ ~~4.20.~~ 4.43. *Correspondence privileges.*

Written policy ~~and procedures~~ governing inmate ~~correspondence~~, *procedure and practice* shall ensure that all inmates, regardless of their jail status, shall be afforded the same correspondence privileges; correspondence privileges shall not be withdrawn as punishment.

§ ~~4.30.~~ 4.44. *Volume and content of inmate mail.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure that there is no limit on the volume of letter mail an inmate may send or receive, or on the length, language, content or source of such letter mail, except where there is clear and convincing evidence to justify such limitations.

§ ~~4.31.~~ 4.45. *Postage allowance.*

Written policy ~~and procedures~~, *procedure and practice* shall make available, when requested by an indigent inmate (*as defined by local jail policy*), a postage allowance of not more than five first-class rate (one ounce) letters per week, ~~not counting~~ including legal mail.

§ ~~4.32.~~ 4.46. *Outgoing and incoming letters.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure that outgoing letters shall be collected and sent daily except Saturdays, Sundays, and holidays. Incoming letters to inmates shall be delivered no later than 24 hours after arrival at the facility or shall be ~~promptly~~ forwarded or returned to sender.

§ ~~4.33.~~ 4.47. *Reading of inmate mail.*

Inmate mail shall not be read except where there is reasonable suspicion that a particular item of correspondence threatens the safety or security of the institution, or the safety of any person, or is being used for furtherance of illegal activities.

§ ~~4.34.~~ 4.48. *Notice of seizures of mail contraband.*

Written policy ~~and procedures~~, *procedure and practice* shall assure that notice of the seizures of mailed contraband be given to the inmate and the sender together with the written reason for the seizure. The sender shall be allowed the opportunity to appeal and challenge the seizure before the facility administrator or a designee empowered to reverse seizure. Unless it is needed for a criminal investigation or prosecution, property which can legally be possessed outside the facility shall be stored, returned to sender or destroyed, as the inmate desires.

Article 8. 10.  
Telephone.

§ ~~4.35.~~ 4.49. *Access to telephone facilities.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure inmates reasonable access to telephone

# Proposed Regulations

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facilities.

§ ~~4.36~~. 4.50. *Delivery of emergency messages to inmates.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure that emergency messages to inmates are delivered promptly and recorded. When possible, the jail chaplain shall be notified of an immediate family member's death or serious illness.

## Article ~~9~~. 11. Visiting.

§ ~~4.37~~. 4.51. *Visiting opportunities.*

Written policy ~~and procedures~~, *procedure and practice* shall ensure maximum visiting opportunities limited only by facility schedules, space ~~and~~, personnel constraints *and inmate disciplinary status. Attorneys shall be permitted to have confidential visits with their clients.*

§ ~~4.38~~. 4.52. *Approved items which visitors may bring into facility.*

The facility shall have a list of approved items which visitors may bring into the facility. Items brought into the facility by visitors for inmates shall be subject to inspections and approval.

§ ~~4.39~~. 4.53. *Requirements of visitor registration and visitor searches.*

Written policy ~~and procedures~~, *procedure and practice* shall specify requirements for visitor registration and the circumstances and methods under which visitors may be searched.

## PART V. JAIL OPERATIONS.

### Article 1. Reception and Orientation.

§ 5.1. *Admitting individuals into jail.*

Written policy ~~and procedures~~, *procedure and practice* for admitting individuals into the jail shall address the following:

1. Verification of commitment;
2. Complete search of the individual and his possessions;
3. Disposition of clothing and personal possessions;
4. Interview for obtaining identifying data;
5. Photograph; and
6. Telephone calls.

§ 5.2. *Inmates confined to jail.*

Written policy ~~and procedures~~, *procedure and practice* for those inmates to be confined in the jail shall address the following:

1. Shower/search;
2. Issue of clean clothing/hygiene items/linen;
3. Classification and housing assignment; and
4. Orientation.

§ 5.3. *Telephone calls during the booking process.*

Written policy ~~and procedures~~, *procedure and practice* shall specify that newly admitted inmates who are physically capable are permitted to complete at least two local or ~~eight~~ long-distance telephone calls during the *admissions booking process.*

### Article 2. Linen and Clothing.

§ 5.4. *Requirements for linens and towels.*

Written policy ~~and~~, *procedure and practice* shall provide that a record be kept to show that clean linen and towels be supplied once a week, a clean change of clothing be provided twice a week and inmates shall be held accountable for their use.

§ 5.5. *Issuance of special and protective clothing.*

The facility shall provide for the issuance of special and protective clothing to inmates assigned to food services, farm, sanitation, mechanical services, and other special work functions.

### Article 3. Bathing and Hygiene.

§ 5.6. *Bathing.*

There shall be sufficient hot and cold water for bathing. Each inmate shall be required to bathe twice a week.

§ 5.7. *Provision of hygiene articles.*

The facility shall provide soap, a toothbrush, and toothpaste or toothpowder to each inmate upon admission to the general population. Notwithstanding security considerations, shaving equipment, including a mirror, and haircuts shall be made available, and hygiene needs of all inmates shall be met.

### Article 4. Inmate Money and Property Control.

§ 5.8. *Items inmates may retain.*

Written policy and procedures shall state what items the inmate may retain in his possession.

## § 5.9. *Inventory of cash and personal property.*

A written itemized inventory of cash and personal property of each inmate shall be made at the time of initial booking. A signed copy shall be furnished the inmate.

## § 5.10. *Accounting of inmate expenditures and receipts of money.*

An itemized account shall be maintained of each inmate's expenditures and receipts of money while in the facility and acknowledged by the inmate in writing.

## § 5.11. *Return of inmate property and funds.*

Inmate's property and funds shall be returned to him upon his release or transfer and ~~acknowledged~~ *received* for by the inmate in writing.

## Article 5. Inmate Conduct and Discipline.

### § 5.12. *Conduct.*

Written policy and procedures shall govern inmate conduct and shall include:

1. Rules of conduct;
2. Definition of major and minor violations; and
3. Prohibition of the use of food as a disciplinary measure.
4. Upon assignment to general inmate housing, inmates shall *be informed of, receive, and sign for* a copy of inmate conduct rules and policy and procedures governing inmate conduct.

### § 5.13. *Discipline.*

Written policy ~~and procedures~~, *procedure and practice* shall govern the reporting and disposition of disciplinary infractions by inmates and shall include:

1. Procedures and provisions for pre- and post-disciplinary detention of inmates; and
2. Procedures for handling minor violations:
  - a. The accused inmate ~~is~~ *shall be* given written notice of the charge and the factual basis for it;
  - b. The accused inmate shall have an opportunity to explain or deny the charge;
  - c. The accused inmate shall be given a written

statement by the fact finders as to the evidence relied upon and the reasons for the disciplinary action;

d. The accused inmate shall have an opportunity to appeal any finding of guilt to the facility administrator *or designee*; and

### 3. Procedures for handling major violations:

a. The accused inmate ~~is~~ *shall be* given written notice of the charge and the factual basis for it at least 24 hours prior to the hearing of the charge;

b. The charge ~~is~~ *shall be* heard in the inmate's presence by an impartial officer or committee, *unless that right is waived in writing by the inmate or through the inmate's behavior. The accused inmate may be excluded during the testimony of any inmate whose testimony must be given in confidence. The reasons for the inmate's absence or exclusion shall be documented*;

c. The accused inmate ~~is~~ *shall be* given an opportunity to have the assistance of a staff member or fellow inmate in defending the charge;

d. Witness statements and documentary evidence ~~will~~ *shall* be permitted in his defense;

e. The accused inmate shall be given a written statement by the fact finders as to the evidence relied upon and the reasons for the disciplinary action; and

f. The accused inmate ~~is~~ *shall be* permitted to appeal any finding of guilt to the facility administrator *or designee*.

## Article 6. Security.

### § 5.14. *Post to control security of jail.*

The facility shall maintain a designated post, manned 24 hours a day, that controls activities and flow of people in and out of the secure area of the jail.

### § 5.15. *Security of outside recreation.*

The facility's outside recreation area shall be secure so that inmates shall not have physical access to the general public without authorization.

### § 5.16. *Security of entrances and doors.*

Written policy ~~and procedures~~, *procedure and practice* shall require that all security perimeter entrances, control center doors, cell block doors and all doors opening into a corridor are kept locked except when used for admission or exit of employees, inmates or visitors, or in

# Proposed Regulations

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emergencies.

## § 5.17. Security and storage of security devices.

Written policy ~~and procedures~~, *procedure and practice* shall govern the security, storage and use of firearms, ammunition, chemical agents, and related security devices to ensure that:

1. Personnel who carry firearms *and ammunition* are assigned positions that are inaccessible to inmates (with the exception of emergencies) † .

2. Personnel who discharge firearms or use chemical agents submit written reports to the administrator or designated subordinate no later than the conclusion of the shift during which same are discharged or used.

## § 5.18. Officer entry.

Written policy and procedures shall specify the conditions under which an officer can enter a security cell or cell block.

## § 5.19. Mechanical audio communications system.

The facility shall provide a *mechanical audio* communications system allowing staff to communicate with each other to facilitate staff supervision.

## § 5.20. Examination and maintenance of security devices.

Written policy ~~and procedures~~, *procedure and practice* shall specify that, at least once daily, a careful examination be made of all security devices and that maintenance be routinely performed to ensure their proper operation.

## § 5.21. Searches of facility and inmates.

Written policy and procedures shall specify the process for conducting and documenting searches of the facility and inmates.

## § 5.22. Policy for searches of contraband.

The facility shall post the policy regarding searches for the control of contraband or otherwise make it available to staff and inmates. Further, the policy shall be reviewed at least ~~annually~~ every 12 months and updated as needed.

## § 5.23. Key and door control.

Written policy ~~and procedures~~, *procedure and practice* shall govern key and door control.

## § 5.24. Tools, culinary items and cleaning equipment.

Written policy ~~and procedures~~, *procedure and practice* shall govern the control and use of tools, culinary items and cleaning equipment.

## § 5.25. Flammable, toxic and caustic materials.

Written policy ~~and procedures~~, *procedure and practice* shall specify the control, storage and use of all flammables, toxic and caustic materials.

## § 5.26. Functions of duty post.

Written post orders shall clearly describe the functions of each duty post in the facility and include copies in the policy and procedures manual.

## § 5.27. Restriction of physical force.

Written policy ~~and procedures~~, *procedure and practice* shall specify ~~and restrict~~ the use of physical force which is necessary for instances of self-protection, protection of others, protection of property and prevention of escapes. Such physical force shall be restricted to that necessary only to overcome such force as is being exerted. A written report shall be prepared following all such incidents described above and shall be submitted to the administrator for review and justification.

## § 5.28. Restraint equipment.

Written policy and procedures shall govern the use of restraint equipment.

## § 5.29. Administrative segregation.

Written policy ~~and procedures~~, *procedure and practice* shall provide for administrative segregation of inmates who pose a security threat to the facility or other inmates and for inmates requiring protective custody.

## § 5.30. Physical living conditions for disciplinary detention and administrative segregation.

Written ~~policies and procedures~~ *policy, procedure and practice* shall ensure that, inmate behavior permitting, the disciplinary detention and administrative segregation units provide physical living conditions that approximate those offered the general inmate population.

## § 5.31. Mental health inmates.

Written policy ~~and procedures~~, *procedure and practice* shall specify the handling of mental health inmates to include an agreement to utilize mental health services from either a private contractor or the community services board.

## § 5.32. Record of activities in disciplinary detention and administrative segregation units.

Written policy ~~and procedures~~, *procedure and practice* shall ensure that a log be kept to record all activities in disciplinary detention and administrative segregation units.

## § 5.33. Assessment of inmate in administrative segregation

# Proposed Regulations

or disciplinary detention.

Written policy ~~and procedures~~ , *procedure and practice* shall require that an assessment, including a personal interview and medical evaluation, is conducted when an inmate remains in administrative segregation or disciplinary detention beyond 15 days and every 15 days thereafter.

## § 5.34. Supervision of inmates.

The facility shall provide for around-the-clock supervision of all inmates by trained personnel. All inmate housing areas shall be inspected a minimum of twice per hour *at random intervals between inspections* . All inspections and unusual incidents shall be documented. *No obstructions shall be placed in the bars or windows that would interfere with the ability of jail staff to view inmates or the entire housing area.*

## § 5.35. Institution inspection.

Supervisory staff shall inspect the institution daily. *Such inspections shall be documented.* Unusual findings shall be indicated in writing and submitted to an administrative official *at the senior supervisor on duty* for review.

## § 5.36. Movement of inmates.

Written ~~policies and procedures~~ *policy, procedure and practice* shall regulate the movement of inmates within the facility.

## § 5.37. Prohibition of inmate control over other inmates.

Written policy shall prohibit inmates from supervising, controlling or exerting any authority over other inmates.

## § 5.38. Emergency situations.

Written policy and procedures shall specify the process to be followed in emergency situations : mass arrest, fire, disturbance, taking of hostages, escapes, ~~attempted suicides~~, loss of utilities and natural disasters. All personnel shall be trained in the implementation of emergency plans. Plans shall be reviewed ~~annually~~ *every six months by all staff. The six-month reviews shall be documented* .

## Article 7. Release.

## § 5.39. Release of inmate.

Written policy ~~and procedures~~ , *procedure and practice* shall require that, prior to an inmate's release, positive identification is made of the releasee, authority for release is verified and a check for holds in other jurisdictions is completed.

## PART VI.

## JAIL PHYSICAL PLANT.

### Article 1. Fire and Health Inspection.

#### § 6.1. Food service and fire safety inspection.

The facility shall have ~~an annual~~ state or local health food service and fire safety ~~inspection~~ *inspections conducted every 12 months* . Localities that do not enforce the Virginia Statewide Fire Prevention Code (VSFPC) shall have the inspections performed by the Office of the State Fire Marshal. Written reports of the fire safety and health food service inspection shall be on file with the facility administrator.

### Article 2. Fire Prevention and Safety.

#### § 6.2. Fire prevention practices.

Written policy ~~and procedures~~ , *procedure and practice* shall specify the facility's fire prevention practices to ensure the safety of staff, inmates, and the public. ~~They shall be reviewed annually.~~ *Fire prevention practices shall be reviewed every six months by all staff. The six-month reviews shall be documented.*

#### § 6.3. Mattresses, pillows and trash receptacles.

Mattresses, pillows and trash receptacles present in the secured housing shall be of ~~nontoxic~~ and fire retardant materials.

#### § 6.4. Master plan for safe and orderly evacuation.

The facility shall have a written master plan for the safe and orderly evacuation of all persons in the event of a fire or an emergency. Such a plan shall be reviewed ~~by all staff quarterly every six months by all staff~~ . ~~The quarterly review~~ *six-month reviews shall be documented.*

### Article 3. Facility Cleanliness.

#### § 6.5. Cleanliness.

Facility floors, halls, corridors, and other walkway areas shall be maintained in a clean, dry, hazard-free manner.

#### § 6.6. Vermin and pest control.

The facility shall control vermin and pests and shall be serviced at least quarterly by professional pest control personnel *or personnel certified by the Virginia Pesticide Control Board* .

### Article 4. Housing Areas.

#### § 6.7. Appropriate lighting and heating.

# Proposed Regulations

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All housing and activity areas shall provide for appropriate lighting and heating.

§ 6.8. *Water utilities.*

All housing areas shall have toilets, showers, drinking water and washbasins with hot and cold running water accessible to inmates.

## Article 5. Special Purpose Area.

§ 6.9. *Special purpose area.*

The facility shall have a special purpose area to provide for the temporary detention and care of persons under the influence of alcohol or narcotics or for persons who are uncontrollably violent or self-destructive and those requiring medical supervision.

## Article 6. Security Equipment Storage.

§ 6.10. *Security equipment storage.*

The facility shall provide secure storage for firearms, ammunition, chemical agents, and related security equipment accessible to authorized personnel only and located outside the security perimeter or the inmate housing and activity areas.

## PART VII: JUVENILES.

### Article 1: Housing.

§ 7.1. ~~Those facilities which, on occasion, house juveniles shall be certified by the Board of Corrections for the express purpose of holding juveniles.~~

§ 7.2. ~~Juveniles shall be so housed as to be separated by a wall or other barrier which would result in preventing visual contact and normal verbal communication with adult prisoners except in instances of casual contact under supervision.~~

§ 7.3. ~~The facility shall have one or more persons on duty at all times responsible for auditory and visual contact with each juvenile at least every 30 minutes. Contact shall be at least every 15 minutes when juveniles exhibit self-destructive or violent behavior.~~

### Article 2: Isolation or Segregation.

§ 7.4. ~~Isolation cells or segregation within a cellblock shall be utilized only as a protective or disciplinary measure.~~

## PART VIII. VII. LOCKUPS.

### Article 1: Responsibility.

§ 8.1. ~~7.1. Responsibility.~~

The chief of police, town sergeant, or, in case of a county's operating a lockup, the sheriff shall be responsible for seeing that the lockup is operated in full conformity with these regulations.

### Article 2: Coverage.

§ 8.2. ~~7.2. Coverage.~~

When the lockup is occupied at least one employee shall be on duty at the lockup at all times.

### Article 3: Search and Inspection.

§ 8.3. ~~7.3. Search requirements; inspection requirements.~~

A. The facility shall comply with the search requirements included in § 19.2-59.1 of the Code of Virginia.

~~§ 8.4. Quarterly~~ B. Weekly inspections shall be made and recorded of bars, locks and all security devices. *Weekly inspections shall be documented.*

### Article 4: Commitment and Release.

§ 8.5. ~~7.4. Commitment and release.~~

A written record shall be maintained to include name, date, and time of commitment and release of all detainees confined in the lockup.

### Article 5: Property.

§ 8.6. ~~7.5. Property.~~

Written policy and ~~procedures~~ . *procedure and practice* shall govern the inventory and control of detainee property. The detainee shall sign for all property taken upon admission and returned to him upon release. If the detainee refuses to sign this shall be witnessed and documented.

### Article 6: Telephone.

§ 8.7. ~~7.6. Telephone.~~

Written policy and ~~procedures~~ . *procedure and practice* shall specify that newly admitted inmates who are physically capable are permitted the opportunity to complete at least two local or ~~eight~~ long distance

# Proposed Regulations

telephone calls during the admissions process.

## Article 7: Separation of Inmates.

~~§ 8-8.~~ A lockup shall detain juveniles in strict compliance with ~~§ 16.1-240~~ of the Code of Virginia.

~~§ 8-9.~~ 7.7. *Separate housing; protection of inmates.*

A. Males , females and juveniles shall be housed separately from females .

§ 8-10. B. There shall be written policy for the protection of inmates appearing to be vulnerable to physical or sexual attack.

## Article 8: Medical.

~~§ 8-11.~~ 7.8. *Emergency medical and mental health care; log of medical activities.*

A. Written policy and procedures shall provide for 24-hour emergency medical and mental health care availability.

§ 8-12. B. A permanent log shall be maintained on all medical findings, diagnoses, treatment, dispositions, prescriptions and administration of medications , as disclosable by the Code of Virginia .

## Article 9: Visiting.

~~§ 8-13.~~ 7.9. *Visiting.*

Written policy and procedures shall ensure that:

1. There be visiting opportunities limited only by facility schedules, security, space and personnel constraints;
2. Visitors register upon entry into the facility;
3. Circumstances and methods under which visitors may be searched are delineated;
4. Attorneys be permitted to have confidential visits with their clients; and
5. Any exception to the above shall be documented in writing.

## Article 10: Inmate Control.

~~§ 8-14.~~ 7.10. *Inmate control.*

Written policies and procedures shall ensure that punishment shall not be utilized as a means of control or

discipline in lockups. Tear gas, chemical mace, or similar devices shall not be used as punishment and may only be used to control detainees where there is an imminent threat of physical injury.

## Article 11: Incident Report.

~~§ 8-15.~~ 7.11. *Incident report.*

A report setting forth in detail the pertinent facts of deaths, escapes, discharging firearms, using chemical agents, or any other serious occurrences or similar serious incidents shall be reported to the appropriate regional ~~Manager~~ administrator , Department of Corrections, or his designee. *The initial report should be made within 24 hours with a full report submitted at the end of the investigation.*

## Article 12: Facility and Inmate Cleanliness.

~~§ 8-16.~~ 7.12. *Facility and inmate cleanliness.*

A. A detainee shall have access to a wash basin and toilet facility.

§ 8-17. B. The detention area shall be maintained in a clean, dry, hazard-free manner.

## PART IX: WORK RELEASE, EDUCATIONAL AND OTHER REHABILITATIVE PROGRAMS.

~~§ 9-1.~~ Written procedures outlining the eligibility criteria for participation in a work release, educational or rehabilitation program shall be developed by each facility with a work release, educational or rehabilitation program. Offenders shall meet the established eligibility requirements prior to being released.

~~§ 9-2.~~ Written procedures shall ensure the accountability of participants at all times and provide for supervision in the community. Such procedures shall include at a minimum:

1. Provisions for a periodic inmate count;
2. Methods for determining and identifying inmates who are authorized to leave the facility;
3. Provisions for a controlled sign-out and sign-in process; and
4. Methods of verifying the inmate's location within the community, both by telephone and random field visits.

~~§ 9-3.~~ Offender participation in a work release program shall conform to the following specific conditions unless ordered otherwise by an appropriate court:



# Proposed Regulations

1. Participation by the inmate shall be on a voluntary basis;

2. The following conditions must be met where the employer has a federal contract:

a. Representatives of local union central bodies or similar labor union organizations shall have been consulted;

b. Employment will not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for services; and

c. Rates of pay and other conditions of employment will not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.

§ 9.4. Offender participation in an educational or rehabilitative program shall conform to the following specific conditions unless ordered otherwise by an appropriate court:

1. Participation by the inmate may be voluntary or court ordered;

2. The program must be approved or accepted in the community;

3. Meetings or classes must be on a regularly scheduled basis; and

4. Other conditions will not be more restrictive on the offender than those required by other participants.

§ 9.5. Written procedures governing the granting of furloughs shall include at a minimum provisions that a participant in the work release, educational or rehabilitative program may be considered for one furlough per month. A furlough shall not exceed three days.

§ 9.6. Written procedures shall be developed to ensure the accountability of all earnings received, disbursed, to whom and reason on behalf of the participant. Procedures shall be in accordance with § 53.1-131 of the Code of Virginia.

§ 9.7. Written procedures shall establish the criteria and process for removing a participant from the program as follows:

1. Procedures shall include provisions for an impartial hearing for the participant.

2. Procedures shall include provisions for the appeal of the removal.

3. Documentation shall reflect that this information was explained to all participants when they were

assigned to the program.

§ 9.8. Each facility having a work release, educational or rehabilitation program that includes state offenders shall have a written agreement with the director.

§ 9.9. State offenders assigned to a work release, educational or rehabilitation program shall meet the Department of Corrections' work release criteria and be approved by the department's Central Classification Board and the department's management review process pursuant to a written agreement as provided for in accordance with § 53.1-131 of the Code of Virginia.

VA.R. Doc. No. R95-321A; Filed March 1, 1995, 12:22 p.m.

## MILK COMMISSION

**REGISTRAR'S NOTICE:** The Milk Commission is exempt from the Administrative Process Act in accordance with § 9-6.14:4.1 A 7 of the Code of Virginia, which exempts the Milk Commission in promulgating regulations regarding (i) producers' license and base; (ii) classification and allocation of milk, computation sales and shrinkage; and (iii) class prices for producers' milk, time and method of payment, butterfat testing and differential.

Due to the length of the regulation, only the amended section (§ 8) of VR 475-02-02 is being published. The full text of the regulation is available for public inspection at the State Milk Commission, 200 North Ninth Street, Suite 1015, Richmond, Virginia 23219-3414 or at the Office of the Registrar of Regulations, Virginia Code Commission, General Assembly Building, 910 Capitol Street, 2nd Floor, Richmond, Virginia 23219.

**Title of Regulation:** VR 475-02-02. Rules and Regulations for the Control, Regulation, and Supervision of the Milk Industry in Virginia (§ 8).

**Statutory Authority:** § 3.1-430 of the Code of Virginia.

**Public Hearing Date:** April 12, 1995 - 11 a.m.

Written comments may be submitted until March 31, 1995.

(See Calendar of Events section for additional information)

### Summary:

The proposed order would enable the commission to calculate monthly Class I producer price using reconstructed and reweighed indexes of prices paid and prices received; and the index of prices paid, production items, complete feeds as published by U.S. Department of Agriculture, National Statistics Service. The order would also amend subdivision (5)(e) of the same subsection to provide a change as to the authoritative publishing source of the average cost of the Market Basket for Richmond-Norfolk-Virginia

# Proposed Regulations

*Beach-Portsmouth to the Virginia Department of Agriculture and Consumer Services. The order provides that movement of the indexes described above will be used to move indexes currently specified in the regulation, because they are no longer available.*

VR 475-02-02, Rules and Regulations for the Control, Regulation and Supervision of the Milk Industry in Virginia (§ 8).

§ 8. Class prices for producer's milk time and method of payment butterfat testing and differential.

A. Class Prices.

	July through February	March through June
1. Class I		
Eastern Virginia Market	\$8.46/cwt.	\$8.26/cwt.
Southwest Virginia Market	\$7.96/cwt.	\$7.76/cwt.
Western Virginia Market	\$8.16/cwt.	\$7.96/cwt.

The above established Class I prices shall be adjusted automatically in accordance with the following procedure, provided:

(1)a. The Eastern Market Class I price shall not exceed the average prevailing Class I price of Federal Order No. 4 and Federal Order No. 5, base zone by more than \$0.80 per hundredweight, nor be less than \$0.30 per hundredweight above the average prevailing Class I price of Federal Order No. 4 and Federal Order No. 5 base zone;

b. The Southwest Market Class I price shall not exceed the prevailing Class I price of Federal Order No. 11 by more than \$0.60 per hundredweight nor be less than \$0.30 per hundredweight above the prevailing Class I price of Federal Order No. 11 and;

c. The Western Market Class I Price shall not exceed the average prevailing Class I price of Federal Order No. 4 and Federal Order No. 5, Northwest Zone by more than \$0.60 per hundredweight nor be less than \$0.30 per hundredweight above the prevailing Class I price of Federal Order No. 4 and Federal Order No. 5, Northwest Zone:

(2) Class I prices shall be increased by an amount determined by multiplying the number of two point brackets that the average bi-monthly composite index exceeds 101.0 by 20¢; and

(3) Class I prices shall be decreased by an amount determined by multiplying the number of two point brackets that the average bi-monthly composite index descends below 99.0 by 20¢.

(4) The average bi-monthly composite index brackets shall be in accordance with the following schedule:

Average Bi-monthly Composite Index Brackets	Amount of Adjustment
Nos. through Nos. Continued	Cents Continued
96.9 - 98.9	- 20
99.0 - 101.0	- 0
101.1 - 103.1	+ 20
103.2 - 105.2	+ 40
105.3 - 107.3	+ 60
107.4 - 109.4	+ 80
109.5 - 111.5	+100
111.6 - 113.6	+120
113.7 - 115.7	+140
115.8 - 117.8	+160
117.9 - 119.9	+180
120.0 - 122.0	+200
122.1 - 124.1	+220
124.2 - 126.2	+240
126.3 - 128.3	+260
128.4 - 130.4	+280
130.5 - 132.5	+300
132.6 - 134.6	+320
134.7 - 136.7	+340
136.8 - 138.8	+360
138.9 - 140.9	+380
141.0 - 143.0	+400
143.1 - 145.1	+420
145.2 - 147.2	+440
147.3 - 149.3	+460
149.4 - 151.4	+480
151.5 - 153.5	+500
153.6 - 155.6	+520
155.7 - 157.7	+540
157.8 - 159.8	+560
159.9 - 161.9	+580
162.0 - 164.0	+600
164.1 - 166.1	+620
166.2 - 168.2	+640
168.3 - 170.3	+660
170.4 - 172.4	+680
172.5 - 174.5	+700
174.6 - 176.6	+720
176.7 - 178.7	+740
178.8 - 180.8	+760
180.9 - 182.9	+780
183.0 - 185.0	+800
185.1 - 187.1	+820
187.2 - 189.2	+840
189.3 - 191.3	+860

# Proposed Regulations

191.4 - 193.4	+880
193.5 - 195.5	+900
195.6 - 197.6	+920
197.7 - 199.7	+940
199.8 - 201.8	+960
201.9 - 203.9	+980
204.0 - 206.0	+1000
206.1 - 208.1	+1020
208.2 - 210.2	+1040
210.3 - 212.3	+1060
212.4 - 214.4	+1080
214.5 - 216.5	+1100
216.6 - 218.6	+1120
Continued	Continued

(5) A monthly composite index shall be determined by dividing the sum of the index numbers of the six factors shown in subsections (a x 1), (b x 1), (c x 1), (d x 1), (e x 1), (f x 2) of this subparagraph by seven. The latest available published monthly data for any of the above six factors shall be used in determining the monthly index number.

(a) The U.S. Index of prices paid, taxes, and farm wage rates as published in "Agricultural Prices" by the U.S.D.A.

(b) The U.S. Index of prices received as published in "Agricultural Prices" by the U.S.D.A.

(c) The average price per ton paid by Virginia farmers for 16% dairy feed, as published in "Agricultural Prices" by the U.S.D.A.

(d) The average cost of the market basket for Richmond-Norfolk-Virginia Beach-Portsmouth, as published in "The Market Basket and Retail Food Prices" by the Virginia Department of Labor and Industry.

(e) The average weekly earnings of workers in Virginia manufacturing industries, as published in "Trends in Employment Hours and Earnings Virginia and Statistical Metropolitan Areas" by the Virginia Department of Labor and Industry.

(f) An average of the prevailing Class I prices in North Carolina, Federal Milk Marketing Order No. 4 and Federal Milk Marketing Order No. 11.

(6) The six month average, November 1973 through April 1974, shall equal 100 for each of the above factors for the purpose of determining the monthly index number for each factor.

(7) The current month's Class I price adjustment, if any, shall be determined by a bi-monthly composite index which shall be a simple average of the monthly composite indices of the second and third preceding months.

(8) On or before the seventh day of each month the commission shall determine the Class I prices for the following month and announce same to all licensed processing general distributors.

*Effective May 1, 1995, and continuing until November 1, 1996, unless amended or terminated by a majority vote of the commission the following modifications to the indexes will be utilized in determining the monthly composite index used in calculating the Class I price for Virginia State Milk Commission marketing areas pursuant to subdivisions Al(1) through Al(7) of this section:*

*The U.S. Index of prices paid, taxes, and farm wage rates as published in "Agricultural Prices" by the U.S.D.A. will be determined by using the monthly movement of the reweighed and reconstructed prices paid index (PPITW) as published by the U.S.D.A. The monthly movement of the new prices paid index (PPITW) will be applied each month to the preceding month's revised index of prices paid, taxes, and farm wage rates using December 1994 as the base month.*

*The U.S. Index of prices received as published in "Agricultural Prices" by the U.S.D.A. will be determined by using the monthly movement of the reweighed and reconstructed prices received index as published by the U.S.D.A. The monthly movement of the new prices received index will be applied each month to the preceding month's revised index of prices received using December 1994 as the base month.*

*The average price per ton paid by all Virginia farmers for 16% dairy feed, as published in "Agricultural Prices" by the U.S.D.A. will be determined by using the monthly movement of the index of prices paid, production items, complete feeds as published by the U.S.D.A. The monthly movement of this index will be applied each month to the preceding month's index of 16% dairy feed, Appalachian using April 1995 as the base month.*

*The authoritative publisher of the Market Basket for Richmond-Norfolk-Virginia Beach-Portsmouth will be the Virginia Department of Agriculture and Consumer Services.*

*The resultant index numbers derived from the above calculations will be utilized as specified in the cited regulation.*

2. Class I-A. The price used in computing each distributor's obligation for producer milk (of 3.5% butterfat) allocated to Class I-A shall be the Class II price.

3. Class II. The price per cwt. for all markets shall be the monthly Class II price announced by the Market Administrator of the Tennessee Valley Marketing Area (Federal Order No. 11).

4. The total value of base deliveries made in accordance with § 5 B (2) shall be discounted in accordance with the following procedure to reflect the cost savings of transporting, storing and handling of producer milk on a uniform daily bases:

(a) Subtract from each cooperative association's total pounds of base deliveries allocated to Class I sales for each delivery period an amount equal to twice the sum of the differences between the pounds of assigned daily base and the pounds of daily base deliveries which are less than the pounds of assigned daily base for each day during the delivery period.

(b) The net hundredweight (not less than zero) resulting from the above procedure multiplied by \$0.11 will be the amount of discount for base deliveries during the delivery period.

5. Producers or their agents shall not sell milk or offer milk for sale at prices other than those established.

## B. Butterfat differential.

In making payments to producers and/or cooperative associations of producers required pursuant to § 8, each general distributor shall add for each one-tenth of one percent of average butterfat content above 3.5%, and shall deduct for each one-tenth of one percent of average butterfat content below 3.5% as a butterfat differential an amount per hundredweight announced each month by the Market Administrator of the Tennessee Valley Marketing Area (Federal Order No. 11).

## C. Butterfat testing.

Butterfat testing shall be conducted in accordance with the following procedure:

1. General distributors shall determine the average butterfat content of all assigned producer milk delivered by each producer who is not a member of a cooperative association, as defined in § 1 by four or more tests made at approximately equal intervals during each delivery period.

2. All assigned producer milk accompanied by a bill of lading that is delivered by a cooperative association to a licensed distributor and is accepted by the distributor shall be paid for by the distributor at a rate that is determined by the butterfat test specified on the bill of lading accompanying the load of milk.

3. The butterfat content of all assigned cooperative association milk delivered by methods other than specified in subdivision C 2 above, shall be determined in accordance with procedures specified by the commission, if mutual agreement between the cooperative association and the distributor cannot be

reached as to the butterfat content of such deliveries.

4. All sampling and testing shall be conducted by persons licensed by the Virginia Department of Agriculture and Consumer Services. These tests shall be made by the Babcock Test, or other tests approved by that department and shall, as directed by the commission, be subject to check tests made by a licensed tester.

## D. Time of payment.

1. On or before the last day of a delivery period general distributors shall make a partial payment to producers or cooperative associations of producers for base deliveries received during the first 15 days of the delivery period. The partial payment shall be not less than an amount determined by multiplying the previous month's Class II price for 3.5% milk by the hundredweight of base deliveries for the first 15 days of the delivery period; provided full and final payment for the preceding delivery period was made in accordance with subdivision D 2 of this regulation, otherwise the partial payment shall be not less than an amount determined by multiplying the current Class I price for 3.5% milk by the hundredweight of base deliveries for the first 15 days of the delivery period.

2. On or before the 15th day following the close of a delivery period general distributors shall make full and final payment to producers or cooperative associations of producers for deliveries received during such delivery period pursuant to these regulations.

3. Certified or registered mail may be required for all U.S. Postal Service deliveries of producer payments made by general distributors pursuant to subdivisions D 1 and D 2 of this section when directed in writing by the commission.

4. The commission may, after a hearing, require individual general distributors to make settlement with producers or cooperative associations of producers for deliveries at intervals other than provided in subdivisions D 1 and D 2 of this section.

5. All licensed producers or association of producers supplying base deliveries to processing general distributors located in Norfolk, Portsmouth, Hampton, Newport News or Chesapeake shall be allocated \$0.10 per hundredweight from the total monthly Eastern Market Class I producer payments. This allocation shall be made prorata in accordance with the monthly base deliveries to the processing general distributors located in the aforementioned cities.

6. Before the 15th day of each month the commission shall determine the required monthly equalization payments and give written notice to all affected parties of the amounts payable. The monthly

# Proposed Regulations

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equalization payments shall be made to the Milk Commission Equalization Fund no later than the 25th day of the month subsequent to the end of each delivery period. On or before the last day of each month the commission shall disburse all funds (less a balance necessary to pay all bank charges) paid in during the current month in accordance with subdivision D 5 of this regulation.

## E. Redistribution of producer losses.

When the commission is satisfied that when one or more licensed distributor(s) is/are unable, due to bankruptcy or receivership, to fulfill the financial obligation to producers and/or cooperative associations of producers for base deliveries, the commission may authorize the establishment of a temporary producer redistribution fund to reallocate a distributor's deficient financial obligation.

1. When it is determined that an obligation for base milk deliveries cannot be satisfied, the distributor(s), producer(s) or cooperative associations of producers involved shall notify the commission within five working days of a voluntary filing or adjudication of bankruptcy or receivership, or within five working days of the effective date of this regulation for licensed distributors currently in bankruptcy or receivership. This notification shall be in writing accompanied by copies of pertinent court documents.

2. The producer funded redistribution of losses of an unfulfilled obligation of base deliveries shall be limited to an amount not to exceed the unsecured value of base deliveries calculated in accordance with these regulations.

3. A producer funded redistribution rate shall be established which will be the lesser of the actual dollar loss under subdivision E 2 or the dollars generated by a rate not in excess of .10/cwt., levied on producer's and/or cooperative associations of producers monthly Class I allocated base deliveries for a period not to exceed 12 months for each bankruptcy.

a. Each distributor shall remit to the Milk Commission no later than the 15th of each month the amount collected in accordance with subdivision E 3 above, applicable to the prior months delivery period at the rate established by the commission.

4. The Milk Commission shall disburse all redistribution funds, net of applicable bank charges, collected each month for the redistribution fund by the last day of the month. Funds will be disbursed prorata in relationship to the loss incurred by producers and/or cooperative associations of producers, less applicable bank charges.

5. Producers or cooperative associations of producers shall assign to the commission that portion of their

loss claim which pertains to the value of redistributed funds paid on Virginia base deliveries by the commission in order to participate in the producer redistribution fund.

6. Any overpayment or recovery of loss claims assigned to the commission by producers or cooperative associations of producers to the producer redistribution fund shall be disbursed to producers or cooperative associations of producers on a prorata basis of payments made to the fund.

VA.R. Doc. No. R95-304, Filed February 24, 1995, 12:07 p.m.

## BOARD OF NURSING

**Title of Regulation:** VR 495-01-1. Regulations of the Board of Nursing.

**Statutory Authority:** §§ 54.1-2400 and 54.1-3000 et seq. of the Code of Virginia.

**Public Hearing Date:** April 18, 1995 - 3 p.m.

Written comments may be submitted through May 19, 1995.

(See Calendar of Events section for additional information)

**Basis:** Chapter 24 (§ 54.1-2400 et seq.) and Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of health regulatory boards including the power to establish qualifications for licensure and the responsibility to promulgate regulations.

Chapter 30 establishes the Board of Nursing and authorizes that board to prescribe standards and approve nursing programs, investigate and take action against a license or certificate, and provide for licensure, certification, or registration of nurses and nurse aides.

**Purpose:** The purposes of amendments to these regulations are to (i) establish a Special Conference Committee to review applications for nursing and nurse aide education programs and recommend approval or disapproval to the board and to review reports of surveys and on-site visits for continued approval in order to reduce the regulatory burden and costs; (ii) comply with a change in the statute which allows practice for 90 days between completion of an education program and receipt of results of the licensing examination; and (iii) clarify or simplify other regulations for consistency with current practice.

**Substance:** In § 2.1, amendments are proposed to establish an Education Special Conference Committee of the board for the purpose of reviewing application for nursing education programs and making recommendations on

approval to the full board. The amended regulation further states that the board shall comply with requirements of the Administrative Process Act (APA) in the granting of a hearing upon request from the applicant following a denial of approval.

In § 2.12, amendments are proposed to establish that the committee will also review self-evaluation and survey reports and make recommendations to the board on the continued approval or conditional approval of nursing education programs. The amended regulations would again require that the board comply with the APA in the granting of a hearing if the applicant objects to any action by the board relating to a decision on conditional approval.

Section 3.1 sets forth requirements for licensure by examination. Amendments are proposed to clarify issues about eligibility for licensure and to conform regulation to the current method of administering the examination.

1. An amendment to § 3.1 A is proposed to establish that the examination is authorized by the board but is no longer administered by the board.
2. Section 3.1 B is added to set forth in one regulation the requirements for eligibility to take the examination and is intended to be clarifying to the applicant.
3. Amendments to § 3.1 C are proposed to conform the required submission of an application and fee with the current practice of a Computer Adaptive Examination, which is administered by appointment on request from the graduate of a nursing program rather than on a schedule set by the board.
4. An amendment to § 3.1 E is proposed to specify that an applicant suspected of cheating on the examination may be noticed for a hearing pursuant to the APA.
5. Section 3.1 G is amended to conform the regulatory requirements to the statutory changes made in § 54.1-3001 by the 1994 General Assembly and specifies the period during which an applicant may practice pending results of the examination.
6. Proposed amendments to § 3.1 H clarify the requirements for an applicant who fails and conform to the current practice of a computerized examination.

Proposed amendments to Part V are intended to mirror the creation and process of the Education Special Conference Committee as described in Part II. The committee would function under the requirements of the APA and would review and recommend to the board approval or disapproval of nurse aide programs.

#### Issues:

A. Approval process for nursing and nurse aide programs.

At issue is the cost and complexity of the approval process for nursing and nurse aide education programs. The board is required by statute to regulate such programs, so it has sought a method that would be less burdensome and costly to the board and to the programs and would ultimately benefit the licensees and the public.

The board has proposed the creation of an Education Special Conference Committee to receive and review applications and reports from nursing education programs and to make recommendations to the board regarding the granting or denial of approval for those programs at every phase. In addition, the committee will make recommendations on continued or conditional approval for current programs.

The proposed regulations require that the board follow the Administrative Process Act since case decisions are made in the granting of or denial of approval or continued approval.

Advantages for nursing education programs:

1. There is a cost benefit in terms of reduced expense for the application process. Rather than providing at least 13 copies of the submission package, which is often extensive, the program will now be required to provide a total of five copies for the committee and agency staff, resulting in a savings in copying and staff costs.
2. There is a time benefit in terms of a quicker response of approval or disapproval of the program. Since the committee will review applications more frequently than the full board was able to do, there will be less delay in taking action on applications. A more prompt response will enable programs to be fully operational sooner and will benefit nursing students and the supply of nurses in the community. Any reduction in the regulatory expense and burden on nursing education is beneficial to the public by reducing the costs and streamlining the approval process.

Advantage for the board: There is also a cost benefit to the board, since a committee of three will be empowered to recommend action to the full board. The agency will save time and money, because it will not be necessary for the full board to meet for consideration of an applicant package for initial or continuing approval. Savings by the agency accrue to the licensees.

Disadvantage: The only conceivable disadvantage of the proposed regulation would be a negative response from an applicant who does not receive a favorable recommendation from the committee. However, the regulation provides for the APA process to apply, which will give the applicant the opportunity to have a full hearing before the board.

B. Changes in administration of examination. On April 1,

# Proposed Regulations

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1994, the board initiated a new method of administering the examination for a RN or LPN license. Computer Adaptive Testing enables the graduate of a nursing program who is determined to be eligible by the board to be tested on a schedule suitable to the individual, rather than waiting for the administration of a paper and pencil examination on a scheduled day.

The adoption of a new process necessitated a change in the Code of Virginia related to exemptions from licensure for the practice of nursing. With passage of emergency legislation by the 1994 General Assembly, § 54.1-3001 was amended to allow the graduates of an approved nursing education program to practice for a period not to exceed 90 days pending results of the examination, provided an application and fee has been filed with the board and provided they have not failed the examination during that 90 days.

## Advantages:

1. The Computer Adaptive Testing program has provided the graduates with the flexibility of taking the examination on a schedule suitable to their needs and preparation. In addition, the results of the exam are more quickly available, so the applicant can receive approval for licensure weeks or even months sooner than was previously possible.

2. Because of the change in administration of the examination, the law on exemption from licensure to practice nursing was amended as emergency legislation in 1994. It has enabled graduates awaiting examination results to practice for 90 days prior to licensure. The proposed amendments to regulations conform to the change in statute and offer applicants the advantage of being able to work during that period. The availability of RN and LPN graduates in the job market has a benefit to the public in the delivery of health care services.

3. The change in testing and the proposed regulations are also beneficial to the agency because there is a reduction in staff time spent in the administration of the examination and transmission of results.

## Disadvantages:

There have been no disadvantages to the change in administration of the examination and none anticipated with regulations proposed to conform to that change.

## Estimated Impact:

A. Projected number of entities affected and their costs of compliance:

Nursing and Nurse Aide Programs - There are currently 87 nursing education programs for RN and LPN students and 250 programs for nurse aides. Those programs are in various phases of the approval process from initial

approval of the program offering to continued or conditional approval. There are usually from three to six new programs added each year, which must begin the application and approval process.

Cost of Compliance: Proposed regulations will result in a modest savings for educational programs by reducing their copying cost. (They will reduce the number of copies of each package [100 to 200 pages] from 13 to 5.)

Applicants for licensure by examination - There are approximately 3,500 to 4,000 persons per year who apply to the board for licensure by examination.

Cost of Compliance: Proposed regulations have no cost of compliance to those individuals. In anticipation of the new system of administering the examination, the board had previously reduced the application fee for those applying to be licensed by examination.

B. Costs to the agency for implementation:

No additional staff will be required to implement these regulations. There will be a savings in board expense, resulting from the creation of a Special Conference Committee to review and recommend approval of educational programs.

To implement the Computer Adaptive Testing, it was necessary for the board to incur costs for computer program development for the electronic delivery of score results and other functions. Those costs were offset by reductions in costs for transportation and security of examinations, building rentals, proctor fees, and other staff costs associated with the previous method of board-administered testing.

There will be some cost to the agency for the promulgation of regulations, such as: mailing of notices to the Public Participation Guidelines list, providing a public hearing on proposed regulations, and copying and mailing final regulations to nursing education programs. The costs will be minimal, since the board will attempt to combine mailing notices and information on regulations with other required mailing and will hold its hearing during a regularly scheduled board meeting.

C. Costs to local governments:

There will be no impact of these regulations on local government.

## Summary:

*The Board of Nursing proposes amendments to its regulations as a result of changes in the procedure for administering the licensing examinations and to clarify compliance with the Administrative Process Act in the review of proposals and reports related to the approval of nursing education programs. The*

amendments are made in response to a change in law related to the practice of nursing pending licensure by examination and in an effort to improve the efficiency and effectiveness of the program approval process.

There will be two major changes as a result of the proposed amendments: (i) to establish a Special Conference Committee to review applications for nursing and nurse aide education programs and recommend approval or disapproval to the board and to review reports of surveys and on-site visits for continued approval in order to reduce the regulatory burden and costs; and (ii) to comply with a change in the statute which allows practice for 90 days between completion of an education program and receipt of results of the licensing examination.

VR 495-01-1. Regulations of the Board of Nursing.

## PART I. GENERAL PROVISIONS.

### § 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meanings, unless the context clearly indicates otherwise:

*"Approval"* means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

*"Associate degree nursing program"* means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by the State Board of Education, State Council of Higher Education or an Act of the General Assembly.

*"Baccalaureate degree nursing program"* means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate degree with a major in nursing, provided that the institution is authorized to confer such degree by the State Board of Education, the State Council of Higher Education or an Act of the General Assembly.

*"Board"* means the Board of Nursing.

*"Clinical nurse specialist"* means a licensed registered nurse who holds:

1. A master's degree from a board approved program which prepares the nurse to provide advanced clinical nursing services; and

2. Specialty certification from a national certifying organization acceptable to the board or an exception available from March 1, 1990, to July 1, 1990.

*"Conditional approval"* means a time-limited status which results when an approved nursing education program has failed to maintain requirements as set forth in § 2-2 Article 2 of Part II of these regulations.

*"Cooperating agency"* means an agency or institution that enters into a written agreement to provide learning experiences for a nursing education program.

*"Diploma nursing program"* means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

*"National certifying organization"* means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

*"Nursing education program"* means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma or certificate.

*"Practical nursing program"* means a nursing education program preparing for practical nurse licensure, offered by a Virginia school, that leads to a diploma or certificate in practical nursing, provided the school is authorized by the appropriate governmental agency.

*"Program director"* means a registered nurse who has been designated by the controlling authority to administer the nursing education program.

*"Provisional approval"* means the initial status granted to a nursing education program which shall continue until the first class has graduated and the board has taken final action on the application for approval.

*"Recommendation"* means a guide to actions that will assist an institution to improve and develop its nursing education program.

*"Requirement"* means a mandatory condition that a nursing education program must meet to be approved.

### § 1.2. Delegation of authority.

A. The executive director of the board shall issue a certificate of registration to each person who meets the requirements for initial licensure under §§ 54.1-3017, 54.1-3018, 54.1-3020 and 54.1-3021 of the Code of Virginia. Such certificates of registration shall bear the signature of the president of the board, the executive director and the director of the Department of Health Professions.



# Proposed Regulations

B. The executive director shall issue license to each applicant who qualifies for such license under § 54.1-3011 of the Code of Virginia. Such licenses shall bear the name of the executive director.

C. The executive director shall be delegated the authority to execute all notices, orders and official documents of the board unless the board directs otherwise.

## § 1.3. Fees.

Fees required in connection with the licensing of applicants by the board are:

1. Application for Licensure by Examination ..... \$25
2. Application for Licensure by Endorsement ..... \$50
3. Biennial Licensure Renewal ..... \$40
4. Reinstatement of License ..... \$50
5. Duplicate License ..... \$15
6. Verification of License ..... \$25
7. Transcript of All or Part of Applicant/Licensee Records ..... \$20
8. Returned Check Charge ..... \$15
9. Application for C.N.S. registration ..... \$50
10. Biennial renewal of C.N.S. registration ..... \$30
11. Reinstatement of lapsed C.N.S. registration .... \$25
12. Verification of C.N.S. registration to another jurisdiction ..... \$25

## PART II. NURSING EDUCATION PROGRAMS.

### Article 1.

#### § 2-1. Establishing a Nursing Education Program.

##### § 2.1. Phase I.

A. An institution wishing to establish a nursing education program shall:

1. Submit to the board, at least 15 months in advance of expected opening date, a statement of intent to establish a nursing education program;

2. Submit to the board, along with the statement of intent, a feasibility study to include the following information:

- a. Studies documenting the need for the program;

b. Purpose and type of program;

c. Availability of qualified faculty;

d. Budgeted faculty positions;

e. Availability of clinical facilities for the program;

f. Availability of academic facilities for the program;

g. Evidence of financial resources for the planning, implementation and continuation of the program;

h. Anticipated student population;

i. Tentative time schedule for planning and initiating the program; and

j. Current catalog, if applicable.

3. Respond to the board's request for additional information.

B. A site visit shall be conducted by a representative of the board.

C. ~~The board, after review and consideration, shall either approve or disapprove Phase I~~ *The Education Special Conference Committee (the "committee"), comprised of not less than three members of the board, shall, in accordance with § 9-6.14:11 of the Code of Virginia, receive and review applications and the report of the site visit and shall make recommendations to the board regarding the grant or denial of approval of Phase I.*

1. ~~If Phase I is approved~~ *If the board accepts the recommendation to approve Phase I*, the institution may apply for provisional approval of the nursing education program as set forth in these regulations.

2. ~~If Phase I is disapproved, the institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)~~ *If the committee recommendation is to deny approval of Phase I, no further action will be required of the board unless the program requests a hearing before the board or a panel thereof in accordance with § 9-6.14:12 and subdivision 9 of § 54.1-2400 of the Code of Virginia.*

##### § 2.2. Phase II.

D. A. The application for provisional approval shall be complete when the following conditions are met:

1. A program director has been appointed and there are sufficient faculty to initiate the program (§ 2-2 C 2.6 of these regulations);

2. A tentative written curriculum plan developed in

# Proposed Regulations

accordance with § 2.2 F 2.9 of these regulations has been submitted ; and .

~~E. The board, after review and consideration, shall either grant or deny provisional approval. B. The committee shall, in accordance with § 9-6.14:11 of the Code of Virginia, make recommendations to the board for the grant or denial of provisional approval.~~

1. If provisional approval is granted:

a. The admission of students is authorized; and

b. The program director shall submit quarterly progress reports to the board which shall include evidence of progress toward application for approval and other information as required by the board.

~~2. If provisional approval is denied, the institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.) If the committee recommendation is to deny approval of Phase II, no further action will be required of the board unless the program requests a hearing before the board or a panel thereof in accordance with § 9-6.14:12 and subdivision 9 of § 54.1-2400 of the Code of Virginia.~~

~~F. C. Following graduation of the first class, the institution shall apply for approval of the nursing education program.~~

## § 2.3. Phase III.

~~G. A. The application for approval shall be complete when a self-evaluation report of compliance with § 2.2 of these regulations Article 2 of this part has been submitted and a survey visit has been made by a representative of the board.~~

~~H. The board will review and consider the self-evaluation and the survey reports at the next regularly scheduled meeting. B. The committee shall, in accordance with § 9-6.14:11 of the Code of Virginia, receive and review the self-evaluation and survey reports and shall make a recommendation to the board for the grant or denial of approval.~~

~~I. The board shall either grant or deny approval. If denied, the institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.) C. If the committee's recommendation is to deny approval of Phase III, no further action will be required of the board unless the program requests a hearing before the board or a panel thereof in accordance with § 9-6.14:12 and subdivision 9 of § 54.1-2400 of the Code of Virginia.~~

### Article 2.

#### § 2.2. Requirements for Approval.

~~A. § 2.4. Organization and administration.~~

~~1. A. The institution shall be authorized to conduct a nursing education program by charter or articles of incorporation of the controlling institution, by resolution of its board of control, or by the institution's own charter or articles of incorporation.~~

~~2. B. Universities, colleges, community or junior colleges, proprietary schools and public schools offering nursing education programs shall be accredited by the appropriate state agencies and the Southern Association of Colleges and Schools.~~

~~3. C. Hospitals conducting a nursing education program shall be accredited by the Joint Commission on Accreditation of Healthcare Organizations.~~

~~4. D. Any agency or institution that is utilized by a nursing education program shall be one that is authorized to conduct business in the Commonwealth of Virginia, or in the state in which the agency or institution is located.~~

~~5. E. The authority and responsibility for the operation of the nursing education program shall be vested in a program director who is duly licensed to practice professional nursing in Virginia and who is responsible to the controlling board, either directly or through appropriate administrative channels.~~

~~6. F. A written organizational plan shall indicate the lines of authority and communication of the nursing education program to the controlling body; to other departments within the controlling institution; to the cooperating agencies; and to the advisory committee, if one exists.~~

~~7. G. Funds shall be allocated by the controlling agency to carry out the stated purposes of the program. The program director of the nursing education program shall be responsible for the budget recommendations and administration, consistent with the established policies of the controlling agency.~~

~~B. § 2.5. Philosophy and objectives.~~

Written statements of philosophy and objectives shall be:

1. Formulated and accepted by the faculty;
2. Directed toward achieving realistic goals;
3. Directed toward the meaning of education, nursing and the learning process;
4. Descriptive of the practitioner to be prepared; and
5. The basis for planning, implementing and evaluating the total program.

~~C. § 2.6. Faculty.~~

# Proposed Regulations

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## 1. A. Qualifications.

a. 1. Every member of a nursing faculty, including the program director, shall hold a current license to practice as a registered nurse in Virginia.

b. 2. Every member of a nursing faculty responsible for teaching students in a cooperating agency located outside the jurisdictional limits of Virginia shall meet the licensure requirements of that jurisdiction.

c. 3. The program director and each member of the nursing faculty shall maintain professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects and professional writing.

### d. 4. For baccalaureate degree programs:

(1) a. The program director shall hold a doctoral degree.

(2) b. Every member of the nursing faculty shall hold a graduate degree. Faculty members without a graduate degree with a major in nursing shall have a baccalaureate degree with a major in nursing.

### e. 5. For associate degree and diploma programs:

(1) a. The program director shall hold a graduate degree, preferably with a major in nursing.

(2) b. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.

(3) c. Other members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

### f. 6. For practical nursing programs.

(1) a. The program director shall hold a baccalaureate degree, preferably with a major in nursing.

(2) b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

g. 7. Exceptions to provisions of subparagraphs d, e, and f subdivisions 4, 5, and 6 of this subsection shall be by board approval.

(1) a. Initial request for exception.

(a) (1) The program director shall submit a request for initial exception in writing for considerations at a regular board meeting prior to the term during which the nursing faculty member is scheduled to

teach.

(b) (2) A description of teaching assignment, a curriculum vitae and a statement of intent, from the prospective faculty member, to pursue the required degree shall accompany each request.

(2) b. Request for continuing exception.

(a) (1) Continuing exception will be based on the progress of the nursing faculty member toward meeting the degree required by these regulations during each year for which the exception is requested.

(b) (2) The program director shall submit the request for continuing exception in writing for consideration at a regular board meeting prior to the next term during which the nursing faculty member is scheduled to teach.

(c) (3) A list of courses required for the degree being pursued and college transcripts showing successful completion of a minimum of two of the courses during the past academic year shall accompany each request.

(3) c. The executive director of the board shall be authorized to make the initial decision on requests for exceptions. Any appeal of that decision shall be in accordance with the provisions of the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia ).

## 2. B. Number.

a. 1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and such number shall be reasonably proportionate to:

(1) a. Number of students enrolled;

(2) b. Frequency of admissions;

(3) c. Education and experience of faculty members;

(4) d. Number and location of clinical facilities; and

(5) e. Total responsibilities of the faculty.

b. 2. When students are giving direct care to patients, the ratio of students to faculty in clinical areas shall not exceed 10 students to one faculty member.

## 3. C. Conditions of employment.

a. 1. Qualifications and responsibilities for faculty positions shall be defined in writing.

b. 2. Faculty assignments shall allow time for class

and laboratory preparation; teaching; program revision; improvement of teaching methods; academic advisement and counseling of students; participation in faculty organizations and committees; attendance at professional meetings; and participation in continuing education activities.

4. *D. Functions.* The principal functions of the faculty shall be to:

- a. 1. Develop, implement and evaluate the philosophy and objectives of the nursing education program;
- b. 2. Participate in designing, implementing, teaching, and evaluating and revising the curriculum;
- c. 3. Develop and evaluate student admission, progression, retention and graduation policies within the framework of the controlling institution;
- d. 4. Participate in academic advisement and counseling of students; and
- e. 5. Provide opportunities for student and graduate evaluation of curriculum and teaching and program effectiveness.

5. *E. Organization.*

- a. 1. The nursing faculty shall hold regular meetings for the purpose of developing, implementing and evaluating the nursing education program.
- b. 2. Minutes of faculty and committee meetings, including actions taken, shall be recorded and available for reference.
- c. 3. There shall be provision for student participation.

~~D. Students.~~ § 2.7. *Admission, promotion and graduation of students.*

~~1. Admission, promotion and graduation.~~

a. A. Requirements for admission to the nursing education program shall not be less than the statutory requirements that will permit the graduate to be admitted to the appropriate licensing examination.

EXPLANATORY NOTE: Reference subdivision 1 of subsection A of § 54.1-3017 of the Code of Virginia: The equivalent of a four-year high school course of study is considered to be:

- (1) 1. A General Educational Development (GED) certificate for high school equivalence; or
- (2) 2. Satisfactory completion of the college courses required by the nursing education program.

b. B. Students shall be selected on the basis of

established criteria and without regard to age, race, creed, sex or national origin.

e. C. Requirements for admission, readmission, advanced standing, progression, retention, dismissal and graduation shall be available to the students in written form.

~~E. Records.~~ § 2.8. *School records; student records; school bulletin or catalogue.*

~~1. School records.~~ A. A system of records shall be maintained and be made available to the board representative and shall include:

- a. 1. Data relating to accreditation by any agency or body,
- b. 2. Course outlines,
- c. 3. Minutes of faculty and committee meetings,
- d. 4. A record of the performance of graduates on the licensing examination,
- e. 5. Survey reports.

~~2. Student records.~~

a. B. A file shall be maintained for each student. Each file shall be available to the board representative and shall include:

- (1) 1. The student's application,
- (2) 2. High school transcript or copy of high school equivalence certificate,
- (3) 3. Current record of achievement.

~~b.~~ A final transcript shall be retained in the permanent file of the institution.

e. Provision shall be made for the protection of student and graduate records against loss, destruction and unauthorized use.

~~3. School bulletin or catalogue.~~ C. Current information about the nursing education program shall be published periodically and distributed to students, applicants for admission and the board. Such information shall include:

- a. 1. Description of the program.
- b. 2. Philosophy and objectives of the controlling institution and of the nursing program.
- c. 3. Admission and graduation requirements.
- d. 4. Fees.
- e. 5. Expenses.

# Proposed Regulations

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~~f.~~ 6. Financial aid.

~~g.~~ 7. Tuition refund policy.

~~h.~~ 8. Education facilities.

~~i.~~ 9. Living accommodations.

~~j.~~ 10. Student activities and services.

~~k.~~ 11. Curriculum plan.

~~l.~~ 12. Course descriptions.

~~m.~~ 13. Faculty-staff roster.

~~n.~~ 14. School calendar.

## ~~F.~~ § 2.9. Curriculum.

~~1.~~ A. Curriculum shall reflect the philosophy and objectives of the nursing education program, and shall be consistent with the law governing the practice of nursing.

~~2.~~ B. The ratio between nursing and nonnursing credit shall be based on a rationale to ensure sufficient preparation for the safe and effective practice of nursing.

~~3.~~ C. Learning experiences shall be selected to fulfill curriculum objectives.

~~4.~~ D. Nursing education programs preparing for practical nursing licensure shall include:

~~a.~~ 1. Principles and practice in nursing encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle;

~~b.~~ 2. Basic concepts of the nursing process;

~~c.~~ 3. Basic concepts of anatomy, physiology, chemistry, physics and microbiology;

~~d.~~ 4. Basic concepts of communication, growth and development, interpersonal relations, patient education and cultural diversity;

~~e.~~ 5. Ethics, nursing history and trends, vocational and legal aspects of nursing, including regulations and sections of the Code of Virginia related to nursing; and

~~f.~~ 6. Basic concepts of pharmacology, nutrition and diet therapy.

~~5.~~ E. Nursing education programs preparing for registered nurse licensure shall include:

~~a.~~ 1. Theory and practice in nursing, encompassing the attainment and maintenance of physical and mental

health and the prevention of illness throughout the life cycle for individuals, groups and communities;

~~b.~~ 2. Concepts of the nursing process;

~~c.~~ 3. Concepts of anatomy, physiology, chemistry, microbiology and physics;

~~d.~~ 4. Sociology, psychology, communications, growth and development, interpersonal relations, group dynamics, cultural diversity and humanities;

~~e.~~ 5. Concepts of pharmacology, nutrition and diet therapy, and pathophysiology;

~~f.~~ 6. Concepts of ethics, nursing history and trends, and the professional and legal aspects of nursing, including regulations and sections of the Code of Virginia related to nursing; and

~~g.~~ 7. Concepts of leadership, management and patient education.

## ~~G.~~ § 2.9. Resources, facilities and services.

~~1.~~ A. Periodic evaluations of resources, facilities and services shall be conducted by the administration, faculty, students and graduates of the nursing education program.

~~2.~~ B. Secretarial and other support services shall be provided.

~~3.~~ C. Classrooms, conference rooms, laboratories, clinical facilities and offices shall be available to meet the objectives of the nursing education program and the needs of the students, faculty, administration and staff.

~~4.~~ D. The library shall have holdings that are current, pertinent and accessible to students and faculty, and sufficient in number to meet the needs of the students and faculty.

~~5.~~ E. Written agreements with cooperating agencies shall be developed, maintained and periodically reviewed. The agreement shall:

~~a.~~ 1. Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences.

~~b.~~ 2. Provide that an instructor shall be present on the clinical unit(s) *unit or units* to which students are assigned for direct patient care.

~~c.~~ 3. Provide for cooperative planning with designated agency personnel.

~~6.~~ F. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives.

# Proposed Regulations

7. G. Cooperating agencies shall be approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.

## H. § 2.10. Program changes.

1. A. The following proposed changes require board approval prior to their implementation:

a. 1. Proposed changes in the nursing education program's philosophy and objectives that result in program revision.

b. 2. Proposed changes in the curriculum that result in alteration of the length of the nursing education program.

2. B. Other additions, deletions or revisions of courses shall be reported to the board with the annual report required in § 2.3 2.12 A of these regulations.

## I. § 2.11. Procedure for approval of program change.

1. A. When a program change is contemplated, the program director shall inform the board or board representative.

2. B. When a program change is requested, a plan shall be submitted to the board including:

a. 1. Proposed change,

b. 2. Rationale for the change,

c. 3. Relationship of the proposed change to the present program.

3. C. Fifteen copies of these materials shall be submitted to the board at least three weeks prior to the board meeting at which the request will be considered.

### Article 3. Maintaining or Closing an Approved Nursing Education Program.

## § 2.3. 2.12. Maintaining an approved nursing education program.

A. The program director of each nursing education program shall submit an annual report to the board.

B. Each nursing education program shall be reevaluated at least every eight years and shall require:

1. A comprehensive self-evaluation report based on § 2.2 of these regulations Article 2 of this part , and

2. A survey visit by a representative(s) of the board on dates mutually acceptable to the institution and the board.

C. The self-evaluation and survey visit reports shall be presented to the board for consideration and action at a regularly scheduled board meeting. The reports and the action taken by the board shall be sent to the appropriate administrative officers of the institution. In addition, a copy shall be forwarded to the executive officer of the state agency or agencies having program approval authority or coordinating responsibilities for the governing institutions. The Education Special Conference Committee (the "committee"), comprised of not less than three members of the board, shall, in accordance with § 9-6.14:11 of the Code of Virginia, receive and review the self-evaluation and survey reports and shall make a recommendation to the board for grant of continued or conditional approval.

D. Interim visits shall be made to the institution by board representatives at any time within the eight-year period either by request or as deemed necessary by the board.

E. 1. A nursing education program shall continue to be approved provided the requirements set forth in § 2.2 of these regulations Article 2 of this part are attained and maintained.

F. 2. If the board committee determines that a nursing education program is not maintaining the requirements of § 2.2 of these regulations Article 2 of this part , the committee shall recommend to the board that the program shall be placed on conditional approval and the governing institution shall be given a reasonable period of time to correct the identified deficiencies. The institution may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

a. The committee shall receive and review reports of progress toward correcting identified deficiencies and, when a final report is received at the end of the specified time showing correction of deficiencies, make a recommendation to the board for grant of continued approval.

G. b. If the governing institution fails to correct the identified deficiencies within the time specified by the committee or the board, the board shall or a panel thereof may withdraw the approval following a hearing held pursuant to the provisions of the Administrative Process Act. (§ 9-6.14:1 et seq.) Sections 2.4 B and C of these regulations shall apply to any nursing education program whose approval has been withdrawn .

c. The governing institution may request a formal hearing before the board or a panel thereof pursuant to § 9-6.14:12 and subdivision 9 of § 54.1-2400 of the Code of Virginia if it objects to any action of the board relating to conditional approval.

# Proposed Regulations

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*D. Interim visits shall be made to the institution by board representatives at any time within the eight-year period either by request or as deemed necessary by the board.*

§ 2.4. 2.13. Closing of an approved nursing education program ; *voluntary closing; closing as a result of denial or withdrawal of approval; custody of records .*

A. **Voluntary closing.** When the governing institution anticipates the closing of a nursing education program, it shall notify the board in writing, stating the reason, plan and date of intended closing. The governing institution shall choose one of the following closing procedures:

1. The program shall continue until the last class enrolled is graduated.

a. The program shall continue to meet the standards for approval until all of the enrolled students have graduated.

b. The date of closure is the date on the degree, diploma or certificate of the last graduate.

c. The governing institution shall notify the board of the closing date.

2. The program shall close after the governing institution has assisted in the transfer of students to other approved programs.

a. The program shall continue to meet the standards required for approval until all students are transferred.

b. A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.

c. The date on which the last student was transferred shall be the closing date of the program.

B. **Closing as a result of denial or withdrawal of approval.** When the board denies or withdraws approval of a program, the governing institution shall comply with the following procedures:

1. The program shall close after the institution has made a reasonable effort to assist in the transfer of students to other approved programs. A time frame for the transfer process shall be established by the board.

2. A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.

3. The date on which the last student was transferred

shall be the closing date of the program.

C. **Custody of records.** Provision shall be made for custody of records as follows:

1. If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The institution shall inform the board of the arrangements made to safeguard the records.

2. If the governing institution ceases to exist, the academic transcript of each student and graduate shall be transferred by the institution to the board for safekeeping.

## Article 4.

### Clinical Nurse Specialist Education Program.

§ 2.5. 2.14. Clinical nurse specialist education program.

An approved program shall be offered by:

1. A nationally accredited school of nursing within a college or university that offers a master's degree in nursing designed to prepare a registered nurse for advanced practice in a clinical specialty in nursing; or

2. A college or university that offers a master's degree consistent with the requirements of a national certifying organization as defined in § 1.1 of these regulations.

## PART III. LICENSURE AND PRACTICE.

§ 3.1. Licensure by examination.

A. The board shall ~~administer~~ *authorize the administration of* examinations for registered nurse licensure and examinations for practical nurse licensure ~~no less than twice a year~~ .

B. ~~The minimum passing score on the examination for registered nurse and practical nurse licensure shall be determined by the board.~~

C. ~~If a candidate does not take the examination when scheduled, the application shall be retained on file as required for audit and the candidate must file a new application and fee to be rescheduled.~~

*B. A candidate shall be eligible to take the examination (i) upon receipt by the board of the completed application, fee and an official transcript from the nursing education program; and (ii) when a determination has been made that no grounds exist upon which the board may deny licensure pursuant to § 54.1-3007 of the Code of Virginia.*

*C. To establish eligibility for licensure by examination, an applicant for the licensing examination shall:*

1. File the required application, any necessary documentation and fee no later than 60 days prior to the first day of the month in which the applicant expects to take the examination.

2. Arrange for the board to receive an official transcript from the nursing education program which shows either:

a. That the degree or diploma has been awarded; or

b. That all requirements for awarding the degree or diploma have been met and specifies the date of conferral.

3. File a new application and fee if:

a. The examination is not taken within six months of the date that the board determines the applicant to be eligible; or

b. Eligibility is not established within six months of the original filing date.

D. The minimum passing score on the examination for registered nurse licensure and practical nurse licensure shall be determined by the board.

D. E. Any applicant suspected of giving or receiving unauthorized assistance during the writing of the examination shall may be noticed for a hearing before the board pursuant to the provisions of the Administrative Process Act (§ 9-6.14:1 et seq. of the Code of Virginia) to determine whether the license shall be issued eligibility for licensure or reexamination .

E. F. The board shall not release examination results of a candidate to any individual or agency without written authorization from the applicant or licensee.

F. An applicant for the licensing examination shall:

1. File the required application and fee no less than 60 days prior to the scheduled date of the examination.

2. Arrange for the board to receive the final certified transcript from the nursing education program at least 15 days prior to the examination date or as soon thereafter as possible. The transcript must be received prior to the reporting of the examination results to candidates.

G. Fifteen days prior to an examination date, all program directors shall submit a list of the names of those students who have completed or are expected to complete the requirements for graduation since the last examination. Any change in the status of a candidate within the above specified 15-day period shall be reported to the board immediately.

H. G. Practice of nursing pending receipt of examination results.

1. Graduates of approved nursing education programs An eligible graduate who has filed an application for licensure in Virginia may practice nursing in Virginia pending for a period not to exceed 90 days between completion of the nursing education program and the receipt of the results of the candidate's first licensing examination given by a board of nursing following their graduation, provided they have filed an application for licensure in Virginia. Candidates taking the examination in Virginia shall file the application for licensure by examination. Candidates taking the examination in other jurisdictions shall file the application for licensure by endorsement .

2. Candidates who practice nursing as provided in § 3.1 H G 1 of these regulations shall use the designation "R.N. Applicant" or "L.P.N. Applicant" when signing official records.

3. The designations "R.N. Applicant" and "L.P.N. Applicant" shall not be used by applicants who either do not take the examination within 90 days following completion of the nursing education program or who have failed the first examination for which they are eligible .

I. H. Applicants who fail the examination.

1. An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Virginia.

2. An applicant for licensure by reexamination shall file the required application and fee no less later than 60 days prior to the scheduled date of first day of the month in which the applicant expects to take the examination in order to establish eligibility .

3. Applicants who have failed the licensing examination for licensure in another U.S. jurisdiction and who meet but satisfy the qualifications for licensure in this jurisdiction may apply for licensure by examination in Virginia. Such applicants shall submit the required application and fee. Such applicants shall not, however, be permitted to practice nursing in Virginia until the requisite license has been issued.

§ 3.2. Licensure by endorsement.

A. A graduate of an approved nursing education program who has been licensed by examination in another U.S. jurisdiction and whose license is in good standing, or is eligible for reinstatement, if lapsed, shall be eligible for licensure by endorsement in Virginia, provided the applicant satisfies the requirements for registered nurse or practical nurse licensure.



# Proposed Regulations

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B. An applicant for licensure by endorsement shall submit the required application and fee and submit the required form to the appropriate credentialing agency in the state of original licensure for verification of licensure. Applicants will be notified by the board after 30 days, if the completed verification form has not been received.

C. If the application is not completed within one year of the initial filing date, the application shall be retained on file by the board as required for audit.

## § 3.3. Licensure of applicants from other countries.

A. Applicants whose basic nursing education was received in, and who are duly licensed under the laws of another country, shall be scheduled to take the licensing examination provided they meet the statutory qualifications for licensure. Verification of qualification shall be based on documents submitted as required in § 3.3 B and C of these regulations.

B. Such applicants for registered nurse licensure shall:

1. Submit evidence of a passing score on the Commission on Graduates of Foreign Nursing Schools Qualifying Examination; and
2. Submit the required application and fee for licensure by examination.

C. Such applicants for practical nurse licensure shall:

1. Request a transcript from the nursing education program to be submitted directly to the board office;
2. Provide evidence of secondary education to meet the statutory requirements;
3. Request that the credentialing agency, in the country where licensed, submit the verification of licensure form directly to the board office; and
4. Submit the required application and fee for licensure by examination.

## § 3.4. Renewal of licenses.

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. No less than 30 days prior to the last day of the licensee's birth month, an application for renewal of license shall be mailed by the board to the last known address of each licensee, who is currently licensed.

C. The licensee shall complete the application and return it with the required fee.

D. Failure to receive the application for renewal shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

E. The license shall automatically lapse if the licensee fails to renew by the last day of the birth month.

F. Any person practicing nursing during the time a license has lapsed shall be considered an illegal practitioner and shall be subject to prosecution under the provisions of § 54.1-3008 of the Code of Virginia.

## § 3.5. Reinstatement of lapsed licenses.

A. A nurse whose license has lapsed shall file a reinstatement application and pay the current renewal fee and the reinstatement fee.

B. The board may request evidence that the nurse is prepared to resume practice in a competent manner.

## § 3.6. Duplicate license.

A duplicate license for the current renewal period shall be issued by the board upon receipt of the required information and fee.

## § 3.7. Evidence of change of name.

A licensee who has changed his name shall submit as legal proof to the board a copy of the marriage certificate or court order evidencing the change. A duplicate license shall be issued by the board upon receipt of such evidence and the required fee.

## § 3.8. Requirements for current mailing address.

A. All notices, required by law and by these regulations to be mailed by the board to any licensee, shall be validly given when mailed to the latest address on file with the board.

B. Each licensee shall maintain a record of his current mailing address with the board.

C. Any change of address by a licensee shall be submitted in writing to the board within 30 days of such change.

§ 3.9. Licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a registered nurse or a licensed dentist within the context of § 54.1-3408 of the Code of Virginia.

## § 3.10. Clinical nurse specialist registration.

A. Initial registration.

An applicant for initial registration as a clinical nurse specialist shall:

1. Be currently licensed as a registered nurse in Virginia;
2. Submit evidence of graduation from an approved program as defined in § 2-5 2.14 of these regulations;
3. Submit evidence of current specialty certification from a national certifying organization as defined in § 1.1 of these regulations; and
4. Submit the required application and fee.

## B. Renewal of registration.

1. Registration as a clinical nurse specialist shall be renewed biennially at the same time the registered nurse license is renewed.
2. The clinical nurse specialist shall complete the renewal application and return it with the required fee and evidence of current specialty certification unless registered in accordance with an exception.
3. Registration as a clinical nurse specialist shall lapse if the registered nurse license is not renewed and may be reinstated as follows:
  - a. Reinstatement of R.N. license;
  - b. Payment of reinstatement and current renewal fees; and
  - c. Submission of evidence of continued specialty certification unless registered in accordance with an exception.

## § 3.11. Clinical nurse specialist practice.

A. The practice of clinical nurse specialists shall be consistent with the :

1. Education required in § 2-5 2.14 of these regulations, and
2. Experience required for specialist certification.

B. The clinical nurse specialist shall provide those advanced nursing services that are consistent with the standards of specialist practice as established by a national certifying organization for the designated specialty and in accordance with the provisions of Title 54.1 of the Code of Virginia.

C. Advanced practice as a clinical nurse specialist shall include but shall not be limited to performance as an expert clinician to:

1. Provide direct care and counsel to individuals and groups;
2. Plan, evaluate and direct care given by others; and

3. Improve care by consultation, collaboration, teaching and the conduct of research.

## PART IV. DISCIPLINARY PROVISIONS.

### § 4.1. *Disciplinary provisions.*

A. The board has the authority to deny, revoke or suspend a license issued, or to otherwise discipline a licensee upon proof that the licensee has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

A. 1. Fraud or deceit ~~shall mean~~ *means* , but shall not be limited to:

1. a. Filing false credentials;
2. b. Falsely representing facts on an application for initial license, reinstatement or renewal of a license; or
3. c. Giving or receiving assistance in writing the licensing examination.

B. 2. Unprofessional conduct ~~shall mean~~ *means* , but shall not be limited to:

1. a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 *et seq.*) of Title 54.1 of the Code of Virginia , or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;
2. b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;
3. c. Obtaining supplies, equipment or drugs for personal or other unauthorized use;
4. d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;
5. e. Falsifying or otherwise altering patient or employer records;
6. f. Abusing, neglecting or abandoning patients or clients; or
7. g. Practice of a clinical nurse specialist beyond that defined in § 3.11 of these regulations.
8. h. Holding self out as or performing acts constituting the practice of a clinical nurse specialist unless so registered by the board.

# Proposed Regulations

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§ 4.2. B. Any sanction imposed on the registered nurse license of a clinical nurse specialist shall have the same effect on the clinical nurse specialist registration.

## PART V. CERTIFIED NURSE AIDES.

### § 5.1. Definitions.

The following words and terms when used in these regulations, shall have the following meanings, unless the context clearly indicates otherwise:

"Nurse aide education program" means a program designed to prepare nurse aides for certification.

"Nursing facility" means an entity which is certified for Medicare or Medicaid long term care reimbursement.

"Primary instructor" means a registered nurse who is responsible for teaching and evaluating the students enrolled in a nurse aide education program.

"Program coordinator" means a registered nurse who is administratively responsible and accountable for a nurse aide education program.

"Program provider" means an entity which conducts a nurse aide education program.

### § 5.2. Delegation of authority.

The executive director of the board shall issue a certificate as a certified nurse aide to each applicant who qualifies for such a certificate under §§ 54.1-3024, 54.1-3025, 54.1-3026 and 54.1-3028 of the Code of Virginia.

### § 5.3. Nurse aide education programs.

#### A. Establishing a nurse aide education program.

1. A program provider wishing to establish a nurse aide education program shall submit an application to the board at least 90 days in advance of the expected opening date.

2. The application shall provide evidence of the ability of the institution to comply with § 5.3 B of these regulations.

3. The application shall be considered at a meeting of the board. The board shall, after review and consideration, either grant or deny approval. The Education Special Conference Committee (the "committee"), comprised of not less than three members of the board, shall, in accordance with § 9-6.14.11 of the Code of Virginia, receive and review the application and shall make a recommendation to the board for grant or denial of approval.

4. If approval is denied the program provider may

request a hearing before the board and the provisions of the Administrative Process Act shall apply. (~~§ 9-6.14.1 et seq.~~) If the committee's recommendation is to deny approval, no further action will be required of the board unless the program requests a hearing before the board or a panel thereof in accordance with § 9-6.14.12 and subdivision 9 of § 54.1-2400 of the Code of Virginia.

#### B. Maintaining an approved nurse aide education program.

To maintain approval, the nurse aide education program shall demonstrate evidence of compliance with the following essential elements:

1. Curriculum content and length as set forth in §§ 5.3 D and 5.3 G of these regulations.

2. Maintenance of qualified instructional personnel as set forth in § 5.3 C of these regulations.

3. Classroom facilities that meet requirements set forth in § 5.3 H of these regulations.

4. Maintenance of records as set forth in § 5.3 E of these regulations.

5. Skills training experience in a nursing facility which has not been subject to penalty or penalties as provided in 42 FR CFR § 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation Programs, effective April 1, 1992) in the past two years.

6. Agreement that board representatives may make unannounced visits to the program.

7. Impose no fee for any portion of the program on any nurse aide who, on the date on which the nurse aide begins the program, is either employed or has an offer of employment from a nursing facility.

8. Must report all substantive changes in subdivisions 1 through 7 of § 5.3 B of these regulations within 10 days of the change to the board.

#### C. Instructional personnel.

##### 1. Program coordinator.

a. The program coordinator in a nursing facility based program may be the director of nursing services. The director of nursing may assume the administrative responsibility and accountability for the nurse aide education program but shall not engage in the actual classroom and clinical teaching.

b. The primary instructor may be the program coordinator in any nurse aide education program.

## 2. Primary instructor.

### a. Qualifications.

(1) The primary instructor, who does the actual teaching of the students, shall hold a current Virginia license as a registered nurse; and

(2) Shall have two years of experience as a registered nurse and at least one year of experience within the previous five years in the provision of long term care facility services. Such experience may include, but not be limited to, employment in a nurse aide education program or employment in or supervision of nursing students in a nursing facility or unit, geriatrics department, chronic care hospital, home care or other long-term care setting. Experience should include varied responsibilities, such as direct resident care, supervision and education.

### b. Responsibilities. The primary instructor shall:

(1) Participate in the planning of each learning experience;

(2) Ensure that course objectives are accomplished;

(3) Ensure that the provisions of § 5.3 C 6 of these regulations are maintained;

(4) Maintain records as required by § 5.3 E of these regulations; and

(5) Perform other activities necessary to comply with § 5.3 B of these regulations.

(6) Ensure that students do not perform services for which they have not received instruction and been found proficient by the instructor.

## 3. Other instructional personnel.

### a. Qualifications.

(1) A registered nurse shall:

(a) Hold a current Virginia license as a registered nurse; and

(b) Have had at least one year, within the preceding five years, of direct patient care experience as a registered nurse with the elderly or chronically ill, or both, of any age.

(2) A licensed practical nurse shall:

(a) Hold a current Virginia license as a practical nurse;

(b) Hold a high school diploma or equivalent;

(c) Have been graduated from a state-approved practical nursing program; and

(d) Have had at least two years, within the preceding five years, of direct patient care experience with the elderly or chronically ill, or both, of any age.

b. Responsibilities. Other personnel shall provide instruction under the general supervision of the primary instructor.

4. Prior to being assigned to teach the nurse aide education program, all instructional personnel shall demonstrate competence to teach adults by one of the following:

a. Complete satisfactorily a "train-the-trainer" program approved by the board. Such a program shall be approved by the board for five years, at which time the sponsor must request reapproval of the program. The content of the program must include:

(1) Basic principles of adult learning;

(2) Teaching methods and tools for adult learners; and

(3) Evaluation strategies and measurement tools for assessing the learning outcomes; or

b. Complete satisfactorily a credit or noncredit course or courses approved by the board. Such courses shall be evaluated for approval by the board upon request from the individual taking the course. The content of such credit or noncredit course shall be comparable to that described in § 5.3 C 4 a of these regulations; or

c. Provide evidence acceptable to the board of experience in teaching adult learners within the preceding five years.

5. The program may utilize resource personnel who have had at least one year of experience in their field to meet the planned program objectives for specific topics.

6. When students are giving direct care to clients in clinical areas, instructional personnel must be on site solely to supervise the students. The ratio of students to each instructor shall not exceed 10 students to one instructor.

## D. Curriculum.

1. The graduate of the nurse aide education program shall be prepared to:

a. Communicate and interact competently on a

# Proposed Regulations

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one-to-one basis with the clients;

b. Demonstrate sensitivity to clients' emotional, social, and mental health needs through skillful directed interactions;

c. Assist clients in attaining and maintaining functional independence;

d. Exhibit behavior in support and promotion of clients' rights; and

e. Demonstrate skills in observation and documentation needed to participate in the assessment of clients' health, physical condition and well-being.

2. Content. The curriculum shall include, but shall not be limited to, classroom and clinical instruction in the following:

a. Initial core curriculum. Prior to the direct contact of a student with a nursing facility client, a total of at least 16 hours of instruction in the following areas must be presented:

- (1) Communication and interpersonal skills,
- (2) Infection control,
- (3) Safety and emergency procedures, including the Heimlich Maneuver,
- (4) Promoting client independence, and
- (5) Respecting clients' rights.

b. Basic skills.

(1) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor.

(2) Measuring and recording routine vital signs.

(3) Measuring and recording height and weight.

(4) Caring for the clients' environment.

(5) Measuring and recording fluid and food intake and output.

(6) Performing basic emergency measures.

(7) Caring for client when death is imminent.

c. Personal care skills.

(1) Bathing and oral hygiene.

(2) Grooming.

(3) Dressing.

(4) Toileting.

(5) Assisting with eating and hydration including proper feeding techniques.

(6) Caring for skin.

(7) Transfer, positioning and turning.

d. Individual client's needs including mental health and social service needs.

(1) Identifying the psychosocial characteristics of the populations who reside in nursing homes.

(2) Modifying the aide's behavior in response to behavior of clients.

(3) Identifying developmental tasks associated with the aging process.

(4) Providing training in and the opportunity for self care according to clients' capabilities.

(5) Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.

(6) Demonstrating skills supporting age-appropriate behavior by allowing the client to make personal choices, providing and reinforcing other behavior consistent with clients' dignity.

(7) Utilizing client's family or concerned others as a source of emotional support.

(8) Responding appropriately to client's behavior.

e. Care of the cognitively impaired client.

(1) Using techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others).

(2) Communicating with cognitively impaired residents.

(3) Demonstrating and understanding the behavior of cognitively impaired residents.

(4) Responding appropriately to the behavior of cognitively impaired residents.

(5) Using methods to reduce the effects of cognitive impairment.

f. Skills for basic restorative services.

- (1) Using assistive devices in transferring, ambulation, eating and dressing.
- (2) Maintaining range of motion.
- (3) Turning and positioning, both in bed and chair.
- (4) Bowel and bladder training.
- (5) Caring for and using prosthetic and orthotic devices.
- (6) Teaching the client in self-care according to the client's abilities as directed by a supervisor.

g. Clients' rights.

- (1) Providing privacy and maintaining confidentiality.
- (2) Promoting the client's right to make personal choices to accommodate individual needs.
- (3) Giving assistance in resolving grievances and disputes.
- (4) Providing assistance necessary to participate in client and family groups and other activities.
- (5) Maintaining care and security of the client's personal possessions.
- (6) Promoting the resident's rights to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate staff.
- (7) Avoiding the need for restraints in accordance with current professional standards.

h. Legal aspects of practice as a certified nurse aide.

3. Unit objectives.

- a. Objectives for each unit of instruction shall be stated in behavioral terms which are measurable.
- b. Objectives shall be reviewed with the students at the beginning of each unit.

E. Records.

1. Each nurse aide education program shall develop an individual record of major skills taught and the date of performance by the student. At the completion of the nurse aide education program, the nurse aide must receive a copy of this record.
2. A record of the reports of graduates' performance on the approved competency evaluation program shall

be maintained.

3. A record that documents the disposition of complaints against the program shall be maintained.

F. Student identification. The nurse aide students shall wear identification that is clearly recognizable to clients, visitors and staff.

G. Length of program.

1. The program shall be at least 80 clock hours in length.
2. The program shall provide for at least 16 hours of instruction prior to direct contact of a student with a nursing facility client.
3. Skills training in clinical settings shall be at least 40 hours. Five of the clinical hours may be in a setting other than a nursing home.
4. Employment orientation to facilities used in the education program must not be included in the 80 hours allotted for the program.

H. Classroom facilities. The nurse aide education program shall provide facilities that meet federal and state requirements including :

1. Comfortable temperatures.
2. Clean and safe conditions.
3. Adequate lighting.
4. Adequate space to accommodate all students.
5. All equipment needed, including audio-visual equipment and that needed for simulating resident care.

I. Program review.

1. Each nurse aide education program shall be reviewed on site by an agent of the board at least every two years following initial review.
2. ~~The report of the site visit shall be presented to the board for consideration and action. The report and the action taken by the board shall be sent to the appropriate administrative officer of the program. The committee, in accordance with § 9-6.14:11 of the Code of Virginia, shall receive and review the report of the site visit and shall make recommendations to the board to grant or deny continued approval.~~

*a. A nurse aide education program shall continue to be approved provided the requirements set forth in § 5.3 B through H of these regulations are maintained.*

# Proposed Regulations

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b. If the committee determines that a nurse aide education program is not maintaining the requirements of § 5.3 B through H of these regulations, with the exception of § 5.3 B 5, the committee shall recommend to the board that the program be placed on conditional approval and the program provider shall be given a reasonable period of time to correct the identified deficiencies.

(1) The committee shall receive and review reports of progress toward correcting identified deficiencies and, when a final report is received at the end of the specified time showing corrections of deficiencies, make a recommendation to the board for grant of continued approval.

(2) If the program provider fails to correct the identified deficiencies within the time specified by the committee or the board, the board or a panel thereof may withdraw approval following a hearing in accordance with § 9-6.14:12 and subdivision 9 of § 54.1-2400 of the Code of Virginia.

(3) The program provider may request a formal hearing before the board or a panel thereof pursuant to § 9-6.14:12 and subdivision 9 of § 54.1-2400 of the Code of Virginia if it objects to any action of the board relating to conditional approval.

3. The program coordinator shall prepare and submit a program evaluation report on a form provided by the board in the intervening year that an on site review is not conducted.

4. A nurse aide education program shall continue to be approved provided the requirements set forth in subsections B through H of § 5.3 of these regulations are maintained.

5. If the board determines that a nurse aide education program is not maintaining the requirements of subsections B through H of § 5.3 of these regulations, with the exception of § 5.3 B 5 of these regulations, the program may be placed on conditional approval and be given a reasonable period of time to correct the identified deficiencies. The program provider may request a hearing before the board and the provisions of the Administrative Process Act shall apply. (§ 9-6.14:1 et seq.)

6. If the program either fails to maintain the requirements of subsections B through H of § 5.3 of these regulations or to correct the identified deficiencies within the time specified by the board, the board may withdraw the approval following a hearing held pursuant to the provisions of the Administrative Process Act. (§ 9-6.14:1 et seq.)

J. Curriculum changes. Changes in curriculum must be approved by the board prior to implementation and shall be submitted for approval at the time of a report of a site

visit or the report submitted by the program coordinator in the intervening years.

## K. Interruption of program.

1. When a program provider does not wish to admit students for a period not to exceed one year, the provider may request that the program be placed on inactive status and shall not be subject to compliance with § 5.3 B of the regulations for the specified time.

2. Unless the program provider notifies the board that it intends to admit students, the program will be considered closed at the end of the one-year period and be subject to the requirements of § 5.3 L of these regulations.

L. Closing of a nurse education program. When a nurse aide education program closes, the program provider shall:

1. Notify the board of the date of closing.

2. Submit to the board a list of all graduates with the date of graduation of each.

## § 5.4. Nurse aide competency evaluation.

A. The board may contract with a test service for the development and administration of a competency evaluation.

B. All individuals completing a nurse aide education program in Virginia shall successfully complete the competency evaluation required by the board prior to making application for certification and to using the title Certified Nurse Aide.

C. The board shall determine the minimum passing score on the competency evaluation.

## § 5.5. Nurse aide registry.

A. Initial certification by examination.

1. To be placed on the registry and certified, the nurse aide must:

a. Satisfactorily complete a nurse aide education program approved by the board; or

b. Be enrolled in a nursing education program preparing for registered nurse or practical nurse licensure, have completed at least one nursing course which includes clinical experience involving client care; or

c. Have completed a nursing education program preparing for registered nurse licensure or practical nurse licensure; and

d. Pass the competency evaluation required by the

board; and

e. Submit the required application and fee to the board.

## 2. Initial certification by endorsement.

a. A graduate of a state approved nurse aide education program who has satisfactorily completed a competency evaluation program and is currently registered in another state may apply for certification in Virginia by endorsement.

b. An applicant for certification by endorsement shall submit the required application and fee and submit the required verification form to the credentialing agency in the state where registered, certified or licensed within the last two years.

3. Initial certification shall be for two years.

## B. Renewal of certification.

1. No less than 30 days prior to the expiration date of the current certification, an application for renewal shall be mailed by the board to the last known address of each currently registered certified nurse aide.

2. The certified nurse aide shall return the completed application with the required fee and verification of performance of nursing-related activities for compensation within the preceding two years.

3. Failure to receive the application for renewal shall not relieve the certificate holder of the responsibility for renewing the certification by the expiration date.

4. A certified nurse aide who has not performed nursing-related activities for compensation during the two years preceding the expiration date of the certification shall repeat and pass the nurse aide competency evaluation prior to applying for recertification.

C. Reinstatement of lapsed certification. An individual whose certification has lapsed shall file the required application and renewal fee and:

1. Verification of performance of nursing-related activities for compensation prior to the expiration date of the certificate and within the preceding two years; or

2. When nursing activities have not been performed during the preceding two years, evidence of having repeated and passed the nurse aide competency evaluation.

D. Evidence of change of name. A certificate holder who has changed his name shall submit as legal proof to

the board a copy of the marriage certificate or court order authorizing the change. A duplicate certificate shall be issued by the board upon receipt of such evidence and the required fee.

## E. Requirements for current mailing address.

1. All notices required by law and by these regulations to be mailed by the board to any certificate holder shall be validly given when mailed to the latest address on file with the board.

2. Each certificate holder shall maintain a record of his current mailing address with the board.

3. Any change of address by a certificate holder shall be submitted in writing to the board within 30 days of such change.

## § 5.6. Denial, revocation or suspension.

The board has the authority to deny, revoke or suspend a certificate issued, or to otherwise discipline a certificate holder upon proof that he has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit shall mean, but shall not be limited to:

a. Filing false credentials;

b. Falsely representing facts on an application for initial certification, reinstatement or renewal of a certificate; or

c. Giving or receiving assistance in taking the competency evaluation.

2. Unprofessional conduct shall mean, but shall not be limited to:

a. Performing acts beyond those authorized for practice as a nurse aide as defined in Chapter 30 (§ 54.1-3000 *et seq.*) of Title 54.1 of the Code of Virginia ;

b. Assuming duties and responsibilities within the practice of a nurse aide without adequate training or when competency has not been maintained;

c. Obtaining supplies, equipment or drugs for personal or other unauthorized use;

d. Falsifying or otherwise altering client or employer records;

e. Abusing, neglecting or abandoning clients; or



# Proposed Regulations

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f. Having been denied a license or having had a license issued by the board revoked or suspended.

## PART VI. MEDICATION ADMINISTRATION TRAINING PROGRAM.

~~§ 6.1. Medication administration training program. A.~~ Establishing a medication administration training program.

~~1. A.~~ A program provider wishing to establish a medication administration training program pursuant to § 54.1-3408 of the Code of Virginia shall submit an application to the board at least 90 days in advance of the expected beginning date.

~~2. B.~~ The application shall be considered at a meeting of the board. The board shall, after review and consideration, either grant or deny approval.

~~3. C.~~ If approval is denied, the program provider may request a hearing before the board, and the provisions of the Administrative Process Act shall apply (§ 9-6.14:1 et seq. of the Code of Virginia ).

~~B. § 6.2.~~ Qualifications of instructional personnel.

Instructors shall be licensed health care professionals who, consistent with provisions of the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia ), are authorized to administer, prescribe or dispense drugs and who have completed a program designed to prepare the instructor to teach the course as it applies to the clients in the specific setting in which those completing the course will administer medications.

~~C. § 6.3.~~ Content.

The curriculum shall include classroom instruction and practice in the following:

1. Preparing for safe administration of medications to clients in specific settings by:

a. Demonstrating an understanding of the client's rights regarding medications, treatment decisions and confidentiality.

b. Recognizing emergencies and other health-threatening conditions and responding accordingly.

c. Identifying medication terminology and abbreviations.

2. Maintaining aseptic conditions by:

a. Implementing universal precautions.

b. Insuring cleanliness and disinfection.

c. Disposing of infectious or hazardous waste.

3. Facilitating client self-administration or assisting with medication administration by:

a. Reviewing administration records and prescriber's orders.

b. Facilitating client's awareness of the purpose and effects of medication.

c. Assisting the client to interpret prescription labels.

d. Observing the five rights of medication administration and security requirements appropriate to the setting.

e. Following proper procedure for preparing medications.

f. Measuring and recording vital signs to assist the client in making medication administration decisions.

g. Assisting the client to administer oral medications.

h. Assisting the client with administration of prepared instillations and treatments of:

(1) Eye drops and ointments.

(2) Ear drops.

(3) Nasal drops and sprays.

(4) Topical preparations.

(5) Compresses and dressings.

(6) Vaginal and rectal products.

(7) Soaks and sitz baths.

(8) Inhalation therapy.

(9) Oral hygiene products.

i. Reporting and recording the client's refusal to take medication.

j. Documenting medication administration.

k. Documenting and reporting medication errors.

l. Maintaining client records according to facility policy.

m. Sharing information with other staff orally and by using documents.

n. Storing and securing medications.

o. Maintaining an inventory of medications.

p. Disposing of medications.

4. Facilitating client self-administration or assisting with the administration of insulin. Instruction and practice in the administration of insulin shall be included only in those settings where required by client needs and shall include:

a. Cause and treatment of diabetes.

b. The side effects of insulin.

c. Preparation and administration of insulin.

**NOTICE:** The forms used in administering the Regulations of the Board of Nursing are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Board of Nursing, Southern States Building, 6606 West Broad Street, 4th Floor, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Room 262, Richmond, Virginia.

Application for Licensure by Endorsement - Registered Nurse

Application for Licensure by Endorsement - Licensed Practical Nurse

Application for Licensure by Examination - Registered Nurse

Application for Licensure by Examination - Licensed Practical Nurse

Application for Licensure by Repeat Examination - Registered Nurse

Application for Licensure by Repeat Examination - Licensed Practical Nurse

Application for Licensure by Examination for Nurses Educated in Other Countries

Application for Licensure by Examination for Licensed Practical Nurses Educated in Other Countries

Application for Reinstatement of License as a Registered Nurse

Application for Reinstatement of License as a Licensed Practical Nurse

Application for Registration as a Clinical Nurse Specialist

Survey Visit Report

Annual Report for Registered Nursing Programs

Annual Report for Practical Nursing Programs

Certified Nurse Aide Renewal

Application for Reinstatement of Nurse Aide Certification

Application for Nurse Aide Certification by Endorsement

Nurse Aide Certification Verification Form

Application to Establish Nurse Aide Education Program

Program Evaluation Report

On-Site Review Report

Evaluation of On-Site Visitor

Application for Approval of Train-the-Trainer Program

Request for Statistical Information

VA.R. Doc. No. R95-318A; Filed March 1, 1995, 10:57 a.m.

## BOARD OF PHARMACY

**Title of Regulation:** VR 530-01-1. Regulations of the Board of Pharmacy.

**Statutory Authority:** §§ 54.1-2400, 54.1-3307, and 54.1-3312 of the Code of Virginia.

**Public Hearing Date:** April 12, 1995 - 1 p.m.

Written comments may be submitted until May 22, 1995.

(See Calendar of Events section for additional information)

**Basis:** Chapter 24 (§ 54.1-2400 et seq.) and Chapter 33 (§ 54.1-3300 et seq.) of Title 54.1 of the Code of Virginia provide the basis for these regulations.

Chapter 24 establishes the general powers and duties of health regulatory boards including the power to establish qualifications for licensure and responsibility to promulgate regulations.

Chapter 33 establishes the Board of Pharmacy and authorizes that board to regulate the practice of pharmacy consistent with the public health and safety. Section 54.1-3312, effective July 1, 1995, mandates that the board shall license graduates of foreign colleges of pharmacy and provides for board approval of required equivalency and language examinations and a period of practical experience. Current regulations do not provide for such licensure.

**Purpose:** The purpose of the amendments to this regulation is to establish criteria for the licensure of foreign graduates consistent with the provisions of § 54.1-3312 of

# Proposed Regulations

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the Code of Virginia and with the board's responsibility to ensure the safety of the practice of pharmacy.

## Substance:

A new definition for a "foreign college of pharmacy" is proposed in § 1.1 in order to provide a consistent criteria for acceptance of an educational program. Pharmacy "colleges" vary widely in other countries in their offerings and length of study and have no accreditation of their programs. The board seeks to establish a definition as to what constitutes a "foreign college," the courses offered, and the duration of the program.

The requirements for licensure of foreign-trained graduates are established in a new section (§ 2.5) of the regulations. The board proposes that the Foreign Pharmacy Graduate Examination Committee (FPGEC) of the National Association of Boards of Pharmacy (NABP) provide verification of graduation, passage of the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), and passage of the Test of English as a Foreign Language (TOEFL).

In addition, the board proposes passage of the Test of Spoken English (TSE) and fulfillment of requirements for practical experience and examination identical to that of applicants educated in the United States.

Issues: Section 54.1-3312 of the Code of Virginia was amended by the 1994 General Assembly to allow for the licensure of graduates of foreign schools of pharmacy. By the effective date of July 1, 1995, the board must have regulations and a process established for licensure.

The board considered criteria consistent with the provisions of the law, specifically that the applicant:

1. Be a graduate of a foreign school of pharmacy;
2. Complete a college of pharmacy equivalency examination program;
3. Complete written and oral communication ability test of the English language;
4. Fulfill practical experience requirements in the United States; and
5. Pass the pharmacy examinations prescribed by the board.

With criteria specified in the Code of Virginia, the only alternatives considered by the board related to the process for verification that the applicant has completed the requirements. The Regulatory Committee of the board surveyed 13 of the 36 states which license foreign graduates to determine: (i) what foreign pharmacy graduate equivalency examination was required; (ii) whether they were aware of any other exam being offered; (iii) whether they required TOEFL and TSE and

whether any other such tests was available; (iv) what minimum passing scores were required. The committee also investigated requirements for practical experience and any other special criteria or problems encountered by states currently licensing foreign graduates.

From information obtained in the board's survey and from a report of requirements in all states, the alternatives were as follows:

1. Verification of documents. Have documentation of education and equivalency examinations submitted to the board for verification; or use the services of an established committee of NABP for verification.

The board proposes to require the applicant to submit evidence to NABP, who will document completion of the requirements.

The advantages of this alternative are: (i) NABP has an existing committee of educators and administrators who have the expertise and experience to evaluate the curricula and program of schools outside the United States and a mechanism in place to accomplish that task. In 1993, they evaluated 1,184 applicants representing 73 countries and over 200 foreign schools of pharmacy; (ii) almost every state that licenses foreign graduates involves NABP in the process; and (iii) use of an existing accreditation agency will be less costly and burdensome for the board and for applicants.

The disadvantage of this alternative is that the individual state has little control over the cost and the process of verification of documents. However, the foreign-educated applicant who is seeking licensure in the U. S. will be required to have the NABP certification for licensure in any state other than Virginia, so use of a centralized agency will result in a less cumbersome and expensive process.

2. Equivalency examinations. Have examinations developed specifically for use in Virginia; or require existing examinations offered by NABP (the FPGEE) and the Educational Testing Service (TOEFL and TSE).

The board proposes to require passage of examinations offered by established services as a determination of the applicant's ability to practice pharmacy in the Commonwealth.

The advantages of this alternative are: (i) development of examinations for pharmacy equivalency and English proficiency would be very costly, impossible to develop and implement by July 15, 1995, and the validity subject to controversy; and (ii) NABP (the FPGEE) and the Educational Testing Service (TOEFL and TSE) are currently the sole source for equivalency examinations and are utilized by 35 of the 36 states that license foreign graduates

(New York admits applicants based on review of credentials).

Again, the disadvantage of this alternative is the transfer of responsibility and content for the examinations to an outside agency or service. However, the board does not believe development of its own examinations would be the most cost effective or least burdensome alternative for licensees or the public they serve.

3. Passing scores. Specify a passing score within regulations for each exam; specify that the minimum score is that accepted by the testing service or agency; or specify that the passing score shall be determined by the board.

The board proposes to allow the board to determine a passing score prior to distribution of applications.

The advantages of this alternative are: (i) that the board retains the ability to determine the minimum score without having it fixed in regulation or determined by an outside entity; and (ii) that the board may find it necessary (as have other states) to require a cut score higher than the minimum passing score required by the testing service in order to ensure that the applicant has at least the minimum competencies, skills, and command of the English language for the safe and effective practice of pharmacy in Virginia.

The disadvantage of this alternative is that the board will have to monitor examination scores and evaluate against performance on the NABPLEX and state and federal drug law examinations. The board will also monitor its disciplinary cases to determine if any breakdown in communication has resulted in substandard practice or failure to counsel as required by law. While this alternative places a burden on the board to determine passing scores, it offers greater flexibility and protection in ensuring quality pharmacy services.

### Estimated Fiscal Impact:

A. Projected number of persons affected and their cost of compliance:

The board has received inquiries from approximately 100 persons interested in becoming licensed under the new provisions of § 54.1-3312. Initially, the board expects to have applications from 100 to 150 foreign graduates. Thereafter, an estimated 25 to 30 persons per year might apply for licensure as pharmacists.

Cost of compliance:

In addition to the cost of initial licensure paid to the board by every applicant, the foreign-trained applicant will incur costs charged by testing services for equivalency

examinations:

The cost to the candidate for the Foreign Pharmacy Graduate Equivalency Examination (FPGEE) by NABP is \$700.

Costs from Educational Testing Service for the Test of English as a Foreign Language exam range from \$38 to \$45 and \$110 for Test of Spoken English.

No new fees payable to the board are proposed. Applicants will be required to submit the current application fee of \$300, which includes the cost of taking the National Association of Boards of Pharmacy Examination (NABPLEX), the Federal Drug Law Examination (FDLE), and the State Drug Law Examination (SDLE).

B. Costs to the agency for implementation:

1. Staff time will be required to process additional applications for licensure; however, no additional staff is proposed and costs will be covered within the current fee structure of the board.

2. Other approximate costs include:

- Mailing of notices to Public Participation Guidelines list, of final regulations to licensees, and information and applications to foreign graduates interested in licensure in Virginia at an approximate cost of \$4,000.
- Increase in disciplinary cases resulting from an additional number of licensees. At an estimated cost of \$400 to \$500 per informal hearing, the additional cost to the board will depend on the number of new cases.

All funds of the board are derived from licensee fees, and application and renewal fees from foreign-trained pharmacists being licensed in Virginia are expected to cover any additional costs.

C. Cost to local governments:

There will be no impact of these regulations on local governments.

### Summary:

*The 1994 General Assembly amended § 54.1-3312 of the Code of Virginia with an effective date of July 1, 1995, to authorize the board to license graduates of foreign schools of pharmacy provided they meet other qualifications provided in the law. The amendments proposed by the board, pursuant to the statutory requirements, define a "foreign college of pharmacy" and specify the pharmacy equivalency examination and the examination of written and spoken English.*

# Proposed Regulations

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*Technical amendments are also being made to remove obsolete Public Participation Guidelines. VR 530-01-3, which became effective June 15, 1994, was promulgated to replace these Public Participation Guidelines. Also, § 1.4, which established selected one-time fee reductions for renewal of pharmacy licenses and permits, expired January 1, 1995, and is being removed from the regulation.*

VR 530-01-1. Regulations of the Board of Pharmacy.

## PART I. GENERAL PROVISIONS.

### § 1.1. Public participation guidelines.

#### A. Mailing list.

The executive director of the board will maintain a list of persons and organizations who will be mailed the following documents:

1. "Notice of intent" to promulgate regulations.
2. "Notice of public hearing" or "informational proceeding," the subject of which is proposed or existing regulation.
3. Final regulation adopted.

#### B. Being placed on list: deletion.

Any person wishing to be placed on the mailing list may do so by writing the board. In addition, the board may, in its discretion, add to the list any person, organization, or publication it believes will serve the purpose of responsible participation in the formation or promulgation of regulations. Persons on the list will be provided all information stated in subsection A of this section. Those on the list may be periodically requested to indicate their desires to continue to receive documents or to be deleted from the list. After 30 days, the names of the persons who do not respond will be deleted from the list.

#### C. Notice of intent.

At least 30 days prior to the publication of the notice to conduct an informational proceeding as required by § 9-6.14.1 of the Code of Virginia, the board will publish a "notice of intent." This notice will contain a brief and concise statement of the possible regulation or the problem the regulation would address and invite any person to provide written comment on the subject matter. Such notice shall be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations.

D. Informational proceedings or public hearings for existing rules.

At least once each biennium, the board will conduct an informational proceeding, which may take the form of a

public hearing, to receive public comment on existing regulation. The purpose of the proceeding will be to solicit public comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance. Notice of such proceeding will be transmitted to the Registrar of Regulations for inclusion in the Virginia Register of Regulations. Such proceeding may be held separately or in conjunction with other informational proceedings.

#### E. Petition for rulemaking.

Any person may petition the board to adopt, amend, or delete any regulation. Any petition received in a timely manner shall appear on the next agenda of the board. The board shall have sole authority to dispose of the petition.

#### F. Notice of formulation and adoption.

At any meeting of the board or subcommittee of the board at which the formulation or adoption of regulations is to occur, the subject matter shall be transmitted to the Registrar for inclusion in the Virginia Register of Regulations.

#### G. Advisory committees.

The board may appoint advisory committees as it may deem necessary to provide for adequate citizen participation in the formation, promulgation, adoption, and review of regulations.

### § 1.2. 1.1. Definitions.

The following words and terms, when used in these regulations, shall have the following meanings, unless the context clearly indicates otherwise:

"ACPE" means the American Council on Pharmaceutical Education.

"Board" means the Virginia State Board of Pharmacy.

"CE" means continuing education as required for renewal of licensure by the Board of Pharmacy.

"CEU" means a continuing education unit awarded for credit as the equivalent of 10 contact hours.

"Compliance packaging" means packaging for dispensed drugs which is comprised of a series of containers for solid oral dosage forms and which is designed to assist the user in administering or self-administering the drugs in accordance with directions for use.

"Contact hour" means the amount of credit awarded for 60 minutes of participation in and successful completion of a continuing education program.

"Expiration date" means that date placed on a drug package by the manufacturer or repacker beyond which

the product may not be dispensed or used.

*"Facsimile (FAX) prescription"* means a written prescription or order which is transmitted by an electronic device over telephone lines which sends the exact image to the receiver (pharmacy) in a hard copy form.

*"Foreign college of pharmacy"* means a school outside the United States and its territories offering a course of study in basic sciences, pharmacology, and pharmacy of at least four years in duration resulting in a degree that qualifies a person to practice pharmacy in that country.

*"Generic drug name"* means the nonproprietary name listed in the United States Pharmacopeia-National Formulary (USP-NF) or in the USAN and the USP Dictionary of Drug Names.

*"Hermetic container"* means a container that is impervious to air or any other gas under the ordinary or customary conditions of handling, shipment, storage, and distribution.

*"Hospital" or "nursing home"* means those facilities as defined in Title 32.1 of the Code of Virginia or as defined in regulations by the Virginia Department of Health.

*"Inactive license"* means a license which is registered with the Commonwealth but does not entitle the licensee to practice, the holder of which is not required to submit documentation of CE necessary to hold an active license.

*"Light resistant container"* means a container that protects the contents from the effects of light by virtue of the specific properties of the material of which it is composed, including any coating applied to it. Alternatively, a clear and colorless or a translucent container may be made light-resistant by means of an opaque covering, in which case the label of the container bears a statement that the opaque covering is needed until the contents have been used. Where a monograph directs protection from light, storage in a light-resistant container is intended.

*"Long-term care facility"* means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients.

*"Nuclear pharmacy"* means a pharmacy providing radiopharmaceutical services.

*"Permitted physician"* means a physician who is licensed pursuant to § 54.1-3304 of the Code of Virginia to dispense drugs to persons to whom or for whom pharmacy services are not reasonably available.

*"Personal supervision"* means the pharmacist must be physically present and render direct, personal control over the entire service being rendered or act(s) being performed. Neither prior nor future instructions shall be sufficient nor, shall supervision rendered by telephone,

written instructions, or by any mechanical or electronic methods be sufficient.

*"Prescription department"* means any contiguous or noncontiguous areas used for the compounding, dispensing and storage of all Schedule II through VI drugs and devices and any Schedule I investigational drugs.

*"Radiopharmaceutical"* means any article that exhibits spontaneous decay or disintegration of any unstable atomic nucleus, usually accompanied by the emission of ionizing radiation and any nonradioactive reagent kit or nuclide generator which is intended to be used in the preparation of any such article.

*"Repackaged drug"* means any drug removed from the manufacturer's original package and placed in different packaging.

*"Safety closure container"* means a container which meets the requirements of the federal Poison Prevention Packaging Act of 1970 (15 USC §§ 1471-1476), i.e., in testing such containers, that 85% of a test group of 200 children of ages 41-52 months are unable to open the container in a five-minute period and that 80% fail in another five minutes after a demonstration of how to open it and that 90% of a test group of 100 adults must be able to open and close the container.

*"Special packaging"* means packaging that is designed or constructed to be significantly difficult for children under five years of age to open to obtain a toxic or harmful amount of the drug contained therein within a reasonable time and not difficult for normal adults to use properly, but does not mean packaging which all such children cannot open or obtain a toxic or harmful amount within a reasonable time.

*"Special use permit"* means a permit issued to conduct a pharmacy of a special scope of service that varies in any way from the provisions of any board regulation.

*"Storage temperature"* means those specific directions stated in some monographs with respect to the temperatures at which pharmaceutical articles shall be stored, where it is considered that storage at a lower or higher temperature may produce undesirable results. The conditions are defined by the following terms:

1. *"Cold"* means any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is maintained thermostatically between -20° and -10°C (-4° and 14°F).

2. *"Room temperature"* means the temperature prevailing in a working area.

3. *"Controlled room temperature"* is a temperature maintained thermostatically between 15° and 30°C

# Proposed Regulations

(59° and 86°F).

4. "Warm" means any temperature between 30° and 40°C (86° and 104°F).

5. "Excessive heat" means any temperature above 40°C (104°F).

6. "Protection from freezing" means where, in addition to the risk of breakage of the container, freezing subjects a product to loss of strength or potency, or to the destructive alteration of the dosage form, the container label bears an appropriate instruction to protect the product from freezing.

"Terminally ill" means a patient with a terminal condition as defined in § 54.1-2982 of the Code of Virginia.

"Tight container" means a container that protects the contents from contamination by extraneous liquids, solids, or vapors, from loss of the drug, and from efflorescence, deliquescence, or evaporation under the ordinary or customary conditions of handling, shipment, storage, and distribution, and is capable of tight reclosure. Where a tight container is specified, it may be replaced by a hermetic container for a single dose of a drug and physical tests to determine whether standards are met shall be as currently specified in United States Pharmacopoeia-National Formulary.

"Unit-dose container" means a container that is a single-unit container, as defined in United States Pharmacopoeia-National Formulary, for articles intended for administration by other than the parenteral route as a single dose, direct from the container.

"Unit dose package" means a container that contains a particular dose ordered for a patient.

"Unit dose system" means a system in which multiple drugs in unit dose packaging are dispensed in a single container, such as a medication drawer or bin, labeled only with patient name and location. Directions for administration are not provided by the pharmacy on the drug packaging or container but are obtained by the person administering directly from a physician's order or medication administration record.

"U.S.P.-N.F." means the United States Pharmacopoeia-National Formulary.

"Well-closed container" means a container that protects the contents from extraneous solids and from loss of the drug under the ordinary or customary conditions of handling, shipment, storage, and distribution.

## § 1.3. 1.2. Fees.

A. Except as provided in § 1.4, Fees shall be as listed below in this section, and unless otherwise provided, such fees shall not be refundable.

## A. B. Fee for initial pharmacist licensure.

1. The application and initial examination fee for a pharmacist license shall be \$300. If an applicant withdraws the application prior to taking the examination, all but \$25 of the fee will be refunded. If the applicant wishes to take portions of the examination on separate dates, the fees shall be as follows:

a. The National Association of Boards of Pharmacy Examination (NABPLEX) shall be \$200.

b. The Federal Drug Law Examination (FDLE) shall be \$75.

c. The State Drug Law Examination (SDLE) shall be \$75.

2. The application and State Drug Law Examination fee for licensure by endorsement shall be \$150. The fee for retaking the examination shall be \$75.

3. The application and State Drug Law Examination fee for licensure by score transfer of NABPLEX or FDLE scores or both shall be \$150. The fee for taking NABPLEX, if needed, shall be \$200. The fee for taking FDLE, if needed, shall be \$75. The fee for retaking the SDLE shall be \$75.

4. The application fee for a person whose license has been revoked or suspended indefinitely shall be \$300.

## B. C. Renewal of pharmacist license.

1. The annual fee for renewal of a pharmacist license shall be \$50.

2. The annual fee for renewal of an inactive pharmacist license shall be \$35.

3. If a pharmacist fails to renew his license within the Commonwealth by the renewal date, he must pay the back renewal fee and a \$25 late fee within 60 days of expiration.

4. Failure to renew a pharmacist license within 60 days following expiration shall cause the license to lapse and shall require the submission of a reinstatement application, payment of all unpaid renewal fees, and a delinquent fee of \$50.

## C. D. Other licenses or permits.

1. The annual permit fee to conduct a resident or nonresident pharmacy shall be \$200.

2. The annual license fee for a permitted physician to dispense drugs shall be \$200.

3. An application for a change of the

pharmacist-in-charge shall be accompanied by a fee of \$25.

4. An application for a change of location or a remodeling which requires an inspection shall be accompanied by a fee of \$100.

5. A nonrestricted manufacturing permit shall be \$200 annually.

6. A restricted manufacturing permit shall be \$150 annually.

7. A wholesale distributor license shall be \$200 annually.

8. A warehouser permit shall be \$200 annually.

9. A permit for a medical equipment supplier shall be \$150 annually.

10. A permit for a licensed humane society shall be \$10 annually.

11. If a licensee fails to renew a required license or permit prior to the expiration date, a \$25 late fee shall be assessed.

12. If a required license or permit is not renewed within 60 days after its expiration, the license or permit shall lapse, and continued practice or operation of business with a lapsed license or permit shall be illegal. Thereafter, reinstatement shall be at the discretion of the board upon submission of an application accompanied by all unpaid renewal fees and a delinquent fee of \$50.

#### D. E. Controlled substances registration.

1. The annual fee for a controlled substances registration as required by § 54.1-3422 of the Code of Virginia shall be \$20.

2. If a registration is not renewed within 60 days of the expiration date, the back renewal fee and a \$10 late fee shall be paid prior to renewal.

3. If a controlled substance registration has been allowed to lapse for more than 60 days, all back renewal fees and a \$25 delinquent fee must be paid before a current registration will be issued. Engaging in activities requiring a controlled substance registration without holding a current registration is illegal and may subject the registrant to disciplinary action by the board. Reinstatement of a lapsed registration is at the discretion of the board and may be granted by the executive director of the board upon completion of an application and payment of all fees.

#### E. F. Other fees.

1. A request for a duplicate wall certificate shall be accompanied by a fee of \$25.

2. A request for certification of grades to another board shall be accompanied by a fee of \$25.

F. G. Board approval of continuing education programs and providers.

1. The application fee for approval of an individual CE program is \$100.

2. The application fee for approval of provider status is \$300.

3. Renewal of approved provider status is \$300 paid biennially.

#### § 1.4. Fee reductions.

Between January 1, 1994, and January 1, 1995, the following fees shall be in effect as listed below:

##### 1. Renewal of pharmacist license.

a. The annual fee for renewal of a pharmacist license shall be \$25.

b. The annual fee for renewal of an inactive pharmacist license shall be \$25.

##### 2. Other licenses or permits.

a. The annual permit fee to conduct a resident or nonresident pharmacy shall be \$100.

b. The annual license fee for a permitted physician to dispense drugs shall be \$100.

c. A nonrestricted manufactured permit shall be \$100 annually.

d. A restricted manufacturing permit shall be \$75 annually.

e. A wholesale distributor permit shall be \$100 annually.

f. A permit for a medical equipment supplier shall be \$75 annually.

#### PART II.

#### LICENSURE REQUIREMENTS FOR PHARMACISTS.

##### § 2.1. Requirements for practical experience.

A. Each applicant for licensure by examination shall have gained practical experience in prescription compounding and dispensing within a pharmacy for a period of not less than six months.



# Proposed Regulations

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B. During the six months of practical experience required, the applicant shall accumulate a minimum of 1,000 hours. For purposes of this regulation, credit will not be given for more than 50 hours in any one week.

C. All practical experience credit required shall only be gained after completion of the first professional year in an approved school of pharmacy.

D. Practical experience gained in a college of pharmacy which has a program designed to provide the applicant with practical experience in all phases of pharmacy practice and which program is approved by the American Council on Pharmaceutical Education will be accepted by the board for the time period during which the student is actually enrolled. The applicant will be required to gain any additional experience needed toward fulfilling the six months and 1,000 hours of experience required.

E. An applicant shall not be admitted to the examination unless all of the practical experience has been gained.

§ 2.2. Procedure for gaining practical experience outside of an accredited college clerkship program.

A. Each pharmacy student who desires to gain practical experience in a pharmacy within the Commonwealth shall register with the board on a form provided by the board prior to becoming so engaged. This requirement shall also apply to students gaining practical experience within the Commonwealth for licensure in another state. The student shall be called a "student externe."

B. Graduates of an approved school of pharmacy who wish to gain practical experience within the Commonwealth shall register with the board prior to being so engaged. Such graduates shall be called "pharmacy interne."

C. The applicant shall be supervised by a pharmacist who holds an unrestricted license and assumes full responsibility for the training, supervision and conduct of the externe or the interne. The supervising pharmacist shall not supervise more than one interne or externe during the same time period.

D. The practical experience of the student externe shall be gained at times nonconcurrent with the school year with the exception of school vacations.

E. The registration of a student externe shall be valid only while the student is enrolled in a school of pharmacy. The registration card issued by the board shall be returned to the board upon failure to be enrolled.

F. Practical experience gained within any state must be registered with and certified by the board of that state in order to be accepted or certified by this board.

G. All practical experience of the student externe or pharmacy interne shall be evidenced by an affidavit which

shall be filed prior to or with the application for examination for licensure.

H. An applicant for examination shall file affidavits or certificates of experience on a form prescribed by the board no less than 30 days prior to the date of the examination.

§ 2.3. Curriculum and approved colleges of pharmacy.

A. ~~Length of curriculum.~~ The following minimum educational requirements for licensure for the specified periods shall be recognized by the board for the purpose of licensure.

1. On and after June 1, 1928, but before June 1, 1936, the applicant for licensure shall have been graduated from a three-year course of study with a pharmacy graduate or pharmacy college degree in pharmacy awarded.

2. On and after June 1, 1936, but before June 1, 1964, the applicant for licensure shall have been graduated from a four-year course of study with a Bachelor of Science degree in pharmacy awarded.

3. On and after June 1, 1964, the applicant for licensure shall have been graduated from at least a five-year course of study with a Bachelor of Science degree in pharmacy or a Doctorate of Pharmacy degree awarded.

B. ~~First professional degree required.~~ In order to be licensed as a pharmacist within this Commonwealth, the applicant shall have been granted the first professional degree from a program of a college of pharmacy which meets the requirements of § 54.1-3312 of the Code of Virginia.

§ 2.4. Content of the examination and grades required ; *limitation on admittance to examination* .

A. The examination for licensure as a pharmacist shall consist of an integrated examination of pharmacy practice, pharmacology, pharmacy mathematics, and such other subjects as are necessary to assure that the candidate possesses the necessary knowledge and skills to practice pharmacy. The board will additionally examine the candidates' knowledge of federal and state laws related to pharmacy practice.

B. ~~Passing requirements.~~ The passing grade on the integrated pharmacy examination shall be not less than 75. The passing grade on any law examination shall be not less than 75.

C. ~~Limitation on admittance to examination.~~ When an applicant for licensure by examination fails to meet the passing requirements of ~~paragraph~~ subsection B of this section on three occasions, he shall not be readmitted to the examinations until he has completed an additional six

months of practical experience as a pharmacy interne as set forth in § 2.2.

## § 2.5. Requirements for foreign-trained applicants.

*Applicants for licensure who were trained in foreign colleges of pharmacy shall meet the following requirements:*

1. Obtain from the Foreign Pharmacy Graduate Examination Committee (FPGEC) of the National Association of Boards of Pharmacy (NABP) verification of the following:

a. That the applicant is a graduate of a foreign college of pharmacy.

b. That the applicant has received a score acceptable to the Board on the Foreign Pharmacy Graduate Equivalency Examination (FPGEE).

c. That the applicant has received a score acceptable to the board on the Test of English as a Foreign Language (TOEFL).

2. Complete the Test of Spoken English (TSE) as given by the Educational Testing Service with a score acceptable to the board.

3. Fulfill the requirements for practical experience as prescribed in § 2.1 A and B and all of § 2.2.

4. Fulfill the requirements for the examination and passing grade as prescribed in § 2.4.

## § 2.5. 2.6. Renewal of license.

A. Pharmacist licenses expire on December 31 and shall be renewed annually prior to that date by the submission of a renewal fee, renewal form, and statement of compliance with continuing education requirements.

B. A pharmacist newly licensed on or after October 1 shall not be required to renew that license until December 31 of the following year.

C. A pharmacist who fails to renew his license by the expiration date has 60 days in which to renew by submission of the renewal and late fee, renewal form, and statement of compliance with continuing education requirements.

D. Failure to renew within the 60 days of expiration shall cause his license to lapse. Reinstatement may be granted by the executive director of the board upon completion of an application for reinstatement of license, the payment of all back renewal fees and a delinquent fee, and submission of a statement of compliance with continuing education requirements. Practice of pharmacy with a lapsed license shall be illegal and may subject the licensee to disciplinary action by the board.

E. A pharmacist who has been registered as inactive for more than one year must apply for reinstatement, comply with CE requirements, and pay the current year renewal fee in order to resume active licensure.

F. It shall be the duty and responsibility of each licensee to inform the board of his current address. A licensee shall immediately notify the board in writing of any change of an address of record. All notices required by law or by these rules and regulations are deemed to be legally given when mailed to the address given and shall not relieve the licensee of the obligation to comply.

## § 2.6. 2.7. Requirements for continuing education.

A. On and after December 31, 1993, a licensee shall be required to have completed a minimum of 1.5 CEU's or 15 contact hours of continuing pharmacy education in an approved program for each annual renewal of licensure. CEU's or hours in excess of the number required for renewal may not be transferred or credited to another year.

B. An approved continuing pharmacy education program is:

1. One that is approved by the American Council on Pharmaceutical Education and carries the provider logo and number of the ACPE; or

2. One that is approved by the board.

C. A licensee is exempt from completing CE requirements and considered in compliance on the first renewal date following his initial licensure.

D. The board may grant an extension of up to one year for the completion of CE requirements upon a written request from the licensee prior to the renewal date. Any subsequent extension shall be granted only for good cause shown. Such an extension shall not relieve the licensee of the requirement for CEU's or hours.

E. The board may grant an exemption for all or part of the CE requirements due to circumstances beyond the control of the pharmacist, such as temporary disability, mandatory military service, or officially declared disasters.

F. Licensees are required to attest to compliance with CE requirements on their annual license renewal. Following the renewal period, the board may conduct an audit of licensees to verify compliance. Licensees selected for audit must provide original documents certifying that they have fulfilled their CE requirements by the deadline date as specified by the board.

G. All licensees are required to maintain original documents verifying the date and subject of the program or activity, the CEU's or contact hours, and certification from an approved provider. Documentation shall be maintained for a period of two years following renewal in

# Proposed Regulations

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a file available to inspectors at the pharmacist's principal place of practice or, if there is no principal place of practice, at the pharmacist's address of record.

H. A pharmacist who holds an inactive license, who has allowed his license to lapse or who has had his license suspended or revoked must submit evidence of completion of CEU's or hours equal to the requirements for the number of years in which his license has not been active.

I. Pharmacists who are licensed by other states and who have obtained a minimum of 1.5 CEU's or 15 contact hours of approved CE programs of such other states need not obtain additional hours.

§ 2.7. 2.8. Approval of continuing education programs and providers.

A. The board will approve without application or further review any program offered by a ACPE-approved provider and will accept for credit certificates bearing the official ACPE logo and program number.

B. The board may approve an individual CE program or may grant approved provider status under the following provisions:

## 1. Approval of an individual CE program.

a. An approved individual program is a course, activity, or lecture which includes subject matter related to the competency of the practice of pharmacy and which has been approved for CE credit by the board.

b. In order to receive approval for an individual program, the sponsor or provider must make application prior to the program offering on a form provided by the board. The information which must be provided shall include but not be limited to: name of provider, location, date and time of program, charges to participants, description of program content and objectives, credentials of speaker or author, method of delivery, evaluation procedure, evidence of a pre and post test, credits requested, mechanism for record-keeping, and any such information as the board deems necessary to assure quality and compliance.

c. The sponsor making application for board approval of an individual program must pay a fee as required in § 1-3 F 1.2 G of this regulation.

d. The board shall notify the provider or sponsor within 60 days following the receipt of a completed application of approval or disapproval of a program and the number of credits which may be awarded.

## 2. Approval of CE provider status.

a. An approved provider is any person, corporation,

school, association, or other entity who has demonstrated an ability to provide qualified CE programs and has met the requirements of the board for approved provider status.

b. An applicant for approved provider status must have sponsored at least three individually board approved programs for a minimum period of two years immediately preceding the submission of application for approved status.

c. The application for approved provider status shall include but not be limited to: information on the entity making application, a listing of approved CE programs offered during the last two years, accreditation, methods of promotion and delivery of programs, assessment process, maintenance of records, policy on grievances and tuition, standards for selection of speakers, program goals and objectives, and a description of facilities adequate to meet those objectives.

d. The application for approved provider status shall be accompanied by a fee as required in § 1-3 F 1.2 G .

e. An applicant who has been granted approved provider status is permitted to offer CE programs by submitting to the board information on that offering at least 10 days prior to the program. The approved provider is not required to submit application for approval of each individual program nor to pay the fee for such approval.

f. An approved provider must have that status renewed every two years, must pay the renewal fee, and must provide information on program offerings to the board for review.

g. The board may revoke or suspend an approval of a provider or refuse to renew such approval if the provider fails to maintain the necessary standards and requirements.

3. Certificate of completion. The provider of an approved program shall provide to each participant who completes the required hours and passes the post test a certification with the name of the provider, name of the participant, description of course and method of delivery, number of hours credited, date of completion, and program identification number.

4. Maintenance of records. The provider of an approved program shall maintain all records on that program, its participants, and hours awarded for a period of three years and shall make those records available to the board upon request.

5. Monitoring of programs. The board shall periodically review and monitor programs. The provider of a CE program shall waive registration fees

for a representative of the board for that purpose.

6. Changes in programs or providers. Any changes in the information previously provided about an approved program or provider must be submitted or the board may withdraw its approval.

## PART III. PHARMACIES.

### § 3.1. Pharmacy permits generally.

A. A pharmacy permit shall not be issued to a pharmacist to be simultaneously in charge of more than one pharmacy.

B. The pharmacist-in-charge or the pharmacist on duty shall control all aspects of the practice of pharmacy. Any decision overriding such control of the pharmacist-in-charge or other pharmacist on duty by nonpharmacist personnel shall be deemed the practice of pharmacy.

C. When the pharmacist-in-charge ceases practice at a pharmacy or no longer wishes to be designated as pharmacist-in-charge, he shall take a complete and accurate inventory of all Schedule II through V controlled substances on hand and shall immediately return the pharmacy permit to the board.

D. An application for a permit designating the new pharmacist-in-charge shall be filed with the required fee within 14 days on a form provided by the board. Pursuant to §§ 54.1-111.1 and 54.1-3434 of the Code of Virginia, it shall be unlawful for a pharmacy to operate without a new permit past the 14-day deadline.

### § 3.2. Special or limited-use pharmacy permits.

For good cause shown, the board may issue a special or limited-use pharmacy permit, when the scope, degree or type of pharmacy practice or service to be provided is of a special, limited or unusual nature as compared to a regular pharmacy service. The permit to be issued shall be based on special conditions of use requested by the applicant and imposed by the board in cases where certain requirements of regulations may be waived. The following conditions shall apply:

1. The application shall list the regulatory requirements for which a waiver is requested and a brief explanation as to why each requirement should not apply to that practice.
2. A policy and procedure manual detailing the type and method of operation, hours of operation, and method of documentation of continuing pharmacist control must accompany the application.
3. The issuance and continuation of such permits shall be subject to continuing compliance with the

conditions set forth by the board.

### § 3.3. Pharmacies going out of business.

A. At least 30 days prior to the closing date, the board shall be notified by the pharmacist-in-charge or owner. The disposition of all Schedule II through VI drugs shall be reported to the board. If the pharmacy drug stock is to be transferred to another licensee, the pharmacist-in-charge or owner shall inform the board of the name and address of the licensee to whom the drugs are being transferred and the date of transfer.

B. Exceptions to the 30-day public notice as required in § 54.1-3434.01 of the Code of Virginia and the notice required in § 3.3 A of these regulations shall be sudden closing due to fire, destruction, natural disaster, death, property seizure, eviction, bankruptcy, or other emergency circumstances as approved by the board.

C. In the event of an exception to the 30-day notice as required in § 54.1-3434.01 of the Code of Virginia and in § 3.3 A of these regulations, the pharmacist-in-charge shall provide notice as far in advance of closing as allowed by the circumstances.

### § 3.4. New pharmacies and changes to existing pharmacies.

A. Any person wishing to open a new pharmacy, change the location of an existing pharmacy, or move the location or make structural changes to an existing prescription department shall file an application with the board.

B. The proposed location or structural changes shall be inspected by an authorized agent of the board prior to issuance of a permit.

1. Pharmacy permit applications which indicate a requested inspection date, or requests which are received after the application is filed, shall be honored provided a 14-day notice is allowed prior to the requested inspection date.

2. Requested inspection dates which do not allow a 14-day notice to the board may be adjusted by the board to provide 14 days for the scheduling of the inspection.

3. At the time of the inspection, the dispensing area shall comply with §§ 3.5, 3.6, 3.7, 3.8, and 3.9 of these regulations.

C. Upon completion of the inspection, the executive director of the board shall review the findings of the inspection. Drugs shall not be stocked within the proposed pharmacy or moved to a new location until approval is granted or the permit is issued by the executive director of the board or his designee.

### § 3.5. Physical standards for all pharmacies.

# Proposed Regulations

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A. ~~Space requirements~~. The prescription department shall not be less than 240 square feet. The patient waiting area or the area used for devices, cosmetics, and proprietary medicines shall not be considered a part of the minimum 240 square feet. The total area shall be consistent with the size and scope of the services provided.

B. ~~Access to prescription department~~. Access to stock rooms, rest rooms, and other areas other than an office that is exclusively used by the pharmacist shall not be through the prescription department. A rest room in the prescription department, used exclusively by pharmacists and personnel assisting with dispensing functions, may be allowed provided there is another rest room outside the prescription department available to other employees and the public. This subsection shall not apply to prescription departments in existence prior to the effective date of this regulation.

C. The pharmacy shall be constructed of permanent and secure materials. Trailers or other moveable facilities or temporary construction shall not be permitted.

D. The entire area of the location of the pharmacy practice, including all areas where drugs are stored shall be well lighted and well ventilated; the proper storage temperature shall be maintained to meet U.S.P.-N.F. specifications for drug storage.

E. The prescription department counter work space shall be used only for the compounding and dispensing of drugs and necessary record keeping.

F. A sink with hot and cold running water shall be within the prescription department.

G. Adequate refrigeration facilities equipped with a monitoring thermometer for the storage of drugs requiring cold storage temperature shall be maintained within the prescription department, if the pharmacy stocks such drugs.

## § 3.6. Sanitary conditions.

A. The entire area of any place bearing the name of a pharmacy shall be maintained in a clean and sanitary manner and in good repair and order.

B. The prescription department and work counter space and equipment in the dispensing area shall be maintained in a clean and orderly manner.

C. Adequate trash disposal facilities and receptacles shall be available.

## § 3.7. Required minimum equipment.

The pharmacist-in-charge shall be responsible for maintaining the following equipment:

1. A current copy of the United States Pharmacopeia

Dispensing Information Reference Book.

2. A set of Prescription Balances, sensitive to 15 milligrams, and weights.

3. A copy of the current Virginia Drug Control Act and board regulations.

4. A current copy of the Virginia Voluntary Formulary.

5. A laminar flow hood for pharmacies engaging in the compounding of sterile product(s).

6. Other equipment, supplies, and references consistent with the pharmacy's scope of practice and with the public safety.

## § 3.8. Security system.

A device for the detection of breaking shall be installed in each prescription department of each pharmacy. The installation and the device shall be based on accepted burglar alarm industry standards, and shall be subject to the following conditions:

1. The device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.

2. The device shall be maintained in operating order and shall have an auxiliary source of power.

3. The device shall fully protect the prescription department and shall be capable of detecting breaking by any means when activated.

4. Access to the alarm system for the prescription department area of the pharmacy shall be restricted to the pharmacists working at the pharmacy, and the system shall be activated whenever those areas are closed for business.

5. This regulation shall not apply to pharmacies which have been granted a permit prior to the effective date of this regulation provided that a previously approved security alarm system is in place, that no structural changes are made in the prescription department, that no changes are made in the security system, that the prescription department is not closed while the rest of the business remains open, and provided further that a breaking and loss of drugs does not occur.

6. If the prescription department was located in a business with extended hours prior to the effective date of these regulations and had met the special security requirements by having a floor to ceiling enclosure, a separately activated alarm system shall not be required.

7. This section shall not apply to pharmacies which

are open and staffed by pharmacists 24 hours a day. If the pharmacy changes its hours or if it must be closed for any reason, the pharmacist-in-charge must immediately notify the board and have installed within 72 hours a security system which meets the requirements of subdivisions 1 through 4 of this section.

## § 3.9. Prescription department enclosures.

A. The prescription departments of each pharmacy shall be provided with enclosures subject to the following conditions:

1. The enclosure shall be constructed in such a manner that it protects the controlled drug stock from unauthorized entry and from pilferage at all times whether or not a pharmacist is on duty.
2. The enclosure shall be of sufficient height as to prevent anyone from reaching over to gain access to the drugs.
3. Entrances to the enclosed area must have a door which extends from the floor and which is at least as high as the adjacent counters or adjoining partitions.
4. Doors to the area must have locking devices which will prevent entry in the absence of the pharmacist.

B. The door keys and alarm access code to the dispensing areas shall be subject to the following requirements:

1. Only pharmacists practicing at the pharmacy and authorized by the pharmacist-in-charge shall be in possession of any keys to the locking device on the door to such enclosure.
2. The pharmacist may place a key or the access code in a sealed envelope or other container with the pharmacist's signature across the seal in a safe or vault within the pharmacy or other secured place. This key or code shall only be used to allow entrance to the prescription department by other pharmacists.

C. ~~Restricted access to the prescription department.~~ The prescription department is restricted to pharmacists, externes, and internes who are practicing at the pharmacy. Clerical assistants and other persons designated by the pharmacist may be allowed access by the pharmacist but only during the hours the pharmacist is on duty.

## § 3.10. Storage of drugs, devices, and controlled paraphernalia.

A. Prescriptions awaiting delivery. Prescriptions prepared for delivery to the patient may be placed in a secure place outside of the prescription department and access to the prescriptions restricted by the pharmacist to designated clerical assistants. With the permission of the pharmacist,

the prepared prescriptions may be transferred to the patient at a time when the pharmacist is not on duty.

B. Dispersion of Schedule II drugs. Schedule II drugs shall either be dispersed with other schedules of drugs or shall be maintained within a locked cabinet, drawer, or safe.

C. Safeguards for controlled paraphernalia. Controlled paraphernalia shall not be placed on open display or in an area completely removed from the prescription department whereby patrons will have free access to such items or where the pharmacist cannot exercise reasonable supervision and control.

D. Expired drugs; security. Any drug which has exceeded the expiration date shall not be dispensed or sold; it shall be separated from the stock used for dispensing. Expired prescription drugs shall be maintained in a designated area within the prescription department until proper disposal.

## § 3.11. Disposal of Schedule II through V drugs by pharmacies.

If a pharmacist-in-charge wishes to dispose of unwanted Schedule II through V drugs, he shall use one of the following procedures:

1. Return the drugs to the Drug Enforcement Administration (DEA) by delivery to the nearest DEA office; ~~or~~
2. Transfer the drugs to another person or entity authorized to possess Schedule II through V drugs; or
3. Destroy the drugs according to the following procedures:
  - a. At least 14 days prior to the destruction date, the pharmacist-in-charge shall provide a written notice to the board office; the notice shall state the following:
    - (1) Date, time, manner, and place of destruction.
    - (2) The names of the pharmacists who will witness the destruction process.
  - b. If the destruction date is to be changed or the destruction does not occur, a new notice shall be provided to the board office as set forth above in this subsection.
  - c. The actual destruction shall be witnessed by the pharmacist-in-charge and another pharmacist not employed by the pharmacy.
  - d. The drugs shall be destroyed in accordance with all applicable local, state and federal laws and regulations by burning in an incinerator or by other

# Proposed Regulations

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methods approved in advance by the board.

e. The DEA drug destruction form shall be used to make a record of all drugs to be destroyed.

f. Each form shall show the following information:

- (1) Legible signatures and license numbers of the pharmacist-in-charge and the witnessing pharmacist;
- (2) The method of destruction; and
- (3) The date of the destruction.

g. At the conclusion of the destruction of the drug stock:

- (1) Three copies of the completed destruction form shall be sent to Drug Enforcement Administration, Washington Field Division, Room 2558, 400 - 6th Street S.W., Washington, D.C. 20024, Attn: Diversion Control Group.
- (2) A copy of the completed destruction form shall be sent to the office of the board.
- (3) A copy of the completed destruction form shall be retained with the pharmacy inventory records.

## PART IV. NUCLEAR PHARMACIES.

§ 4.1. General requirements for pharmacies providing radiopharmaceutical services.

A. A permit to operate a pharmacy providing radiopharmaceutical services shall be issued only to a qualified nuclear pharmacist. In emergency situations, in the pharmacist's absence, he may designate one or more other qualified pharmacists to have access to the licensed area. These individuals may obtain single doses of radiopharmaceuticals for the immediate emergency and shall document such withdrawals in the control system.

B. Pharmacies providing ordinary pharmacy services in addition to radiopharmaceutical services shall comply with all regulations applicable to pharmacies in general. Pharmacies providing only radiopharmaceutical services shall comply with all regulations related to physical standards, sanitary conditions and security.

C. The nuclear pharmacy area shall be separate from the pharmacy areas for nonradioactive drugs and shall be secured from unauthorized personnel. All pharmacies handling radiopharmaceuticals shall provide a radioactive storage and product decay area, occupying at least 25 square feet of space, separate from and exclusive of the hot laboratory, compounding, dispensing, quality assurance and office area.

D. A prescription order for a radiopharmaceutical shall

be dispensed in a unit-dose package. A pharmacy may furnish the radiopharmaceuticals for office use only to practitioners for an individual patient except for the occasional transfer to a pharmacist.

E. In addition to any labeling requirements of the board for nonradioactive drugs, the immediate outside container of a radioactive drug to be dispensed shall also be labeled with: (i) the standard radiation symbol; (ii) the words "Caution—Radioactive Material"; (iii) the name of the radionuclide; (iv) the chemical form; (v) the amount of radioactive material contained, in millicuries or microcuries; (vi) if a liquid, the volume in milliliters; (vii) the requested calibration time for the amount of radioactivity contained; and (viii) the practitioner's name and the assigned lot number.

F. The immediate inner container shall be labeled with: (i) the standard radiation symbol; (ii) the words "Caution—Radioactive Material"; and (iii) the prescription number.

G. The amount of radioactivity shall be determined by radiometric methods for each individual dose immediately prior to dispensing.

H. Nuclear pharmacies may redistribute approved radioactive drugs if the pharmacy does not process the radioactive drugs in any manner nor violate the product packaging.

§ 4.2. Qualification as a nuclear pharmacist.

In order to practice as a nuclear pharmacist, a pharmacist shall possess the following qualifications:

1. Meet Nuclear Regulatory Commission standards of training for medically used or radioactive by-product material.
2. Have received a minimum of 200 contact hours of didactic instruction in nuclear pharmacy.
3. Attain a minimum of 500 hours of clinical nuclear pharmacy training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing nuclear pharmacy services, or in a structured clinical nuclear pharmacy training program in an approved college of pharmacy.
4. Submit an affidavit of experience and training to the board.

## PART V. DRUG INVENTORY AND RECORDS.

§ 5.1. Manner of maintaining records, prescriptions, inventory records.

A. Each pharmacy shall maintain the inventories and records of drugs as follows:

1. Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy.

2. Inventories and records of drugs listed in Schedules III, IV, and V may be maintained separately or with records of Schedule VI drugs but shall not be maintained with other records of the pharmacy.

3. All records of Schedule II through V drugs shall be maintained at the same location as the stock of drugs to which the records pertain except that records maintained in an off-site database shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

4. In the event that an inventory is taken as the result of a theft of drugs pursuant to § 54.1-3404 of the Drug Control Act, the inventory shall be used as the opening inventory within the current biennial period. Such an inventory does not preclude the taking of the required inventory on the required biennial inventory date.

5. All records required by this section shall be filed chronologically.

## B. Prescriptions.

1. A hard copy prescription shall be placed on file for every initial prescription dispensed and be maintained for two years from the date of last refill. All prescriptions shall be filed chronologically by date of initial dispensing.

2. Schedule II drugs. Prescriptions for Schedule II drugs shall be maintained in a separate prescription file.

3. Schedule III through V drugs. Prescriptions for Schedule III through V drugs shall be maintained either in a separate prescription file for drugs listed in Schedules III, IV, and V only or in such form that they are readily retrievable from the other prescriptions of the pharmacy. Prescriptions will be deemed readily retrievable if, at the time they are initially filed, the face of the prescription is stamped in red ink in the lower right corner with the letter "C" no less than one inch high and filed in the prescription file for drugs listed in the usual consecutively numbered prescription file for Schedule VI drugs.

## § 5.2. Automated data processing records of prescriptions.

A. An automated data processing system may be used for the storage and retrieval of original and refill dispensing information for prescriptions instead of manual record keeping requirements, subject to the following conditions:

1. A hard copy prescription shall be placed on file as set forth in § 5.1 B.

2. Any computerized system shall provide retrieval (via computer monitor display or printout) of original prescription information for those prescriptions which are currently authorized for dispensing.

3. Any computerized system shall also provide retrieval via computer monitor display or printout of the dispensing history for prescriptions dispensed during the past two years.

4. Documentation of the fact that the information entered into the computer each time a pharmacist fills a prescription for a drug is correct shall be provided by the individual pharmacist who makes use of such system. If the system provides a printout of each day's prescription dispensing data, the printout shall be verified, dated and signed by the individual pharmacist who dispensed the prescription. The individual pharmacist shall verify that the data indicated is correct and then sign the document in the same manner as his name appears on his pharmacist license (e.g., J.H. Smith or John H. Smith).

In place of such printout, the pharmacy shall maintain a bound log book, or separate file, in which each individual pharmacist involved in dispensing shall sign a statement each day, in the manner previously described, attesting to the fact that the dispensing information entered into the computer that day has been reviewed by him and is correct as shown.

~~B. Printout of dispensing data requirements.~~ Any computerized system shall have the capability of producing a printout of any dispensing data which the user pharmacy is responsible for maintaining under the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

## § 5.3. Pharmacy repackaging of drug; records required ; labeling requirements .

~~A. Records required.~~ Pharmacies in which bulk reconstitution of injectables, bulk compounding or the repackaging of drugs is performed shall maintain adequate control records for a period of one year or until the expiration, whichever is greater. The records shall show the name of the drug(s) used, strength, if any, quantity prepared, initials of the pharmacist supervising the process, the assigned control number, or the manufacturer's or distributor's name and control number, and an expiration date.

~~B. Labeling requirements.~~ The drug name, strength, if any, the assigned control number, or the manufacturer's or distributor's name and control number, and an appropriate expiration date shall appear on any subsequently repackaged or reconstituted units as follows :

1. If U.S.P.-N.F. Class B or better packaging material



# Proposed Regulations

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is used for oral unit dose packages, an expiration date not to exceed six months or the expiration date shown on the original manufacturing bulk container, whichever is less, shall appear on the repackaged or reconstituted units.

2. If it can be documented that the repackaged unit has a stability greater than six months, an appropriate expiration date may be assigned.

3. If U.S.P.-N.F. Class C or less packaging material is used for oral, solid medication, an expiration date not to exceed 30 days shall appear on the repackaged or reconstituted units.

## PART VI. PRESCRIPTION ORDER AND DISPENSING STANDARDS.

§ 6.1. Dispensing of prescriptions; acts restricted to pharmacists ; *certification of completed prescription* .

A. The following acts shall be performed by a pharmacist, or by a student externe or pharmacy interne, provided a method for direct monitoring by the pharmacist of such acts of the externe or interne is provided:

1. The accepting of an oral prescription from a practitioner or his authorized agent and the reducing of such oral prescription to writing.

2. The personal supervision of the compounding of extemporaneous preparations.

3. The conducting of a prospective drug review as required by § 54.1-3319 of the Code of Virginia prior to the dispensing or refilling of any prescription.

4. The providing of drug information to the public or to a practitioner.

5. The communication with the practitioner regarding any changes in a prescription, substitution of the drug prescribed, refill authorizations, drug therapy, or patient information.

6. The direct supervision of those persons assisting the pharmacist in the prescription department under the following conditions:

a. Only one person who is not a pharmacist may be present in the prescription department at any given time with each pharmacist for the purpose of assisting the pharmacist in preparing and packaging of prescriptions.

b. In addition to the person authorized in subdivision 6 a of this subsection, personnel authorized by the pharmacist may be present in the prescription department for the purpose of performing clerical

functions, to include data entry of prescription and patient information into a computer system or a manual patient profile system.

B. ~~Certification of completed prescription.~~ After the prescription has been prepared and prior to the delivery of the order, the pharmacist shall inspect the prescription product to verify its accuracy in all respects, and place his initials on the record of dispensing as a certification of the accuracy of, and the responsibility for, the entire transaction.

C. If a pharmacist declines to fill a prescription for any reason other than the unavailability of the drug prescribed, he shall record on the back of the prescription the word "declined"; the name, address, and telephone number of the pharmacy; the date filling of the prescription was declined; and the signature of the pharmacist.

§ 6.2. Transmission of a prescription order by facsimile machine.

Prescription orders for Schedule VI drugs may be transmitted to pharmacies by facsimile device (FAX) upon the following conditions:

1. The transmission shall occur only with permission of the patient.

2. A valid faxed prescription must contain all required information for a written prescription, including the prescriber's signature.

3. A faxed prescription shall be valid only if faxed from the prescriber's practice location and only if the following additional information is recorded on the prescription prior to faxing:

a. Documentation that the prescription has been faxed;

b. The date that the prescription was faxed;

c. The printed name, address, phone number, and fax number of the authorized prescriber and the pharmacy to which the prescription was faxed; and

d. The institution, if applicable, from which the prescription was faxed, including address, phone number and fax number.

4. If the faxed prescription is of such quality that the print will fade and not remain legible for the required retention period, the receiving pharmacist shall photocopy the faxed prescription on paper of permanent quality.

§ 6.3. Dispensing of Schedule II drugs.

A. A prescrip~~tion~~ for a Schedule II drug shall be

dispensed in good faith but in no case shall it be dispensed more than six months after the date on which the prescription was issued.

B. A prescription for a Schedule II drug shall not be refilled except as authorized under the conditions for partial dispensing as set forth in § 6.5.

## § 6.4. Emergency prescriptions for Schedule II drugs.

In case of an emergency situation, a pharmacist may dispense a drug listed in Schedule II upon receiving oral authorization of a prescribing practitioner, provided that:

1. The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period;
2. The prescription shall be immediately reduced to writing by the pharmacist and shall contain all information required in § 54.1-3410 of the Drug Control Act, except for the signature of the prescribing practitioner;
3. If the pharmacist does not know the practitioner, he shall make a reasonable effort to determine that the oral authorization came from a practitioner using his phone number as listed in the telephone directory or other good-faith efforts to ensure his identity; and
4. Within 72 hours after authorizing an emergency oral prescription, the prescribing practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to the requirements of § 54.1-3410 of the Drug Control Act, the prescription shall have written on its face "Authorization for Emergency Dispensing" and the date of the oral order. The written prescription may be delivered to the pharmacist in person or by mail, but if delivered by mail, it must be postmarked within the 72-hour period. Upon receipt, the dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing. The pharmacist shall notify the nearest office of the Drug Enforcement Administration and the board if the prescribing practitioner fails to deliver a written prescription to him. Failure of the pharmacist to do so shall void the authority conferred by this paragraph to dispense without a written prescription of a prescribing practitioner.

## § 6.5. Partial dispensing of Schedule II prescriptions.

A. The partial filling of a prescription for a drug listed in Schedule II is permissible if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and he makes a notation of the quantity supplied on the face of the written prescription. The remaining portion of the prescription may be dispensed within 72 hours of the first partial

dispensing; however, if the remaining portion is not or cannot be dispensed within the 72-hour period, the pharmacist shall so notify the prescribing practitioner. No further quantity may be supplied beyond 72 hours without a new prescription.

B. Prescriptions for Schedule II drugs written for patients in long-term care facilities may be dispensed in partial quantities, to include individual dosage units. For each partial dispensing, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained and readily retrievable) the date of the partial dispensing, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II drugs in all partial dispensing shall not exceed the total quantity prescribed. Schedule II prescriptions shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of the drug.

C. Information pertaining to current Schedule II prescriptions for patients in a nursing home may be maintained in a computerized system if this system has the capability to permit:

1. Output (display or printout) of the original prescription number, date of issue, identification of prescribing practitioner, identification of patient, identification of the nursing home, identification of drug authorized (to include dosage form, strength, and quantity), listing of partial dispensing under each prescription and the information required in subsection B of this section.
2. Immediate (real time) updating of the prescription record each time a partial dispensing of the prescription is conducted.

D. ~~Partial filling of Schedule II prescriptions for terminally ill patients.~~ A prescription for a Schedule II drug may be filled in partial quantities to include individual dosage units for a patient with a medical diagnosis documenting a terminal illness under the following conditions:

1. The practitioner shall classify the patient as terminally ill, and the pharmacist shall verify and record such notation on the prescription.
2. On each partial filling, the pharmacist shall record the date, quantity dispensed, remaining quantity authorized to be dispensed, and the identity of the dispensing pharmacist.
3. Prior to the subsequent partial filling, the pharmacist shall determine that it is necessary. The total quantity of Schedule II drugs dispensed in all partial fillings shall not exceed the total quantity prescribed.

# Proposed Regulations

4. Schedule II prescriptions for terminally ill patients may be partially filled for a period not to exceed 60 days from the issue date unless terminated sooner.

5. Information pertaining to partial filling may be maintained in a computerized system under the conditions set forth in § 6.5 C.

## § 6.6. Refilling of Schedule III through VI prescriptions.

A. Refilling of Schedule III, IV, and V drugs. A prescription for a drug listed in Schedule III, IV, or V shall not be dispensed or refilled more than six months after the date on which such prescription was issued, and no such prescription authorized to be filled may be refilled more than five times.

1. Each refilling of a prescription shall be entered on the back of the prescription, initialed and dated by the pharmacist as of the date of dispensing. If the pharmacist merely initials and dates the prescription, it shall be presumed that the entire quantity ordered was dispensed.

2. The partial dispensing of a prescription for a drug listed in Schedule III, IV, or V is permissible, provided that:

a. Each partial dispensing is recorded in the same manner as a refilling;

b. The total quantity of drug dispensed in all partial dispensing does not exceed the total quantity prescribed; and

c. No dispensing occurs after six months after the date on which the prescription order was issued.

B. Refilling of Schedule VI drugs. 1. A prescription for a drug listed in Schedule IV shall be refilled only as expressly authorized by the practitioner. If no such authorization is given, the prescription shall not be refilled.

2. A prescription for a Schedule VI drug or device shall not be dispensed or refilled more than two years after the date on which it was issued.

C. As an alternative to all manual record-keeping requirements provided for in subsections A and B of this section, an automated data processing system as provided in § 5.2 may be used for the storage and retrieval of dispensing information for prescription for drugs dispensed.

D. Authorized refills of all prescription drugs may only be dispensed in reasonable conformity with the directions for use as indicated by the practitioner; if directions have not been provided, then any authorized refills may only be dispensed in reasonable conformity with the recommended dosage and with the exercise of sound professional judgment.

## PART VII. LABELING AND PACKAGING STANDARDS FOR PRESCRIPTIONS.

### § 7.1. Labeling of prescription as to content and quantity.

Unless otherwise directed by the prescribing practitioner, any drug dispensed pursuant to a prescription shall bear on the label of the container, in addition to other requirements, the following information:

#### 1. The drug name and strength, when applicable :

a. If a trade name drug is dispensed, the trade name of the drug or the generic name of the drug.

b. If a generic drug is dispensed in place of a trade name drug, in addition to the requirements of § 32.1-87 A of the Code of Virginia, one of the following methods shall be used:

(1) The generic name,

(2) A name for the product dispensed which appears on the generic manufacturer's label, or

(3) The generic name followed by the words "generic for" followed by the trade name of the drug for which the generic drug is substituted.

2. The number of dosage units, or if liquid, the number of milliliters dispensed.

### § 7.2. Packaging standards for dispensed prescriptions.

A. A drug shall be dispensed only in packaging approved by the current U.S.P.-N.F. for that drug. In the absence of such packaging standard for that drug, it shall be dispensed in a well-closed container.

B. Drugs may be dispensed in compliance packaging for self-administration when requested by the patient or for use in hospitals or long-term care facilities provided that such packaging meets all current U.S.P.-N.F. standards for packaging, labeling and record keeping.

### § 7.3. Special packaging.

A. Each drug dispensed to a person in a household shall be dispensed in special packaging except when otherwise directed in a prescription by a practitioner, when otherwise requested by the purchaser, or when such drug is exempted from such requirements 16 CFR § 1702.1 et seq. promulgated pursuant to the Poison Prevention Packaging Act of 1970 (15 USC §§ 1471-1476) .

B. Each pharmacy may have a sign posted near the prescription department advising the patients that nonspecial packaging may be requested.

C. If nonspecial packaging is requested, documentation

of such request shall be maintained for two years from the date of dispensing.

## PART VIII. STANDARDS FOR PRESCRIPTION TRANSACTIONS.

### § 8.1. Issuing a copy of a prescription that can be refilled.

A. A copy of a prescription for a drug which pursuant to § 54.1-3411 of the Code of Virginia, can be refilled at the time the copy is issued shall be given upon request to another pharmacist.

B. The transfer of original prescription information for a drug listed in Schedules III through VI for the purpose of refill dispensing is permissible between pharmacies if the transfer is communicated directly between two pharmacists, and the transferring pharmacist records the following information:

1. Records the word "VOID" on the face of the invalidated prescription;
2. Records on the reverse of the invalidated prescription the name, address, and the Drug Enforcement Administration (DEA), registry number of the pharmacy to which it was transferred, except for a prescription for a Schedule VI drug, and the name of the pharmacist receiving the prescription information; and
3. Records the date of the transfer and the name of the pharmacist transferring the information.

C. The pharmacist receiving the transferred prescription information shall reduce to writing the following:

1. Write the word "TRANSFER" on the face of the transferred prescription.
2. Provide all information required to be on a prescription and include:
  - a. Date of issuance of original prescription;
  - b. Original number of refills authorized on the original prescription;
  - c. Date of original dispensing;
  - d. Number of valid refills remaining and date of last refill;
  - e. Pharmacy name, address, DEA registry number except for Schedule VI prescriptions, and original prescription number from which the prescription information was transferred; and
  - f. Name of transferring pharmacist.
3. Both the original and transferred prescription shall

be maintained for a period of two years from the date of last refill.

D. Nothing in this regulation shall prevent the giving of a prescription marked "For Information Only" to a patient.

E. Pharmacists may use computer systems in lieu of recording on the hard copy prescription provided that the system used clearly meets all requirements of § 8.1 B and C while retaining all previous dispensing information.

### § 8.2. Issuing a copy of a prescription that cannot be refilled.

A. A copy of a prescription for a drug which, pursuant to § 54.1-3411 of the Drug Control Act, cannot be refilled at the time the copy is issued, shall be given on request of a patient but such copy shall be marked with the statement "FOR INFORMATION ONLY," the patient's name and address, the date of the original prescription, and the date the copy was given.

B. A copy marked in this manner is not a prescription, as defined in § 54.1-3400 of the Drug Control Act, and shall not be refilled.

C. The original prescription shall indicate that a copy has been issued, to whom it was issued, and the issuing date.

### § 8.3. Confidentiality of patient information.

A pharmacist shall not exhibit, dispense, or reveal any prescription or discuss the therapeutic effects thereof, or the nature or extent of, or the degree of illness suffered by or treatment rendered to, any patient served by the pharmacist with any person other than the patient or his authorized representative, the prescriber, or other licensed practitioner caring for this patient, or a person duly authorized by law to receive such information.

### § 8.4. Kickbacks, fee-splitting, interference with supplier.

A. A pharmacist shall not solicit or foster prescription practice with a prescriber of drugs or any other person providing for rebates, "kickbacks," fee-splitting, or special charges in exchange for prescription orders unless fully disclosed in writing to the patient and any third party payor.

B. A pharmacist shall not interfere with the patient's right to choose his supplier of medication or cooperate with any person or persons in denying a patient the opportunity to select his supplier of prescribed medications.

### § 8.5. Returning of drugs and devices.

Drugs or devices shall not be accepted for return or exchange by any pharmacist or pharmacy for resale after such drugs and devices have been taken from the

# Proposed Regulations

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premises where sold, distributed, or dispensed unless such drug or devices are in the manufacturer's original sealed containers or in unit-dose container which meets the U.S.P.-N.F. Class A or Class B container requirement.

## § 8.6. Permitted physician licensed by the board.

Permitted physicians licensed by the board to dispense drugs shall be subject to the following sections of these regulations:

### § 3.8. Security system.

All of Part V. DRUG INVENTORY AND RECORDS.

All of Part VI. PRESCRIPTION ORDER AND DISPENSING STANDARDS.

All of Part VII. LABELING AND PACKAGING STANDARDS FOR PRESCRIPTIONS.

All of Part VIII. STANDARDS FOR PRESCRIPTION TRANSACTIONS.

## PART IX. UNIT DOSE DISPENSING SYSTEMS.

### § 9.1. Unit dose dispensing system.

A. A unit dose drug dispensing system may be utilized for the dispensing of drugs to patients in a hospital or long-term care facility. The following requirements shall apply regardless of whether licensed or unlicensed persons administer medications :

1. Any equipment outside the pharmacy used to house drugs to be administered in a unit dose system shall be fitted with a locking mechanism and be locked at all times when unattended.
2. A signed order by the prescribing practitioner shall accompany the requests for a Schedule II drug, except that a verbal order for a hospital patient for a Schedule II controlled substance may be transmitted to a licensed nurse or pharmacist employed by the hospital who will promptly reduce the order to writing in the patient's chart. Such an order shall be signed by the prescriber within 72 hours.
3. Properly trained personnel may transcribe the physician's drug orders to a patient profile card, fill the medication carts, and perform other such duties related to a unit dose distribution system provided these are done under the personal supervision of a pharmacist.
4. All dosages and drugs shall be labeled with the drug name, strength, lot number and expiration date when indicated.
5. The patient's individual drug drawer or tray shall

be labeled with the patient's name and location.

6. All unit dose drugs intended for internal use shall be maintained in the patient's individual drawer or tray unless special storage conditions are necessary.

7. A back-up dose of a drug of not more than one dose unit may be maintained in the patient's drawer, tray, or special storage area provided that the dose is maintained in the patient's drawer, tray, or special storage area with the other drugs for that patient.

8. A record shall be made and maintained within the pharmacy for a period of one year showing:

- a. The date of filling of the drug cart;
- b. The location of the drug cart;
- c. The initials of person who filled the drug cart; and
- d. The initials of the pharmacist checking and certifying the contents of the drug cart in accordance with the provisions in § 6.1 B.

9. A patient profile record or medication card will be accepted as the dispensing record of the pharmacy for unit dose dispensing systems only, subject to the following conditions:

- a. The record of dispensing must be entered on the patient profile record or medication card at the time the drug drawer or tray is filled.
- b. In the case of Schedule II through V drugs, after the patient profile record or medication card has been completed, the card must be maintained for two years.
- c. In the case of the computer-based distribution system, a uniformly maintained "fill list" or other document containing substantially the same information may be accepted as the dispensing record for Schedule II through VI drugs. Records of disposition/administration for floor stock drugs as provided in § 10.4 B will be accepted for drugs distributed as floor stock.

B. In providing unit dose systems to hospitals or long-term care facilities where only those persons licensed to administer are administering drugs, the pharmacy shall dispense not more than a seven-day supply of a drug in a solid, oral dosage form at any one given time.

C. In addition to the requirements listed in § 9.1 A, the following requirements apply to those long-term care facilities in which unlicensed persons administer drugs:

1. The pharmacy providing medications to such facility shall dispense no more than a 72-hour supply of drugs

in a solid, oral dosage form at any one given time.

2. The pharmacy shall provide to persons administering medications training specific to the particular unit dose system being used.

3. The pharmacy shall provide a medication administration record to the facility listing each drug to be administered with full dosage directions to include no abbreviations.

4. The drugs in a unit dose system shall be placed in slots within a drawer labeled or coded to indicate time of administration.

## PART X. PHARMACY SERVICES TO HOSPITALS.

### § 10.1. Chart order.

A chart order for a drug to be dispensed for administration to an inpatient in a hospital shall be exempt from the requirement of including all elements of a prescription as set forth in §§ 54.1-3408 and 54.1-3410 of the Code of Virginia. A hospital pharmacy policy and procedures manual shall set forth the minimum requirements for chart orders consistent with federal and state law.

### § 10.2. Responsibilities of the pharmacist-in-charge.

A. The pharmacist-in-charge in a pharmacy located within a hospital or the pharmacist-in-charge of any outside pharmacy providing pharmacy services to a hospital shall be responsible for the proper storage and security of all drugs used throughout the hospital.

B. The pharmacist-in-charge of a pharmacy serving a hospital shall be responsible for a monthly review of drug therapy for each patient within the hospital for a length of stay of one month or greater. A record of such review shall be signed and dated by the pharmacist and shall include but not limited to any irregularities in drug therapy, drug interactions, drug administration, or transcription errors. All significant irregularities shall be brought to the attention of the attending practitioner or other person having authority to correct the potential problem.

### § 10.3. After-hours access to the pharmacy.

When authorized by the pharmacist-in-charge, a supervisory nurse may have access to the pharmacy in the absence of the pharmacist in order to obtain emergency medication, provided that such drug is available in the manufacturer's original package or in units which have been prepared and labeled by a pharmacist and provided further that a separate record shall be made and left within the pharmacy on a form prescribed by the pharmacist-in-charge and such records are maintained within the pharmacy for a period of one year showing:

1. The date of withdrawal;
2. The patient's name;
3. The name of the drug, strength, dosage form and dose prescribed;
4. Number of doses removed; and
5. The signature of the authorized nurse.

### § 10.4. Floor stock drugs ; *proof of delivery; distribution records* .

A. **Proof of delivery.** A delivery receipt shall be obtained for Schedule II through V drugs supplied as floor stock. This record shall include the date, drug name and strength, quantity, hospital unit receiving drug and the signatures of the dispensing pharmacist and the receiving nurse. Receipts shall be maintained in the pharmacy for a period of two years.

B. **Distribution records.** A record of disposition/administration shall be used to document administration of Schedule II through V drugs when a floor stock system is used for such drugs. The record shall be returned to the pharmacy within three months of its issue. The pharmacist-in-charge or his designee shall:

1. Match returned records with delivery receipts to verify that all records are returned;
2. Periodically audit returned administration records for completeness as to patient's names, dose, date and time of administration, signature or initials of person administering the drug, and date the record is returned;
3. Verify that all additions to inventory are recorded, that all additions to and deductions from inventory are correctly calculated, that sums carried from one record to the next are correctly recorded, and periodically verify that doses documented on administration records are reflected in the medical record; and
4. Initial or sign the returned record, file chronologically by date of issue, and retain for two years from the date of return.

### § 10.5. Emergency room.

All drugs in the emergency department shall be under the control and supervision of the pharmacist-in-charge and shall be subject to the following additional requirements:

1. All drugs kept in the emergency room shall be in a secure place from which unauthorized personnel and the general public are excluded.

# Proposed Regulations

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2. Oral orders for medications shall be reduced to writing and shall be signed by the practitioner.

3. A medical practitioner may dispense drugs to his patients if in a bona fide medical emergency or when pharmaceutical services are not readily available and if permitted to do so by the hospital; the drug container and the labeling shall comply with the requirements of these regulations and the Drug Control Act.

4. A record shall be maintained of all drugs administered in the emergency room.

5. A separate record shall be maintained on all drugs, including drug samples, dispensed in the emergency room. The records shall be maintained for a period of two years showing:

- a. Date and time dispensed;
- b. Patient's name;
- c. Physician's name;
- d. Name of drug dispensed, strength, dosage form, quantity dispensed, and dose.

## § 10.6. Pharmacy services.

A. In addition to service to inpatients, a hospital pharmacy may dispense drugs to the following:

1. Patients who receive treatments or consultations on the premises;
2. Outpatients or emergency patients upon discharge for their personal use away from the hospital; and
3. The hospital employees, medical staff members, or students for personal use or for the use of their dependents.

Nothing in this regulation shall prohibit a hospital pharmacy not operated under a separate outpatient pharmacy permit from providing such services or drugs, or both, as are not readily available in the community to patients who may not otherwise be served by the hospital pharmacy.

B. If a pharmacy located within a hospital dispenses drugs to patients other than those listed in § 10.6 A, the pharmacy shall obtain a separate pharmacy permit and shall operate in a space separated from the hospital pharmacy.

## § 10.7. Mechanical devices for dispensing drugs.

A hospital may utilize mechanical devices for the dispensing of drugs pursuant to § 54.1-3301 of the Drug Control Act, provided the utilization of such mechanical

devices is under the personal supervision of the pharmacist. Such supervision shall include:

1. The packaging and labeling of drugs to be placed in the mechanical dispensing devices. Such packaging and labeling shall conform to all requirements pertaining to containers and label contents.
2. The placing of previously packaged and labeled drug units into the mechanical dispensing device.
3. The removal of the drug from the mechanical device and the final labeling of such drugs after removal from the dispensing device.
4. In the absence of a pharmacist, a person legally qualified to administer drugs may remove drugs from such mechanical device.

## § 10.8. Certified emergency medical technician program.

The pharmacy may prepare a drug kit for a Certified Emergency Medical Technician Program provided:

1. The pharmacist-in-charge of the hospital shall be responsible for all controlled drugs contained in this drug kit.
2. The drug kit is sealed in such a manner that it will preclude any possibility of loss of drugs.
3. Drugs may be administered by a technician upon an oral order of an authorized medical practitioner. The oral order shall be reduced to writing by the technician and shall be signed by the physician.
4. When the drug kit has been opened, the kit shall be returned to the pharmacy and exchanged for an unopened kit. A record signed by the physician for the drugs administered shall accompany the opened kit when exchanged. An accurate record shall be maintained by the pharmacy on the exchange of the drug kit for a period of one year.
5. The record of the drugs administered shall be maintained as a part of the pharmacy records pursuant to state and federal regulations.

## § 10.9. Identification for medical intern or resident prescription form in hospitals.

The prescription form for the prescribing of drugs for use by medical interns or residents who prescribe only in a hospital shall bear the prescriber's signature, the legibly printed name, address, and telephone number of the prescriber and an identification number assigned by the hospital. The identification number shall be the Drug Enforcement Administration number assigned to the hospital pharmacy plus a suffix assigned by the institution. The assigned number shall be valid only within the course of duties within the hospital.

## PART XI. PHARMACY SERVICES TO LONG-TERM CARE FACILITIES.

### § 11.1. Drugs in long-term care facilities.

Drugs, as defined in the Drug Control Act, shall not be floor stocked by a long-term care facility, except those in the stat drug box or emergency drug box or as provided for in § 11.5 within these regulations.

### § 11.2. Pharmacy's responsibilities to long-term care facilities.

The pharmacy serving a long-term care facility shall :

1. Receive a valid order prior to the dispensing of any drug.
2. Ensure that personnel administering the drugs are trained in using the dispensing system provided by the pharmacy.
3. Ensure that the drugs for each patient are kept and stored in the originally received containers and that the medication of one patient shall not be transferred to another patient.
4. Ensure that each cabinet, cart or other area utilized for the storage of drugs is locked and accessible only to authorized personnel.
5. Ensure that the storage area for patients drugs is well lighted, of sufficient size to permit storage without crowding, and is maintained at appropriate temperature.
6. Ensure that poison and drugs for "external use only" are kept in a cabinet and separate from other medications.
7. Provide for the disposition of discontinued drugs under the following conditions:
  - a. Discontinued drugs may be returned to the pharmacy for resale if authorized by § 8.5 or destroyed by appropriate means in compliance with any applicable local, state, and federal laws and regulations.
  - b. Drug destruction at the pharmacy shall be witnessed by the pharmacist-in-charge and by another pharmacy employee. Drug destruction at the facility shall be witnessed by the director of nursing or, if there is no director, then by the facility administrator and by a pharmacist providing pharmacy services to the facility or by another employee authorized to administer medication.
  - c. A complete and accurate record of the drugs returned or destroyed or both shall be made. The

original of the record of destruction shall be signed and dated by the persons witnessing the destruction and maintained at the long-term care facility for a period of two years. A copy of the destruction record shall be maintained at the provider pharmacy for a period of two years.

d. All destruction of the drugs shall be done without 30 days of the time the drug was discontinued.

8. Ensure that appropriate drug reference materials are available in the facility units.

9. Ensure that a monthly review of a drug therapy by a pharmacist is conducted for each patient. Such review shall be used to determine any irregularities, which may include but not be limited to drug therapy, drug interactions, drug administration or transcription errors. The pharmacist shall sign and date the notation of the review. All significant irregularities shall be brought to the attention of the attending practitioner or other party having authority to correct the potential problem.

### § 11.3. Emergency drug kit.

The pharmacist providing services may prepare an emergency kit for a facility in which only those persons licensed to administer are administering drugs under the following conditions :

1. The contents of the emergency kit shall be of such a nature that the absence of the drugs would threaten the survival of the patients.
2. The contents of the kit shall be determined by the provider pharmacist in consultation with the medical and nursing staff of the institutions and shall be limited to drugs for administration by injection or inhalation only, except that Nitroglycerin SL may be included.
3. The kit is sealed in such a manner that it will preclude any possible loss of the drug.
4. The opened kit is maintained under secure conditions and returned to the pharmacy within 72 hours for replenishing.
5. Any drug used from the kit shall be covered by a prescription, signed by the physician, when legally required, within 72 hours.

### § 11.4. Stat-drug box.

An additional drug box called a stat-drug box may be prepared by a pharmacy to provide for initiating therapy prior to the receipt of ordered drugs from the pharmacy. A stat-drug box shall be provided to those facilities in which only those persons licensed to administer are administering drugs and shall be subject to the following



# Proposed Regulations

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conditions:

1. The box is sealed in such a manner that will preclude the loss of drugs.
2. When the stat-drug box has been opened, it is returned to the pharmacy.
3. Any drug used from the box shall be covered by a drug order signed by the practitioner, when legally required, within 72 hours.
4. There shall be a listing of the contents of the box maintained in the pharmacy and also attached to the box in the facility. This same listing shall become a part of the policy and procedure manual of the facility served by the pharmacy.
5. The drug listing on the box shall bear an expiration date for the box. The expiration date shall be the day on which the first drug in the box will expire.
6. The contents of the box shall be limited to those drugs in which a delay in initiating therapy may result in harm to the patient.
  - a. The listing of drugs contained in the stat-drug box shall be determined by the provider pharmacist in consultation with the medical and nursing staff of the long-term care facility.
  - b. The stat-drug box shall contain no Schedule II drugs.
  - c. The stat-drug box shall contain no more than one Schedule III through V drug in each therapeutic class and no more than five doses of each.

## § 11.5. Floor stock.

In addition to an emergency box or stat-drug box, a long-term care facility in which only those persons licensed to administer are administering drugs may maintain a stock of intravenous fluids, irrigation fluids, heparin flush kits, medicinal gases, sterile water and saline, and prescription devices. Such stock shall be limited to a listing to be determined by the provider pharmacist in consultation with the medical and nursing staff of the institution.

## PART XII. OTHER INSTITUTIONS AND FACILITIES.

### § 12.1. Drugs in infirmaries/first aid rooms.

A. Controlled drugs purchased by an institution, agency, or business within the Commonwealth, having been purchased in the name of a practitioner licensed by the Commonwealth of Virginia and who is employed by an institution, agency, or business which does not hold a pharmacy permit, shall be used only for administering to

those persons at that institution, agency, or business.

B. All controlled drugs shall be maintained and secured in a suitable locked storage area, the key to which will be in the possession of the practitioner or nurse who is under the direction and supervision of the practitioner.

C. Such institution, agency, or business shall adopt a specific protocol for the administration of prescription drugs, listing the inventory of such drugs maintained, and authorizing the administering of such drugs in the absence of a physician in an emergency situation when the timely prior verbal or written order of a physician is not possible. Administering of such drugs shall be followed by written orders.

1. For the purpose of this regulation, emergency shall be defined as a circumstance requiring administration of controlled drugs necessary to preserve life or to prevent significant or permanent injury or disability.
2. The protocol shall be maintained for inspection and documentation purposes.

D. A nurse may, in the absence of a practitioner, administer nonprescription drugs and provide same in unit dose containers in quantities which in the professional judgment of the nurse and the existing circumstances will maintain the person at an optimal comfort level until the employee's personal practitioner can be consulted. The administering and providing of such medication must be in accordance with explicit instructions of a specific protocol promulgated by the practitioner in charge of the institution, agency, or business.

### § 12.2. Humane societies and animal shelters.

A humane society or animal shelter, after having obtained the proper permits pursuant to state and federal laws, may purchase, possess and administer any drug approved by the State Veterinarian to euthanize injured, sick, homeless and unwanted domestic pets and animals provided that these procedures are followed :

1. A veterinarian shall provide general supervision for the facility and appropriate training to the person(s) responsible for administration of the drugs.
2. The person in charge of the facility shall obtain the required permit and controlled substance registration from the board and shall be responsible for maintaining proper security and required records of all controlled substances obtained.

a. If that person ceases employment with the facility or relinquishes his position, he shall immediately return the permit to the board and shall take a complete and accurate inventory of all drugs in stock.

b. An application for a new permit shall be filed

with the required fee within 14 days on a form provided by the board. At that time, the new person in charge of the facility shall take a complete and accurate inventory of all drugs in stock.

3. Drugs shall be stored in a secure place and only the person(s) responsible for administering may have access to the drugs.

4. Any drug used shall be obtained and administered in the injectable form only.

5. All invoices and order forms shall be maintained for a period of two years.

6. Complete and accurate records shall be maintained for two years on the administration of the drug; the record shall show the date of administration, the species of the animal, the weight of animal, the amount of drug administered and signature of the person administering the drug.

## § 12.3. Drugs in correctional institutions.

All prescription drugs at any correctional unit shall be obtained only on an individual prescription basis from a pharmacy and subject to the following conditions:

1. All prepared drugs shall be maintained in a suitable locked storage area with only the person responsible for administering the drugs having access.

2. Complete and accurate records shall be maintained of all drugs received, administered and discontinued. The administration record shall show the:

- a. Prescription number;
- b. Drug name and strength;
- c. Number of dosage units received;
- d. Physician's name; and
- e. Date, time and signature of person administering the individual dose of drug.

3. All unused or discontinued drugs shall be sealed and the amount in the container at the time of the sealing shall be recorded on the drug administration record. Such drugs shall be returned to the provider pharmacy along with the drug administration record within seven days.

a. The provider pharmacy shall review the returned drug administration for accountability of all dosage units dispensed.

b. The drug administration records shall be filed in chronological order by the provider pharmacy and maintained for a period of one year or, at the

option of the facility, the records may be returned by the provider pharmacy to the facility.

c. Drugs may be returned to the provider pharmacy stock in compliance with the provisions of § 8.5.

d. Other drugs shall be disposed of or destroyed by the provider pharmacy in accordance with local, state, and federal regulations.

4. Emergency and stat-drug box. An emergency box and a stat-drug box may be prepared for the facility served by the pharmacy pursuant to §§ 11.3 and 11.4 of the regulations provided that the facility employs one or more full-time physicians, registered nurses, licensed practical nurses, or correctional health assistants.

## PART XIII. EXEMPTED STIMULANT OR DEPRESSANT DRUGS AND CHEMICAL PREPARATIONS.

### § 13.1. Excluded substances.

The list of excluded substances, which may be lawfully sold over the counter without a prescription under the federal Food, Drug and Cosmetic Control Act (21 USC 301), as set forth in the Code of Federal Regulations, Title 21, Part 21 CFR § 1308.22, is adopted pursuant to the authority set forth in §§ 54.1-3443, 54.1-3450 and 54.1-3452 of the Drug Control Act.

### § 13.2. Exempted chemical preparations.

The list of exempt chemical preparations set forth in the Code of Federal Regulations, Title 21, Part 21 CFR § 1308.24 is adopted pursuant to the authority set forth in §§ 54.1-3443, 54.1-3450 and 54.1-3452 of the Drug Control Act.

### § 13.3. Excepted compounds.

The list of excepted compounds set forth in the Code of Federal Regulations, Title 21, Part 21 CFR § 1308.32 is adopted pursuant to the authority set forth in §§ 54.1-3443, 54.1-3450 and 54.1-3452; the excepted compounds are drugs which are subject to the provisions of § 54.1-3455 of the Drug Control Act.

## PART XIV. MANUFACTURERS, WHOLESALE DISTRIBUTORS, WAREHOUSERS, AND MEDICAL EQUIPMENT SUPPLIERS.

### § 14.1. Licenses and permits generally.

A license or permit shall not be issued to any manufacturer, wholesale distributor, warehouse, or medical equipment supplier to operate from a private dwelling, unless a separate business entrance is provided, and the place of business is open for inspection at all times during normal business hours. The applicant shall

# Proposed Regulations

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comply with all other federal, state and local laws and ordinances before any license or permit is issued.

## § 14.2. Safeguards against diversion of drugs.

The following requirements shall apply to manufacturers, wholesale distributors, or warehouseers of prescription drugs:

1. The holder of the permit shall restrict all areas in which prescription drugs are manufactured, stored, or kept for sale, to only designated and necessary persons.
2. The holder of the permit shall provide reasonable security measures for all drugs in the restricted area.
3. The holder of the permit shall not deliver any drug to a licensed business at which there is no one in attendance at the time of the delivery nor to any person who may not legally possess such drugs.
4. The holder of the permit shall comply with the security requirements set forth in § 3.8.
5. This regulation shall not apply to the holder of a permit to manufacture or distribute only medical gases.

## § 14.3. Manufacturing of cosmetics.

The building in which cosmetics are manufactured, processed, packaged and labeled, or held shall be maintained in a clean and orderly manner and shall be of suitable size, construction and location in relation to surroundings to facilitate maintenance and operation for their intended purpose. The building shall:

1. Provide adequate space for the orderly placement of equipment and materials used.
2. Provide adequate lighting and ventilation.
3. Provide adequate washing, cleaning, and toilet facilities.

## § 14.4. Good manufacturing practices.

A. The Good Manufacturing Practices *Practice for Finished Pharmaceuticals* regulations set forth in the Code of Federal Regulations, Title 21, Part 211 and effective April 1, 1986 21 CFR 211, are adopted by reference.

B. Each manufacturer of drugs shall comply with the requirements set forth in the federal regulations referred to in subsection A of this section.

## § 14.5. Prescription drug marketing act.

A. The requirements for wholesale distribution of prescription drugs set forth in the federal Prescription

Drug Marketing Act of 1987 and Title 21, Part 205 of the Code of Federal Regulations (21 USC 321; 21 CFR 205) are adopted by reference.

B. Each wholesale distributor of prescription drugs shall comply with minimum requirements for qualifications, personnel, storage, handling, and records as set forth in the federal regulations referred to in subsection A of this section.

## § 14.6. Medical equipment suppliers.

A. A medical equipment supplier may dispense to the ultimate consumer the following: prescription devices, medicinal oxygen, Schedule VI drugs which have no medicinal properties and are used in the operation and cleaning of medical devices, and hypodermic needles and syringes as authorized by § 54.1-3435.3 of the Drug Control Act.

B. A medical equipment supplier shall receive a valid order from a practitioner prior to dispensing and shall maintain this order on file for a period of two years from date of last dispensing.

C. Medical equipment suppliers shall make a record at the time of dispensing. This record shall be maintained for two years from date of dispensing and shall include:

1. Name and address of patient;
2. Name and address of physician ordering;
3. Item dispensed and quantity, if applicable; and
4. Date of dispensing.

NOTICE: The forms used in administering the Regulations of the Board of Pharmacy are not being published due to the large number; however, the name of each form is listed below. The forms are available for public inspection at the Board of Pharmacy, Southern States Building, 6606 West Broad Street, 4th Floor, Richmond, Virginia, or at the office of the Registrar of Regulations, General Assembly Building, 2nd Floor, Room 262, Richmond, Virginia.

Application for Registration as an Externe/Interne (eff. 5/93)

Application for Licensure as a Pharmacist by Examination (eff. 5/93)

Application for Re-examination (eff. 5/93)

Application for Pharmacist License to be Reactivated

Application for Approval of a Continuing Education Program

Verification of Licensure/Registration (eff. 8/94)

Application for License to Dispense Drugs (eff. 5/93)

Application for a Pharmacy Permit

Application for a Non-Resident Pharmacy Registration

Application for a Permit as a Medical Equipment Supplier

Application for a Restricted Manufacturer's Permit

Application for a Non-Restricted Manufacturer's Permit

Application for a Permit as a Warehouser (eff. 5/93)

Application for a License as a Wholesale Distributor

Application for a Non-Resident Wholesale Distributor  
Registration

Application for a Controlled Substances Registration

Application for Reinstatement of Controlled Substance  
Registration

Renewal Notice and Application

Application for Reinstatement of License

Application for Continuing Education Provider

Application for Permit as a Humane Society

VA.R. Doc. No. R95-319A; Filed March 1, 1995, 10:58 a.m..

# FINAL REGULATIONS

For information concerning Final Regulations, see information page.

## Symbol Key

Roman type indicates existing text of regulations. *Italic type* indicates new text. Language which has been stricken indicates text to be deleted. [Bracketed language] indicates a substantial change from the proposed text of the regulations.

## DEPARTMENT OF LABOR AND INDUSTRY

### Safety and Health Codes Board

**REGISTRAR'S NOTICE:** The following regulations are exempt from the Administrative Process Act in accordance with § 9-6.14:4.1 C 4 (c) of the Code of Virginia, which excludes regulations that are necessary to meet the requirements of federal law or regulations, provided such regulations do not differ materially from those required by federal law or regulation. The Safety and Health Codes Board will receive, consider and respond to petitions by any interested person at any time with respect to reconsideration or revision.

**Title of Regulation:** VR 425-02-09. Occupational Exposure to Asbestos, General Industry (1910.1001).

**Statutory Authority:** § 40.1-22(5) of the Code of Virginia.

**Effective Date:** May 1, 1995.

#### Summary:

*This final standard amends the federal OSHA standard for the Occupational Exposure to Asbestos in General Industry, 29 CFR 1910.1001, published on June 20, 1986 (51 Fed. Reg. 22612).*

*Major revisions were included in this standard to further reduce the adverse health effects associated with occupational exposure to asbestos. They are as follows:*

- 1. Reduced time-weighted average permissible exposure limit (PEL) to 0.1 fiber per cubic centimeter (f/cc) for all asbestos work in all industries;*
- 2. New classification scheme for asbestos construction and shipyard industry work which ties mandatory work practices to work classification;*
- 3. Presumptive asbestos identification requirement for "high hazard" asbestos containing building materials;*
- 4. Limited notification requirements for employers who use unlisted compliance methods in high risk asbestos abatement work; and*
- 5. Mandatory methods of control for brake and clutch repair.*

*Most of the revisions in this standard are the third*

*and final response to an order of the Court of Appeals for the District of Columbia Circuit, Building and Construction Trades Department v. Brock, 838 F.2d 1258 (D.C. Cir. 1988), which upheld the 1986 standards in major respects, but which remanded certain issues for reconsideration. Federal OSHA made earlier changes in response to the court order on December 14, 1989 (54 Fed. Reg. 52024, December 20, 1989), and on February 5, 1990 (55 Fed. Reg. 3724).*

*Federal OSHA believes that this revised standard fully addresses all issues remanded by the court for reconsideration.*

*Appendices A, C, D, E and F of the General Industry Standard are binding.*

#### Note on Incorporation By Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Occupational Exposure to Asbestos, General Industry Standard (1910.1001) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia 23219, and in the Office of the Registrar of Regulations, General Assembly Building, Capitol Square, Room 262, Richmond, Virginia 23219.

On December 19, 1994, the Safety and Health Codes Board adopted federal OSHA's revised standard for Occupational Exposure to Asbestos, General Industry, § 1910.1001, which was published jointly in the Federal Register, Vol. 59, No. 153, pp. 41057-41080, Wednesday, August 10, 1994, with the standards for Occupational Exposure to Asbestos for: Construction, § 1926.1101 (VR 425-02-10); Shipyard Employment, § 1915.1001 (VR 425-02-178); and Special Provisions for Air Contaminants, § 1910.19 (VR 425-02-15). The amendments as adopted are not set out.

When the regulations as set forth in the Occupational Exposure to Asbestos, General Industry, § 1910.1001, are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, the following terms shall be considered to read as shown below:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR Assistant Secretary Agency October 11, 1994	VOSH Standard Commissioner of Labor and Industry Department May 1, 1995
	Implementation Schedule
Adoption date	12/19/94
Effective date	05/01/95

Exposure monitoring:  
(1910.1001 (d)(2)) 08/01/95

Regulated areas:  
(1910.1001 (e)) 09/01/95

Respiratory protection:  
(1910.1001 (g)) 08/01/95

Hygiene and  
lunchroom facilities:  
(1910.1001 (i)) 02/01/96

Employee information and  
training:  
(1910.1001 (j)(7)) 11/01/95

Medical surveillance:  
(medical surveillance not  
previously required  
by paragraph 1910.1001 (1))  
(1910.1001 (1)) 08/01/95

Compliance program:  
(1910.1001 (f)(2)) 09/01/95

Methods of compliance:  
(1910.1001 (f)(1)) 11/01/95

NOTE: The provisions of § 1910.1001 remain in effect until the  
start-up dates of the equivalent provisions of this standard.

V.A.R. Doc. No. R95-300; Filed February 17, 1995, 9:39 a.m.

# Final Regulations

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## COMMONWEALTH of VIRGINIA

JOAN W. SMITH  
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION  
General Assembly Building

910 CAPITOL STREET  
RICHMOND, VIRGINIA 23219  
(804) 786-3591

March 6, 1995

Mr. Charles B. Ashby, Chairman  
Virginia Safety and Health Codes Board  
Department of Labor and Industry  
13 South Thirteenth Street  
Richmond, Virginia 23219

Attn: John J. Crisanti, Director, Office of Enforcement Policy

Re: VR 425-02-09 Occupational Exposure to Asbestos,  
General Industry, § 1910.1001

Dear Mr. Ashby:

This will acknowledge receipt of the above-referenced regulations from the Department of Medical Assistance Services.

As required by § 9-6.14:4.1 C.4(c) of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act, since they do not differ materially from those required by federal law.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joan W. Smith".

Joan W. Smith  
Registrar of Regulations

JWS/jbc

Register/Ed/Ex/Rgn

# Final Regulations

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**Title of Regulation:** VR 425-02-10. Occupational Exposure to Asbestos, Construction Industry (1926.1101).

**Statutory Authority:** § 40.1-22(5) of the Code of Virginia.

**Effective Date:** May 1, 1995.

**Summary:**

*This final standard amends the federal OSHA standard for the Occupational Exposure to Asbestos, Construction Industry, 29 CFR 1926.1101 (previously § 1926.58), published on June 20, 1986 (51 Fed. Reg. 22612).*

*Major revisions were included in this standard to further reduce the adverse health effects associated with occupational exposure to asbestos. They are as follows:*

- 1. Reduced time-weighted average permissible exposure limit (PEL) to 0.1 fiber per cubic centimeter (f/cc) for all asbestos work in all industries;*
- 2. New classification scheme for asbestos construction and shipyard industry work which ties mandatory work practices to work classification;*
- 3. Presumptive asbestos identification requirement for "high hazard" asbestos containing building materials;*
- 4. Limited notification requirements for employers who use unlisted compliance methods in high risk asbestos abatement work; and*
- 5. Mandatory methods of control for brake and clutch repair.*

*Most of the revisions in this standard are the third and final response to an order of the Court of Appeals for the District of Columbia Circuit, Building and Construction Trades Department v. Brock, 838 F.2d 1258 (D.C. Cir. 1988), which upheld the 1986 standards in major respects, but which remanded certain issues for reconsideration. Federal OSHA made earlier changes in response to the court order on December 14, 1989 (54 Fed. Reg. 52024, December 20, 1989), and on February 5, 1990 (55 Fed. Reg. 3724).*

*Federal OSHA believes that this revised standard fully addresses all issues remanded by the court for reconsideration.*

*Appendices A, C, D and E of the Construction Industry Standard are binding.*

Construction Industry Standard (1926.1101) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia 23219, and in the Office of the Registrar of Regulations, General Assembly Building, Capitol Square, Room 262, Richmond, Virginia 23219.

On December 19, 1994, the Safety and Health Codes Board adopted federal OSHA's revised standard for the Occupational Exposure to Asbestos, Construction Industry, § 1926.1101, which was published jointly in the Federal Register, Vol. 59, No. 153, pp. 41132-41162, Wednesday, August 10, 1994, with the standards for Occupational Exposure to Asbestos for: General Industry, § 1910.1001 (VR 425-02-09); Shipyard Employment, § 1915.1001 (VR 425-02-178); and Special Provisions for Air Contaminants, § 1910.19 (VR 425-02-15). The amendments as adopted are not set out.

When the regulations as set forth in the Occupational Exposure to Asbestos, Construction Industry, § 1926.1101, are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, the following terms shall be considered to read as shown below:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR Assistant Secretary Agency October 11, 1994	VOSH Standard Commissioner of Labor and Industry Department May 1, 1995
	Implementation Schedule
Adoption date	12/19/94
Effective date	05/01/95
Respiratory protection: (1926.1101 (h))	09/01/95
Hygiene and lunchroom facilities: (1926.1101 (j))	09/01/95
Housekeeping: (1926.1101 (l))	08/01/95
Designation and training: (1926.1101 (o))	11/01/95
Communication of hazards: (1926.1101 (k))	11/01/95
Medical surveillance: (1926.1101 (m))	08/01/95
Methods of compliance: (1925.1101 (g))	11/01/95

NOTE: The provisions of § 1926.58 remain in effect until the start-up dates of the equivalent provisions of this standard.

V.A.R. Doc. No. R95-301; Filed February 17, 1995, 9:39 a.m.

Note on Incorporation By Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Occupational Exposure to Asbestos,



# Final Regulations

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## COMMONWEALTH of VIRGINIA

JOAN W. SMITH  
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION  
General Assembly Building

910 CAPITOL STREET  
RICHMOND, VIRGINIA 23219  
(804) 786-3591

March 6, 1995

Mr. Charles B. Ashby, Chairman  
Virginia Safety and Health Codes Board  
Department of Labor and Industry  
13 South Thirteenth Street  
Richmond, Virginia 23219

Attn: John J. Crisanti, Director, Office of Enforcement Policy

Re: VR 425-02-10 Occupational Exposure to Asbestos,  
Construction Industry, § 1926.1101

Dear Mr. Ashby:

This will acknowledge receipt of the above-referenced regulations from the Department of Medical Assistance Services.

As required by § 9-6.14:4.1 C.4(c) of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act, since they do not differ materially from those required by federal law.

Sincerely,

A handwritten signature in cursive script that reads "Joan W. Smith".

Joan W. Smith  
Registrar of Regulations

JWS/jbc

Register/RegEx/Reg

\* \* \* \* \*

**Title of Regulation:** VR 425-02-15. Special Provisions for Air Contaminants, General Industry (1910.19).

**Statutory Authority:** § 40.1-22(5) of the Code of Virginia.

**Effective Date:** May 1, 1995.

**Summary:**

*Federal OSHA amended the final standards for the Occupational Exposure to Asbestos, General Industry, 1910.1001 (VR 425-02-09), in Construction, § 1926.1101 (previously 1926.58) (VR 425-02-10), and included a separate standard covering Occupational Exposure to Asbestos, Shipyard Employment, § 1915.1001 (VR 425-01-178).*

*In addition to the changes affecting the standards concerning the Occupational Exposure to Asbestos, federal OSHA also amended section (a) of § 1910.19, Special Provisions for Air Contaminants, General Industry, by deleting the references to §§ 1910.1101, 1910.13 (sic), 1910.14, and 1910.15.*

to Virginia employers, the following terms shall be considered to read as shown below:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR	VOSH Standard
Assistant Secretary	Commissioner of Labor and Industry
Agency	Department
October 21, 1994	May 1, 1995

VA.R. Doc. No. R95-302; Filed February 17, 1995, 9:40 a.m.

Note on Incorporation By Reference

Pursuant to § 9-6.18 of the Code of Virginia, the Special Provisions for Air Contaminants Standard for the General Industry (§ 1910.19) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia 23219, and in the Office of the Registrar of Regulations, General Assembly Building, Capitol Square, Room 262, Richmond, Virginia 23219.

On December 19, 1994, the Safety and Health Codes Board adopted federal OSHA's amendment to the Special Provisions for Air Contaminants Standard for the General Industry, § 1910.19, which was published jointly in the Federal Register, Vol. 59, No. 153, p. 41057, Wednesday, August 10, 1994, with the standards for Occupational Exposure to Asbestos for: General Industry, § 1910.1001 (VR 425-02-09); Construction, § 1926.1101 (VR 425-02-1101); and Shipyard Employment, § 1915.1001 (VR 425-02-178). The amendments as adopted are set out below:

(a) Asbestos, tremolite, anthophyllite, and actinolite dust. Section 1910.1001 ~~or 1910.1101~~ shall apply to the exposure of every employee to asbestos, tremolite, anthophyllite, and actinolite dust in every employment and place of employment covered by § ~~1910.13, 1910.14, 1910.15~~ or 1910.16, in lieu of any different standard on exposure to asbestos, tremolite, anthophyllite, and actinolite dust which would otherwise be applicable by virtue of any of those sections.

When the regulations as set forth in the Special Provisions for Air Contaminants, § 1910.19, are applied to the Commissioner of the Department of Labor and Industry or

# Final Regulations

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## COMMONWEALTH of VIRGINIA

JOAN W. SMITH  
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION  
General Assembly Building

910 CAPITOL STREET  
RICHMOND, VIRGINIA 23219  
(804) 786-3591

March 6, 1995

Mr. Charles B. Ashby, Chairman  
Virginia Safety and Health Codes Board  
Department of Labor and Industry  
13 South Thirteenth Street  
Richmond, Virginia 23219

Attn: John J. Crisanti, Director, Office of Enforcement Policy

Re: VR 425-02-15 Air Contaminants, Special Provisions  
General Industry, § 1910.19

Dear Mr. Ashby:

This will acknowledge receipt of the above-referenced regulations from the Department of Medical Assistance Services.

As required by § 9-6.14:4.1 C.4(c) of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act, since they do not differ materially from those required by federal law.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joan W. Smith".

Joan W. Smith  
Registrar of Regulations

JWS/jbc  
Registrar of Regulations

\* \* \* \* \*

Regulations, General Assembly Building, Capitol Square, Room 262, Richmond, Virginia 23219.

**Title of Regulation:** VR 425-02-178. Occupational Exposure to Asbestos, Shipyard Employment (1915.1001).

**Statutory Authority:** § 40.1-22(5) of the Code of Virginia.

**Effective Date:** May 1, 1995.

**Summary:**

*This revised final standard reflects the major revisions included in the Asbestos Standards for General Industry (VR 425-02-09), and Construction (VR 425-02-10). It contains provisions which will further reduce the adverse health effects associated with occupational exposure to asbestos. They are as follows:*

1. *Reduced time-weighted average permissible exposure limit (PEL) to 0.1 fiber per cubic centimeter (f/cc) for all asbestos work in all industries;*
2. *New classification scheme for asbestos construction and shipyard industry work which ties mandatory work practices to work classification;*
3. *Presumptive asbestos identification requirement for "high hazard" asbestos containing building materials;*
4. *Limited notification requirements for employers who use unlisted compliance methods in high risk asbestos abatement work; and*
5. *Mandatory methods of control for brake and clutch repair.*

*Most of the revisions in this standard are the third and final response to an order of the Court of Appeals for the District of Columbia Circuit, Building and Construction Trades Department v. Brock, 838 F.2d 1258 (D.C. Cir. 1988), which upheld the 1986 standards in major respects, but which remanded certain issues for reconsideration. Federal OSHA made earlier changes in response to the court order on December 14, 1989 (54 Fed. Reg. 52024, December 20, 1989), and on February 5, 1990 (55 Fed. Reg. 3724).*

*Federal OSHA believes that this revised standard fully addresses all issues remanded by the court for reconsideration.*

*Appendices A, C, D, E and L of the Shipyard Employment Standard are binding.*

On December 19, 1994, the Safety and Health Codes Board adopted federal OSHA's revised standard for the Occupational Exposure to Asbestos, Shipyard Employment, § 1915.1001, which was published jointly in the Federal Register, Vol. 59, No. 153, pp. 41080-41131, Wednesday, August 10, 1994, with the standards for Occupational Exposure to Asbestos for: General Industry, § 1910.1001 (VR 425-02-09); Construction Industry, 1926.1101 (VR 425-02-10); and Special Provisions for Air Contaminants, § 1910.19 (VR 425-02-15). The amendments as adopted are not set out.

When the regulations as set forth in the Occupational Exposure to Asbestos, Shipyard Employment, § 1915.1001, are applied to the Commissioner of the Department of Labor and Industry or to Virginia employers, the following terms shall be considered to read as shown below:

<u>Federal Terms</u>	<u>VOSH Equivalent</u>
29 CFR Assistant Secretary Agency October 11, 1994	VOSH Standard Commissioner of Labor and Industry Department May 1, 1995
	Implementation Schedule
Adoption date	12/19/94
Effective date	05/01/95
Respiratory protection: (1915.1001 (h))	09/01/95
Hygiene and Lunchroom facilities: (1915.1001 (j))	09/01/95
Housekeeping: (1915.1001 (l))	08/01/95
Designation and training: (1915.1001 (o))	11/01/95
Communication of hazards: (1915.1001 (k))	11/01/95
Medical surveillance: (1915.1001 (m))	08/01/95
Methods of compliance: (1915.1001 (g))	11/01/95

NOTE: The provisions of §§ 1926.58 and 1910.1001 remain in effect until the start-up dates of the equivalent provisions of this standard.

VA.R. Doc. No. R95-303; Filed February 17, 1995, 9:40 a.m.

**Note on Incorporation By Reference**

Pursuant to § 9-6.18 of the Code of Virginia, the Occupational Exposure to Asbestos, Shipyard Employment Standard (§ 1915.1001) is declared a document generally available to the public and appropriate for incorporation by reference. For this reason the entire document will not be printed in The Virginia Register of Regulations. Copies of the document are available for inspection at the Department of Labor and Industry, 13 South 13th Street, Richmond, Virginia 23219, and in the Office of the Registrar of

# Final Regulations

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## COMMONWEALTH of VIRGINIA

JOAN W. SMITH  
REGISTRAR OF REGULATIONS

VIRGINIA CODE COMMISSION  
General Assembly Building

910 CAPITOL STREET  
RICHMOND, VIRGINIA 23219  
(804) 788-3591

March 6, 1995

Mr. Charles B. Ashby, Chairman  
Virginia Safety and Health Codes Board  
Department of Labor and Industry  
13 South Thirteenth Street  
Richmond, Virginia 23219

Attn: John J. Crisanti, Director, Office of Enforcement Policy

Re: VR 425-02-178 Occupational Exposure to Asbestos,  
Shipyard Employment, § 1915.1001

Dear Mr. Ashby:

This will acknowledge receipt of the above-referenced regulations from the Department of Medical Assistance Services.

As required by § 9-6.14:4.1 C.4(c) of the Code of Virginia, I have determined that these regulations are exempt from the operation of Article 2 of the Administrative Process Act, since they do not differ materially from those required by federal law.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joan W. Smith".

Joan W. Smith  
Registrar of Regulations

JWS/jbc  
Registrar/led/Ext/3gn

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

**Title of Regulation:** State Plan for Medical Assistance Relating to Reimbursement for Organ Transplant Services.

**VR 460-03-3.1100. Amount, Duration, and Scope of Services.**

**Statutory Authority:** § 32.1-325 of the Code of Virginia.

**Effective Date:** April 19, 1995.

### Summary:

*The purpose of this action is to amend the State Plan to clarify the requirements and process for determining the level of reimbursement available for covered transplant services.*

*The section of the State Plan affected by this action is the Narrative for the Amount, Duration, and Scope of Services, Supplement 1, Attachment 3.1 A & B.*

*As a result of court action in which the Department of Medical Assistance Services (DMAS) was required to reimburse providers for covered transplantation services, DMAS developed the current State Plan amendment. At that time, emergency (and subsequently final) regulations were promulgated which stated that reimbursement for covered transplant services and any other medically necessary transplantation procedures that are determined to not be experimental or investigational would be based upon a rate negotiated with providers on an individual case basis, or a flat rate by procedure, or by procedure and facility.*

*This final regulation is intended to describe more specifically the reimbursement process that has been in effect since the promulgation of the current regulation. In summary, reimbursement for covered liver, heart, and bone marrow transplant services and any other medically necessary transplantation procedures shall be a fee based upon the greater of a prospectively determined, procedure-specific, flat fee determined by the agency, or a prospectively determined, procedure-specific percentage of usual and customary charges. The flat fee reimbursement will cover all procurement costs, hospital costs, and physician costs, including such physicians as radiologists, pathologists, oncologists, surgeons, etc., but will not include pre- and post-hospitalization for the transplant procedure or pretransplant evaluation.*

*In addition, reimbursement for approved transplant procedures that are performed out of state will be made in the same manner as reimbursement for procedures performed in-state. In the past, DMAS has paid these out-of-state providers their costs, which have been considerably higher than the in-state limits*

*for the same services.*

*The agency projects no negative issues involved in implementing this amendment. As this regulation clarifies existing reimbursement language, rather than revises the methodology itself, affected providers will not be negatively affected by this amendment. For DMAS, this regulation provides more detail about how the reimbursement is calculated.*

*This amendment effects no new reimbursement methodology changes. Moreover, DMAS expects no increase in service utilization as a result of this change. No fiscal impact is attached to this amendment. Additional staff are not required to implement this amendment. Expenditure data is not available for organ transplant services because they are not gathered in a separate category but merged into inpatient hospital services and physician services.*

*Providers affected by this regulation are hospitals that provide transplantation services and the recipients affected are those who require covered transplantation services. Since the change made is to document reimbursement practices already in effect, there are no negative effects to either providers or recipients. There are no localities which are uniquely affected by these regulations as they apply statewide.*

**Summary of Public Comment and Agency Response:** No public comment was received by the promulgating agency.

**Agency Contact:** Copies of the regulation may be obtained from Victoria P. Simmons or Roberta J. Jonas, Regulatory Coordinator, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219, telephone (804) 371-8850. There may be a charge for copies.

VR 460-03-3.1100. Narrative for the Amount, Duration and Scope of Services.

### General.

The provision of the following services cannot be reimbursed except when they are ordered or prescribed, and directed or performed within the scope of the license of a practitioner of the healing arts: laboratory and x-ray services, family planning services, and home health services. Physical therapy services will be reimbursed only when prescribed by a physician.

§ 1. Inpatient hospital services other than those provided in an institution for mental diseases.

A. Medicaid inpatient hospital admissions (lengths-of-stay) are limited to the 75th percentile of PAS (Professional Activity Study of the Commission on Professional and Hospital Activities) diagnostic/procedure limits. For admissions under 15 days that exceed the 75th percentile, the hospital must attach medical justification records to

# Final Regulations

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the billing invoice to be considered for additional coverage when medically justified. For all admissions that exceed 14 days up to a maximum of 21 days, the hospital must attach medical justification records to the billing invoice. (See the exception to subsection F of this section.)

B. Medicaid does not pay the medicare (Title XVIII) coinsurance for hospital care after 21 days regardless of the length-of-stay covered by the other insurance. (See exception to subsection F of this section.)

C. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment to health or life of the mother if the fetus were carried to term.

D. Reimbursement for covered hospital days is limited to one day prior to surgery, unless medically justified. Hospital claims with an admission date more than one day prior to the first surgical date will pend for review by medical staff to determine appropriate medical justification. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement for additional preoperative days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admissions will be denied.

E. Reimbursement will not be provided for weekend (Friday/Saturday) admissions, unless medically justified. Hospital claims with admission dates on Friday or Saturday will be pended for review by medical staff to determine appropriate medical justification for these days. The hospital must write on or attach the justification to the billing invoice for consideration of reimbursement coverage for these days. Medically justified situations are those where appropriate medical care cannot be obtained except in an acute hospital setting thereby warranting hospital admission. Medically unjustified days in such admissions will be denied.

F. Coverage of inpatient hospitalization will be limited to a total of 21 days for all admissions within a fixed period, which would begin with the first day inpatient hospital services are furnished to an eligible recipient and end 60 days from the day of the first admission. There may be multiple admissions during this 60-day period; however, when total days exceed 21, all subsequent claims will be reviewed. Claims which exceed 21 days within 60 days with a different diagnosis and medical justification will be paid. Any claim which has the same or similar diagnosis will be denied.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of 21 days per admission when such services are rendered for the

purpose of diagnosis and treatment of health conditions identified through a physical examination. Medical documentation justifying admission and the continued length of stay must be attached to or written on the invoice for review by medical staff to determine medical necessity. Medically unjustified days in such admissions will be denied.

G. Repealed.

H. Reimbursement will not be provided for inpatient hospitalization for those surgical and diagnostic procedures listed on the mandatory outpatient surgery list unless the inpatient stay is medically justified or meets one of the exceptions. The requirements for mandatory outpatient surgery do not apply to recipients in the retroactive eligibility period.

I. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys and corneas shall be covered for all eligible persons. Transplant services for liver, heart, and bone marrow transplantation and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, and bone marrow transplants and any other medically necessary transplantation procedures that are determined to not be experimental or investigational require preauthorization. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. Reimbursement for covered liver, heart, and bone marrow transplant services and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be *a fee based upon a rate negotiated with providers on an individual case basis, or a flat rate by procedure, or by procedure and facility; the greater of a prospectively determined, procedure-specific flat fee determined by the agency or a prospectively determined, procedure-specific percentage of usual and customary charges. The flat fee reimbursement will cover procurement costs; all hospital costs from admission to discharge for the transplant procedure; and total physician costs for all physicians providing services during the transplant hospital stay, including radiologists, pathologists, oncologists, surgeons, etc. The flat fee reimbursement does not include pre- and post-hospitalization for the transplant procedure or pretransplant evaluation. Reimbursement for approved transplant procedures that are performed out of state will be made in the same manner as reimbursement for transplant procedures performed in the Commonwealth.* Reimbursement for covered kidney and cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in Attachment 3.1 E.

J. The department may exempt portions or all of the utilization review documentation requirements of

subsections A, D, E, F as it pertains to recipients under age 21, G, or H in writing for specific hospitals from time to time as part of their ongoing hospital utilization review performance evaluation. These exemptions are based on utilization review performance and review edit criteria which determine an individual hospital's review status as specified in the hospital provider manual. In compliance with federal regulations at 42 CFR 441.200, Subparts E and F, claims for hospitalization in which sterilization, hysterectomy or abortion procedures were performed, shall be subject to medical documentation requirements.

K. Hospitals qualifying for an exemption of all documentation requirements except as described in subsection J above shall be granted "delegated review status" and shall, while the exemption remains in effect, not be required to submit medical documentation to support pended claims on a prepayment hospital utilization review basis to the extent allowed by federal or state law or regulation. The following audit conditions apply to delegated review status for hospitals:

1. The department shall conduct periodic on-site post-payment audits of qualifying hospitals using a statistically valid sampling of paid claims for the purpose of reviewing the medical necessity of inpatient stays.

2. The hospital shall make all medical records of which medical reviews will be necessary available upon request, and shall provide an appropriate place for the department's auditors to conduct such review.

3. The qualifying hospital will immediately refund to the department in accordance with § 32.1-325.1 A and B of the Code of Virginia the full amount of any initial overpayment identified during such audit.

4. The hospital may appeal adverse medical necessity and overpayment decisions pursuant to the current administrative process for appeals of post-payment review decisions.

5. The department may, at its option, depending on the utilization review performance determined by an audit based on criteria set forth in the hospital provider manual, remove a hospital from delegated review status and reapply certain or all prepayment utilization review documentation requirements.

## § 2. Outpatient hospital and rural health clinic services.

### 2a. Outpatient hospital services.

A. Outpatient hospital services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that:

1. Are furnished to outpatients;
2. Except in the case of nurse-midwife services, as

specified in § 440.165, are furnished by or under the direction of a physician or dentist; and

### 3. Are furnished by an institution that:

a. Is licensed or formally approved as a hospital by an officially designated authority for state standard-setting; and

b. Except in the case of medical supervision of nurse-midwife services, as specified in § 440.165, meets the requirements for participation in Medicare.

B. Reimbursement for induced abortions is provided in only those cases in which there would be substantial endangerment of health or life to the mother if the fetus were carried to term.

C. Reimbursement will not be provided for outpatient hospital services for any selected elective surgical procedures that require a second surgical opinion unless a properly executed second surgical opinion form has been obtained from the physician and submitted with the invoice for payment, or is a justified emergency or exemption.

2b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

The same service limitations apply to rural health clinics as to all other services.

2c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with § 4231 of the State Medicaid Manual (HCFA Pub. 45-4).

The same service limitations apply to FQHCs as to all other services.

## § 3. Other laboratory and x-ray services.

Service must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

## § 4. Skilled nursing facility services, EPSDT and family planning.

4a. Skilled nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Service must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

4b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.



# Final Regulations

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A. Payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities, and the accompanying attendant physician care, in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination.

B. Routine physicals and immunizations (except as provided through EPSDT) are not covered except that well-child examinations in a private physician's office are covered for foster children of the local social services departments on specific referral from those departments.

C. Orthoptics services shall only be reimbursed if medically necessary to correct a visual defect identified by an EPSDT examination or evaluation. The department shall place appropriate utilization controls upon this service.

D. Consistent with the Omnibus Budget Reconciliation Act of 1989 § 6403, early and periodic screening, diagnostic, and treatment services means the following services: screening services, vision services, dental services, hearing services, and such other necessary health care, diagnostic services, treatment, and other measures described in the Social Security Act § 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services and which are medically necessary, whether or not such services are covered under the State Plan and notwithstanding the limitations, applicable to recipients ages 21 and over, provided for by the Act § 1905(a).

4c. Family planning services and supplies for individuals of child-bearing age.

A. Service must be ordered or prescribed and directed or performed within the scope of the license of a practitioner of the healing arts.

B. Family planning services shall be defined as those services which delay or prevent pregnancy. Coverage of such services shall not include services to treat infertility nor services to promote fertility.

§ 5. Physician's services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

A. Elective surgery as defined by the Program is surgery that is not medically necessary to restore or materially improve a body function.

B. Cosmetic surgical procedures are not covered unless performed for physiological reasons and require Program prior approval.

C. Routine physicals and immunizations are not covered except when the services are provided under the Early

and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and when a well-child examination is performed in a private physician's office for a foster child of the local social services department on specific referral from those departments.

D. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension (subject to the approval of the Psychiatric Review Board) of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by the Psychiatric Review Board. Psychiatric services are further restricted to no more than three sessions in any given seven-day period.

Psychiatric services can be provided by psychiatrists, clinical psychologists licensed by the State Board of Medicine, psychologists clinical licensed by the Board of Psychology, or by a licensed clinical social worker under the direct supervision of a psychiatrist, licensed clinical psychologist or a licensed psychologist clinical.

E. Any procedure considered experimental is not covered.

F. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus were carried to term.

G. Physician visits to inpatient hospital patients are limited to a maximum of 21 days per admission within 60 days for the same or similar diagnoses and is further restricted to medically necessary inpatient hospital days as determined by the Program.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in acute care facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination. Payments for physician visits for inpatient days determined to be medically unjustified will be adjusted.

H. Psychological testing and psychotherapy by clinical psychologists licensed by the State Board of Medicine and psychologists clinical licensed by the Board of Psychology are covered.

I. Repealed.

J. Reimbursement will not be provided for physician services performed in the inpatient setting for those surgical or diagnostic procedures listed on the mandatory outpatient surgery list unless the service is medically justified or meets one of the exceptions. The requirements

of mandatory outpatient surgery do not apply to recipients in a retroactive eligibility period.

K. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys and corneas shall be covered for all eligible persons. Transplant services for liver, heart, and bone marrow and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, and bone marrow transplants and any other medically necessary transplantation procedures that are determined to not be experimental or investigational require preauthorization. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. Reimbursement for covered liver, heart, and bone marrow transplant services and any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be a fee based upon a rate negotiated with providers on an individual case basis, or a flat rate by procedure, or by procedure and facility; the greater of a prospectively determined, procedure-specific flat fee determined by the agency or a prospectively determined, procedure-specific percentage of usual and customary charges. The flat fee reimbursement will cover procurement costs; all hospital costs from admission to discharge for the transplant procedure; and total physician costs for all physicians providing services during the transplant hospital stay, including radiologists, pathologists, oncologists, surgeons, etc. The flat fee reimbursement does not include pre- and post-hospitalization for the transplant procedure or pretransplant evaluation. Reimbursement for approved transplant procedures that are performed out of state will be made in the same manner as reimbursement for transplant procedures performed in the Commonwealth. Reimbursement for covered kidney and cornea transplants is at the allowed Medicaid rate. Standards for coverage of organ transplant services are in Attachment 3.1 E.

§ 6. Medical care by other licensed practitioners within the scope of their practice as defined by state law.

#### A. Podiatrists' services.

1. Covered podiatry services are defined as reasonable and necessary diagnostic, medical, or surgical treatment of disease, injury, or defects of the human foot. These services must be within the scope of the license of the podiatrists' profession and defined by state law.

2. The following services are not covered: preventive health care, including routine foot care; treatment of structural misalignment not requiring surgery; cutting or removal of corns, warts, or calluses; experimental procedures; acupuncture.

3. The Program may place appropriate limits on a service based on medical necessity or for utilization control, or both.

#### B. Optometrists' services.

Diagnostic examination and optometric treatment procedures and services by ophthalmologists, optometrists, and opticians, as allowed by the Code of Virginia and by regulations of the Boards of Medicine and Optometry, are covered for all recipients. Routine refractions are limited to once in 24 months except as may be authorized by the agency.

#### C. Chiropractors' services.

Not provided.

#### D. Other practitioners' services.

##### 1. Clinical psychologists' services.

a. These limitations apply to psychotherapy sessions by clinical psychologists licensed by the State Board of Medicine and psychologists clinical licensed by the Board of Psychology. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by the Psychiatric Review Board. Psychiatric services are further restricted to no more than three sessions in any given seven-day period.

b. Psychological testing and psychotherapy by clinical psychologists licensed by the State Board of Medicine and psychologists clinical licensed by the Board of Psychology are covered.

#### § 7. Home health services.

A. Service must be ordered or prescribed and directed or performed within the scope of a license of a practitioner of the healing arts. Home health services shall be provided in accordance with guidelines found in the Virginia Medicaid Home Health Manual.

#### B. Nursing services provided by a home health agency.

1. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

2. Patients may receive up to 32 visits by a licensed nurse annually. Limits are per recipient, regardless of the number of providers rendering services. Annually shall be defined as July 1 through June 30 for each recipient. If services beyond these limitations are determined by the physician to be required, then the provider shall request prior authorization from DMAS

# Final Regulations

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for additional services. Payment shall not be made for additional service unless authorized by DMAS.

C. Home health aide services provided by a home health agency.

1. Home health aides must function under the supervision of a [ ~~professional~~ *registered* ] nurse.
2. Home health aides must meet the certification requirements specified in 42 CFR 484.36.
3. For home health aide services, patients may receive up to 32 visits annually. Limits shall be per recipient, regardless of the number of providers rendering services. Annually shall be defined as July 1 through June 30 for each recipient.

D. Medical supplies, equipment, and appliances suitable for use in the home.

1. All medically necessary supplies, equipment, and appliances are covered for Medicaid recipients who meet home health criteria. Unusual amounts, types, and duration of usage must be authorized by DMAS in accordance with published policies and procedures. When determined to be cost-effective by DMAS, payment may be made for rental of the equipment in lieu of purchase. All medical supplies, equipment, and appliances shall be provided in accordance with guidelines found in the Virginia Medicaid DME and Supplies Manual.

2. Medical supplies, equipment, and appliances for all others are limited to home renal dialysis equipment and supplies, respiratory equipment and oxygen, and ostomy supplies, as authorized by the agency.

3. Supplies, equipment, or appliances that are not covered include, but are not limited to, the following:

a. Space conditioning equipment, such as room humidifiers, air cleaners, and air conditioners.

b. Durable medical equipment and supplies for any hospital or nursing facility resident, except ventilators and associated supplies for nursing facility residents that have been approved by DMAS central office.

c. Furniture or appliances not defined as medical equipment (such as blenders, bedside tables, mattresses other than for a hospital bed, pillows, blankets or other bedding, special reading lamps, chairs with special lift seats, hand-held shower devices, exercise bicycles, and bathroom scales).

d. Items that are only for the recipient's comfort and convenience or for the convenience of those caring for the recipient (e.g., a hospital bed or mattress because the recipient does not have a

decent bed; wheelchair trays used as a desk surface); mobility items used in addition to primary assistive mobility aide for caregiver's or recipient's convenience (i.e., electric wheelchair plus a manual chair); cleansing wipes.

e. Prosthesis, except for artificial arms, legs, and their supportive devices which must be preauthorized by the DMAS central office (effective July 1, 1989).

f. Items and services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member (for example, over-the-counter drugs; dentifrices; toilet articles; shampoos which do not require a physician's prescription; dental adhesives; electric toothbrushes; cosmetic items, soaps, and lotions which do not require a physician's prescription; sugar and salt substitutes; support stockings; and nonlegend drugs).

g. Orthotics, including braces, splints, and supports.

h. Home or vehicle modifications.

i. Items not suitable for or used primarily in the home setting (i.e., car seats, equipment to be used while at school, etc.).

j. Equipment that the primary function is vocationally or educationally related (i.e., computers, environmental control devices, speech devices, etc.).

4. For coverage of blood glucose meters for pregnant women, refer to Supplement 3 to Attachments 3.1 A and B.

5. Durable medical equipment, supplies, and appliances must be ordered by a physician and be medically necessary to treat a health care condition. The physician shall complete a written certificate of medical necessity for all durable medical equipment, supplies, and appliances based on an assessment of the patient's needs. The medical and supply provider shall keep a copy of the certificate of medical necessity. The certificate of medical necessity shall be signed and dated by the physician.

6. The medical equipment and supply vendor must provide the equipment and supplies as prescribed by the physician on the certificate of medical necessity. Orders shall not be changed unless the vendor obtains a new certificate of medical necessity prior to ordering or providing the equipment or supplies to the patient.

7. Medicaid shall not provide reimbursement to the medical equipment and supply vendor for services provided prior to the date prescribed by the physician or prior to the date of the delivery or when service:

are not provided in accordance with published policies and procedures. If reimbursement is denied for one of these reasons, the medical equipment and supply vendor may not bill the Medicaid recipient for the service that was provided.

8. Only supplies, equipment, and appliances that are considered medically necessary shall be covered. All of the following must be met to be considered medically necessary. The supplies, equipment, or appliance must be:

a. A reasonable and necessary part of the recipient's treatment plan;

b. Consistent with the symptoms, diagnosis, or medical condition of the illness or injury under treatment;

c. Not furnished for the convenience of the recipient, the family, the attending practitioner, or other practitioner or supplier;

d. Necessary and consistent with generally accepted professional medical standards (i.e., not experimental or investigational);

e. Established as safe and effective for the recipient's treatment protocol; and

f. Furnished at the most appropriate level which is suitable for use in the recipient's home environment.

9. Coverage of enteral nutrition (EN) and total parenteral nutrition (TPN) which do not include a legend drug shall be limited to when the nutritional supplement is the sole source form of nutrition, is administered orally or through a nasogastric or gastrostomy tube, and is necessary to treat a medical condition. Coverage of EN and TPN shall not include the provision of routine infant formulae.

E. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

1. Service covered only as part of a physician's plan of care.

2. Patients may receive up to 24 visits for each rehabilitative therapy service ordered annually without authorization. Limits shall apply per recipient regardless of the number of providers rendering services. Annually shall be defined as July 1 through June 30 for each recipient. If services beyond these limitations are determined by the physician to be required, then the provider shall request prior authorization from DMAS for additional services.

F. The following services are not covered under the home health services program:

1. Medical social services;

2. Services or items which would not be paid for if provided to an inpatient of a hospital, such as private-duty nursing services, or items of comfort which have no medical necessity, such as television;

3. Community food service delivery arrangements;

4. Domestic or housekeeping services which are unrelated to patient care and which materially increase the time spent on a visit;

5. Custodial care which is patient care that primarily requires protective services rather than definitive medical and skilled nursing care; and

6. Services related to cosmetic surgery.

§ 8. Private duty nursing services.

Not provided.

§ 9. Clinic services.

A. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus was carried to term.

B. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services that:

1. Are provided to outpatients;

2. Are provided by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients; and

3. Except in the case of nurse-midwife services, as specified in 42 CFR § 440.165, are furnished by or under the direction of a physician or dentist.

§ 10. Dental services.

A. Dental services are limited to recipients under 21 years of age in fulfillment of the treatment requirements under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and defined as routine diagnostic, preventive, or restorative procedures necessary for oral health provided by or under the direct supervision of a dentist in accordance with the State Dental Practice Act.

B. Initial, periodic, and emergency examinations; required radiography necessary to develop a treatment plan; patient education; dental prophylaxis; fluoride treatments; dental sealants; routine amalgam and composite restorations; crown recementation; pulpotomies; emergency endodontics for temporary relief of pain; pulp

# Final Regulations

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capping; sedative fillings; therapeutic apical closure; topical palliative treatment for dental pain; removal of foreign body; simple extractions; root recovery; incision and drainage of abscess; surgical exposure of the tooth to aid eruption; sequestrectomy for osteomyelitis; and oral antral fistula closure are dental services covered without preauthorization by the state agency.

C. All covered dental services not referenced above require preauthorization by the state agency. The following services are also covered through preauthorization: medically necessary full banded orthodontics, for handicapping malocclusions, minor tooth guidance or repositioning appliances, complete and partial dentures, surgical preparation (alveoplasty) for prosthetics, single permanent crowns, and bridges. The following service is not covered: routine bases under restorations.

D. The state agency may place appropriate limits on a service based on medical necessity, for utilization control, or both. Examples of service limitations are: examinations, prophylaxis, fluoride treatment (once/six months); space maintenance appliances; bitewing x-ray — two films (once/12 months); routine amalgam and composite restorations (once/three years); dentures (once per 5 years); extractions, orthodontics, tooth guidance appliances, permanent crowns, and bridges, endodontics, patient education and sealants (once).

E. Limited oral surgery procedures, as defined and covered under Title XVIII (Medicare), are covered for all recipients, and also require preauthorization by the state agency.

## § 11. Physical therapy and related services.

Physical therapy and related services shall be defined as physical therapy, occupational therapy, and speech-language pathology services. These services shall be prescribed by a physician and be part of a written plan of care. Any one of these services may be offered as the sole service and shall not be contingent upon the provision of another service. All practitioners and providers of services shall be required to meet state and federal licensing and/or certification requirements.

### 11a. Physical therapy.

A. Services for individuals requiring physical therapy are provided only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, services provided by a local school division employing qualified therapists, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective July 1, 1988, the Program will not provide direct reimbursement to enrolled providers for physical therapy service rendered to patients residing in long term care facilities. Reimbursement for these services is and continues to be included as a component of the nursing

homes' operating cost.

C. Physical therapy services meeting all of the following conditions shall be furnished to patients:

1. Physical therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with a physical therapist licensed by the Board of Medicine;

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by a physical therapist licensed by the Board of Medicine, or a physical therapy assistant who is licensed by the Board of Medicine and is under the direct supervision of a physical therapist licensed by the Board of Medicine. When physical therapy services are provided by a qualified physical therapy assistant, such services shall be provided under the supervision of a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

3. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services shall be reasonable.

### 11b. Occupational therapy.

A. Services for individuals requiring occupational therapy are provided only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, services provided by a local school division employing qualified therapists, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective September 1, 1990, Virginia Medicaid will not make direct reimbursement to providers for occupational therapy services for Medicaid recipients residing in long-term care facilities. Reimbursement for these services is and continues to be included as a component of the nursing facilities' operating cost.

C. Occupational therapy services shall be those services furnished a patient which meet all of the following conditions:

1. Occupational therapy services shall be directly and specifically related to an active written care plan designed by a physician after any needed consultation with an occupational therapist registered and certified by the American Occupational Therapy Certification Board.

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be

of a nature that the services can only be performed by an occupational therapist registered and certified by the American Occupational Therapy Certification Board, a graduate of a program approved by the Council on Medical Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association when under the supervision of an occupational therapist defined above, or an occupational therapy assistant who is certified by the American Occupational Therapy Certification Board under the direct supervision of an occupational therapist as defined above. When occupational therapy services are provided by a qualified occupational therapy assistant or a graduate engaged in supplemental clinical experience required before registration, such services shall be provided under the supervision of a qualified occupational therapist who makes an onsite supervisory visit at least once every 30 days. This visit shall not be reimbursable.

3. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services shall be reasonable.

11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist; see Page 1, General and Page 12, Physical Therapy and Related Services.)

A. These services are provided by or under the supervision of a speech pathologist or an audiologist only as an element of hospital inpatient or outpatient service, nursing facility service, home health service, services provided by a local school division employing qualified therapists, or when otherwise included as an authorized service by a cost provider who provides rehabilitation services.

B. Effective September 1, 1990, Virginia Medicaid will not make direct reimbursement to providers for speech-language pathology services for Medicaid recipients residing in long-term care facilities. Reimbursement for these services is and continues to be included as a component of the nursing facilities' operating cost.

C. Speech-language pathology services shall be those services furnished a patient which meet all of the following conditions:

1. The services shall be directly and specifically related to an active written treatment plan designed by a physician after any needed consultation with a speech-language pathologist licensed by the Board of Audiology and Speech-Language Pathology, or, if exempted from licensure by statute, meeting the requirements in 42 CFR 440.110(c);

2. The services shall be of a level of complexity and sophistication, or the condition of the patient shall be of a nature that the services can only be performed by or under the direction of a speech-language pathologist who meets the qualifications in number 1. The program shall meet the requirements of 42 CFR 405.1719(c). At least one qualified speech-language pathologist must be present at all times when speech-language pathology services are rendered; and

3. The services shall be specific and provide effective treatment for the patient's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services shall be reasonable.

11d. Authorization for services.

A. Physical therapy, occupational therapy, and speech-language pathology services provided in outpatient settings of acute and rehabilitation hospitals, rehabilitation agencies, school divisions, or home health agencies shall include authorization for up to 24 visits by each ordered rehabilitative service annually. The provider shall maintain documentation to justify the need for services.

B. The provider shall request from DMAS authorization for treatments deemed necessary by a physician beyond the number authorized. Documentation for medical justification must include physician orders or a plan of care signed and dated by a physician. Authorization for extended services shall be based on individual need. Payment shall not be made for additional service unless the extended provision of services has been authorized by DMAS.

11e. Documentation requirements.

A. Documentation of physical therapy, occupational therapy, and speech-language pathology services provided by a hospital-based outpatient setting, home health agency, a school division, or a rehabilitation agency shall, at a minimum:

1. Describe the clinical signs and symptoms of the patient's condition;

2. Include an accurate and complete chronological picture of the patient's clinical course and treatments;

3. Document that a plan of care specifically designed for the patient has been developed based upon a comprehensive assessment of the patient's needs;

4. Include a copy of the physician's orders and plan of care;

5. Include all treatment rendered to the patient in accordance with the plan with specific attention to frequency, duration, modality, response, and identify who provided care (include full name and title);

# Final Regulations

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6. Describe changes in each patient's condition and response to the rehabilitative treatment plan;

7. (Except for school divisions) describe a discharge plan which includes the anticipated improvements in functional levels, the time frames necessary to meet these goals, and the patient's discharge destination; and

8. In school divisions, include an individualized education program (IEP) which describes the anticipated improvements in functional level in each school year and the time frames necessary to meet these goals.

B. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and no coverage shall be provided.

11f. Service limitations. The following general conditions shall apply to reimbursable physical therapy, occupational therapy, and speech-language pathology:

A. Patient must be under the care of a physician who is legally authorized to practice and who is acting within the scope of his license.

B. Services shall be furnished under a written plan of treatment and must be established and periodically reviewed by a physician. The requested services or items must be necessary to carry out the plan of treatment and must be related to the patient's condition.

C. A physician recertification shall be required periodically, must be signed and dated by the physician who reviews the plan of treatment, and may be obtained when the plan of treatment is reviewed. The physician recertification statement must indicate the continuing need for services and should estimate how long rehabilitative services will be needed.

D. The physician orders for therapy services shall include the specific procedures and modalities to be used, identify the specific discipline to carry out the plan of care, and indicate the frequency and duration for services.

E. Utilization review shall be performed to determine if services are appropriately provided and to ensure that the services provided to Medicaid recipients are medically necessary and appropriate. Services not specifically documented in the patient's medical record as having been rendered shall be deemed not to have been rendered and no coverage shall be provided.

F. Physical therapy, occupational therapy and speech-language services are to be terminated regardless of the approved length of stay when further progress toward the established rehabilitation goal is unlikely or when the services can be provided by someone other than the skilled rehabilitation professional.

§ 12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12a. Prescribed drugs.

A. Drugs for which Federal Financial Participation is not available, pursuant to the requirements of § 1927 of the Social Security Act (OBRA '90 § 4401), shall not be covered except for over-the-counter drugs when prescribed for nursing facility residents.

B. The following prescribed, nonlegend drugs/drug devices shall be covered: (i) insulin, (ii) syringes, (iii) needles, (iv) diabetic test strips for clients under 21 years of age, (v) family planning supplies, and (vi) those prescribed to nursing home residents.

C. Legend drugs are covered, with the exception of anorexiants prescribed for weight loss and the drugs for classes of drugs identified in Supplement 5.

D. Notwithstanding the provisions of § 32.1-87 of the Code of Virginia, and in compliance with the provision of § 4401 of the Omnibus Reconciliation Act of 1990, § 1927(e) of the Social Security Act as amended by OBRA 90, and pursuant to the authority provided for under § 32.1-325 A of the Code of Virginia, prescriptions for Medicaid recipients for multiple source drugs subject to 42 CFR § 447.332 shall be filled with generic drug products unless the physician or other practitioners so licensed and certified to prescribe drugs certifies in his own handwriting "brand necessary" for the prescription to be dispensed as written.

E. New drugs shall be covered in accordance with the Social Security Act § 1927(d) (OBRA 90 § 4401).

F. The number of refills shall be limited pursuant to § 54.1-3411 of the Drug Control Act.

G. Drug prior authorization.

1. Definitions.

"Board" means the Board for Medical Assistance Services.

"Committee" means the Medicaid Prior Authorization Advisory Committee.

"Department" means the Department of Medical Assistance Services.

"Director" means the Director of Medical Assistance Services.

"Drug" shall have the same meaning, unless the context otherwise dictates or the Board otherwise provides by regulation, as provided in the Drug Control Act (§ 54.1-3400 et seq.)

2. Medicaid Prior Authorization Advisory Committee; membership. The Medicaid Prior Authorization Committee shall consist of 10 members to be appointed by the board. Five members shall be physicians, at least three of whom shall care for a significant number of Medicaid patients; four shall be pharmacists, two of whom shall be community pharmacists; and one shall be a Medicaid recipient.

a. A quorum for action by the committee shall consist of six members.

b. The members shall serve at the pleasure of the board; vacancies shall be filled in the same manner as the original appointment.

c. The board shall consider nominations made by the Medical Society of Virginia, the Old Dominion Medical Society and the Virginia Pharmaceutical Association when making appointments to the committee.

d. The committee shall elect its own officers, establish its own procedural rules, and meet as needed or as called by the board, the director, or any two members of the committee. The department shall provide appropriate staffing to the committee.

### 3. Duties of the committee.

a. The committee shall make recommendations to the board regarding drugs or categories of drugs to be subject to prior authorization, prior authorization requirements for prescription drug coverage and any subsequent amendments to or revisions of the prior authorization requirements. The board may accept or reject the recommendations in whole or in part, and may amend or add to the recommendations, except that the board may not add to the recommendation of drugs and categories of drugs to be subject to prior authorization.

b. In formulating its recommendations to the board, the committee shall not be deemed to be formulating regulations for the purposes of the Administrative Process Act (§ 9-6.14:1 et seq.). The committee shall, however, conduct public hearings prior to making recommendations to the board. The committee shall give 30 days written notice by mail of the time and place of its hearings and meetings to any manufacturer whose product is being reviewed by the committee and to those manufacturers who request of the committee in writing that they be informed of such hearings and meetings. These persons shall be afforded a reasonable opportunity to be heard and present information. The committee shall give 30 days notice of such public hearings to the public by publishing its intention to conduct hearings and meetings in the Calendar of Events of The Virginia Register of Regulations and a newspaper of general

circulation located in Richmond.

c. In acting on the recommendations of the committee, the board shall conduct further proceedings under the Administrative Process Act.

### 4. Prior authorization of prescription drug products, coverage.

a. The committee shall review prescription drug products to recommend prior authorization under the state plan. This review may be initiated by the director, the committee itself, or by written request of the board. The committee shall complete its recommendations to the board within no more than six months from receipt of any such request.

b. Coverage for any drug requiring prior authorization shall not be approved unless a prescribing physician obtains prior approval of the use in accordance with regulations promulgated by the board and procedures established by the department.

c. In formulating its recommendations to the board, the committee shall consider the potential impact on patient care and the potential fiscal impact of prior authorization on pharmacy, physician, hospitalization and outpatient costs. Any proposed regulation making a drug or category of drugs subject to prior authorization shall be accompanied by a statement of the estimated impact of this action on pharmacy, physician, hospitalization and outpatient costs.

d. The committee shall not review any drug for which it has recommended or the board has required prior authorization within the previous 12 months, unless new or previously unavailable relevant and objective information is presented.

e. Confidential proprietary information identified as such by a manufacturer or supplier in writing in advance and furnished to the committee or the board according to this subsection shall not be subject to the disclosure requirements of the Virginia Freedom of Information Act (§ 2.1-340 et seq.). The board shall establish by regulation the means by which such confidential proprietary information shall be protected.

5. Immunity. The members of the committee and the board and the staff of the department shall be immune, individually and jointly, from civil liability for any act, decision, or omission done or made in performance of their duties pursuant to this subsection while serving as a member of such board, committee, or staff provided that such act, decision, or omission is not done or made in bad faith or with malicious intent.

6. Annual report to joint commission. The committee



# Final Regulations

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shall report annually to the Joint Commission on Health Care regarding its recommendations for prior authorization of drug products.

## 12b. Dentures.

Provided only as a result of EPSDT and subject to medical necessity and preauthorization requirements specified under Dental Services.

## 12c. Prosthetic devices.

A. Prosthetics services shall mean the replacement of missing arms and legs. Nothing in this regulation shall be construed to refer to orthotic services or devices.

B. Prosthetic devices (artificial arms and legs, and their necessary supportive attachments) are provided when prescribed by a physician or other licensed practitioner of the healing arts within the scope of their professional licenses as defined by state law. This service, when provided by an authorized vendor, must be medically necessary, and preauthorized for the minimum applicable component necessary for the activities of daily living.

## 12d. Eyeglasses.

Eyeglasses shall be reimbursed for all recipients younger than 21 years of age according to medical necessity when provided by practitioners as licensed under the Code of Virginia.

§ 13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

## 13a. Diagnostic services.

Not provided.

## 13b. Screening services.

Screening mammograms for the female recipient population aged 35 and over shall be covered, consistent with the guidelines published by the American Cancer Society.

## 13c. Preventive services.

Not provided.

## 13d. Rehabilitative services.

### A. Intensive physical rehabilitation.

1. Medicaid covers intensive inpatient rehabilitation services as defined in subdivision A 4 in facilities certified as rehabilitation hospitals or rehabilitation units in acute care hospitals which have been certified by the Department of Health to meet the requirements to be excluded from the Medicare

Prospective Payment System.

2. Medicaid covers intensive outpatient physical rehabilitation services as defined in subdivision A 4 in facilities which are certified as Comprehensive Outpatient Rehabilitation Facilities (CORFs).

3. These facilities are excluded from the 21-day limit otherwise applicable to inpatient hospital services. Cost reimbursement principles are defined in Attachment 4.19-A.

4. An intensive rehabilitation program provides intensive skilled rehabilitation nursing, physical therapy, occupational therapy, and, if needed, speech therapy, cognitive rehabilitation, prosthetic-orthotic services, psychology, social work, and therapeutic recreation. The nursing staff must support the other disciplines in carrying out the activities of daily living, utilizing correctly the training received in therapy and furnishing other needed nursing services. The day-to-day activities must be carried out under the continuing direct supervision of a physician with special training or experience in the field of rehabilitation.

5. Nothing in this regulation is intended to preclude DMAS from negotiating individual contracts with in-state intensive physical rehabilitation facilities for those individuals with special intensive rehabilitation needs.

### B. Community mental health services.

Definitions. The following words and terms, when used in these regulations, shall have the following meanings unless the context clearly indicates otherwise:

“Code” means the Code of Virginia.

“DMAS” means the Department of Medical Assistance Services consistent with Chapter 10 (§ 32.1-323 et seq.) of Title 32.1 of the Code of Virginia.

“DMHMRSAS” means Department of Mental Health, Mental Retardation and Substance Abuse Services consistent with Chapter 1 (§ 37.1-39 et seq.) of Title 37.1 of the Code of Virginia.

1. Mental health services. The following services, with their definitions, shall be covered:

a. Intensive in-home services for children and adolescents under age 21 shall be time-limited interventions provided typically but not solely in the residence of an individual who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to a disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders-III-R (DSM-III-R). These services provide

crisis treatment; individual and family counseling; life (e.g., counseling to assist parents to understand and practice proper child nutrition, child health care, personal hygiene, and financial management, etc.), parenting (e.g., counseling to assist parents to understand and practice proper nurturing and discipline, and behavior management, etc.), and communication skills (e.g., counseling to assist parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities and coordination with other required services; and 24-hour emergency response. These services shall be limited annually to 26 weeks.

b. Therapeutic day treatment for children and adolescents shall be provided in sessions of two or more hours per day, to groups of seriously emotionally disturbed children and adolescents or children at risk of serious emotional disturbance in order to provide therapeutic interventions. Day treatment programs, limited annually to 780 units, provide evaluation, medication education and management, opportunities to learn and use daily living skills and to enhance social and interpersonal skills (e.g., problem solving, anger management, community responsibility, increased impulse control and appropriate peer relations, etc.), and individual, group and family counseling.

c. Day treatment/partial hospitalization services for adults shall be provided in sessions of two or more consecutive hours per day, which may be scheduled multiple times per week, to groups of individuals in a nonresidential setting. These services, limited annually to 780 units, include the major diagnostic, medical, psychiatric, psychosocial and psychoeducational treatment modalities designed for individuals with serious mental disorders who require coordinated, intensive, comprehensive, and multidisciplinary treatment.

d. Psychosocial rehabilitation for adults shall be provided in sessions of two or more consecutive hours per day to groups of individuals in a nonresidential setting. These services, limited annually to 936 units, include assessment, medication education, psychoeducation, opportunities to learn and use independent living skills and to enhance social and interpersonal skills, family support, and education within a supportive and normalizing program structure and environment.

e. Crisis intervention shall provide immediate mental health care, available 24 hours a day, seven days per week, to assist individuals who are experiencing acute mental dysfunction requiring immediate clinical attention. This service's objectives shall be to prevent exacerbation of a condition, to prevent injury to the client or others, and to provide treatment in the context of the least restrictive

setting. Crisis intervention activities, limited annually to 180 hours, shall include assessing the crisis situation, providing short-term counseling designed to stabilize the individual or the family unit or both, providing access to further immediate assessment and follow-up, and linking the individual and family with ongoing care to prevent future crises. Crisis intervention services may include, but are not limited to, office visits, home visits, preadmission screenings, telephone contacts, and other client-related activities for the prevention of institutionalization.

2. Mental retardation services. Day health and rehabilitation services shall be covered and the following definitions shall apply:

Day health and rehabilitation services (limited to 780 units per year) shall provide individualized activities, supports, training, supervision, and transportation based on a written plan of care to eligible persons for two or more hours per day scheduled multiple times per week. These services are intended to improve the recipient's condition or to maintain an optimal level of functioning, as well as to ameliorate the recipient's disabilities or deficits by reducing the degree of impairment or dependency. Therapeutic consultation to service providers, family, and friends of the client around implementation of the plan of care may be included as part of the services provided by the day health and rehabilitation program. The provider shall be licensed by DMHMRSAS as a Day Support Program. Specific components of day health and rehabilitation services include the following as needed:

- (1) Self-care and hygiene skills;
- (2) Eating and toilet training skills;
- (3) Task learning skills;
- (4) Community resource utilization skills (e.g., training in time, telephone, basic computations with money, warning sign recognition, and personal identifications, etc.);
- (5) Environmental and behavior skills (e.g., training in punctuality, self-discipline, care of personal belongings and respect for property and in wearing proper clothing for the weather, etc.);
- (6) Medication management;
- (7) Travel and related training to and from the training sites and service and support activities;
- (8) Skills related to the above areas, as appropriate that will enhance or retain the recipient's functioning.

# Final Regulations

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§ 14. Services for individuals age 65 or older in institutions for mental diseases.

14a. Inpatient hospital services.

Provided, no limitations.

14b. Skilled nursing facility services.

Provided, no limitations.

14c. Intermediate care facility.

Provided, no limitations.

§ 15. Intermediate care services and intermediate care services for institutions for mental disease and mental retardation.

15a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with § 1902 (a)(31)(A) of the Act, to be in need of such care.

Provided, no limitations.

15b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided, no limitations.

§ 16. Inpatient psychiatric facility services for individuals under 22 years of age.

Not provided.

§ 17. Nurse-midwife services.

Covered services for the nurse midwife are defined as those services allowed under the licensure requirements of the state statute and as specified in the Code of Federal Regulations, i.e., maternity cycle.

§ 18. Hospice care (in accordance with § 1905 (o) of the Act).

A. Covered hospice services shall be defined as those services allowed under the provisions of Medicare law and regulations as they relate to hospice benefits and as specified in the Code of Federal Regulations, Title 42, Part 418.

B. Categories of care.

As described for Medicare and applicable to Medicaid, hospice services shall entail the following four categories of daily care:

1. Routine home care is at-home care that is not continuous.

2. Continuous home care consists of at-home care that is predominantly nursing care and is provided as short-term crisis care. A registered or licensed practical nurse must provide care for more than half of the period of the care. Home health aide or homemaker services may be provided in addition to nursing care. A minimum of eight hours of care per day must be provided to qualify as continuous home care.

3. Inpatient respite care is short-term inpatient care provided in an approved facility (freestanding hospice, hospital, or nursing facility) to relieve the primary caregiver(s) providing at-home care for the recipient. Respite care is limited to not more than five consecutive days.

4. General inpatient care may be provided in an approved freestanding hospice, hospital, or nursing facility. This care is usually for pain control or acute or chronic symptom management which cannot be successfully treated in another setting.

C. Covered services.

1. As required under Medicare and applicable to Medicaid, the hospice itself shall provide all or substantially all of the "core" services applicable for the terminal illness which are nursing care, physician services, social work, and counseling (bereavement, dietary, and spiritual).

2. Other services applicable for the terminal illness that shall be available but are not considered "core" services are drugs and biologicals, home health aide and homemaker services, inpatient care, medical supplies, and occupational and physical therapies and speech-language pathology services.

3. These other services may be arranged, such as by contractual agreement, or provided directly by the hospice.

4. To be covered, a certification that the individual is terminally ill shall have been completed by the physician and hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions. The individual must elect hospice care and a plan of care must be established before services are provided. To be covered, services shall be consistent with the plan of care. Services not specifically documented in the patient's medical record as having been rendered will be deemed not to have been rendered and no coverage will be provided.

5. All services shall be performed by appropriately qualified personnel, but it is the nature of the service, rather than the qualification of the person who provides it, that determines the coverage category of the service. The following services are covered

## hospice services:

a. Nursing care. Nursing care shall be provided by a registered nurse or by a licensed practical nurse under the supervision of a graduate of an approved school of professional nursing and who is licensed as a registered nurse.

b. Medical social services. Medical social services shall be provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.

c. Physician services. Physician services shall be performed by a professional who is licensed to practice, who is acting within the scope of his or her license, and who is a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor. The hospice medical director or the physician member of the interdisciplinary team shall be a licensed doctor of medicine or osteopathy.

d. Counseling services. Counseling services shall be provided to the terminally ill individual and the family members or other persons caring for the individual at home. Bereavement counseling consists of counseling services provided to the individual's family up to one year after the individual's death. Bereavement counseling is a required hospice service, but it is not reimbursable.

e. Short-term inpatient care. Short-term inpatient care may be provided in a participating hospice inpatient unit, or a participating hospital or nursing facility. General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care may also be furnished to provide respite for the individual's family or other persons caring for the individual at home.

f. Durable medical equipment and supplies. Durable medical equipment as well as other self-help and personal comfort items related to the palliation or management of the patient's terminal illness is covered. Medical supplies include those that are part of the written plan of care.

g. Drugs and biologicals. Only drugs used which are used primarily for the relief of pain and symptom control related to the individual's terminal illness are covered.

h. Home health aide and homemaker services. Home health aides providing services to hospice recipients must meet the qualifications specified for

home health aides by 42 CFR 484.36. Home health aides may provide personal care services. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing the bed or light cleaning and laundering essential to the comfort and cleanliness of the patient. Homemaker services may include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care. Home health aide and homemaker services must be provided under the general supervision of a registered nurse.

i. Rehabilitation services. Rehabilitation services include physical and occupational therapies and speech-language pathology services that are used for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

## D. Eligible groups.

To be eligible for hospice coverage under Medicare or Medicaid, the recipient must have a life expectancy of six months or less, have knowledge of the illness and life expectancy, and elect to receive hospice services rather than active treatment for the illness. Both the attending physician and the hospice medical director must certify the life expectancy. The hospice must obtain the certification that an individual is terminally ill in accordance with the following procedures:

1. For the first 90-day period of hospice coverage, the hospice must obtain, within two calendar days after the period begins, a written certification statement signed by the medical director of the hospice or the physician member of the hospice interdisciplinary group and the individual's attending physician if the individual has an attending physician. For the initial 90-day period, if the hospice cannot obtain written certifications within two calendar days, it must obtain oral certifications within two calendar days, and written certifications no later than eight calendar days after the period begins.

2. For any subsequent 90-day or 30-day period or a subsequent extension period during the individual's lifetime, the hospice must obtain, no later than two calendar days after the beginning of that period, a written certification statement prepared by the medical director of the hospice or the physician member of the hospice's interdisciplinary group. The certification must include the statement that the individual's medical prognosis is that his or her life expectancy is six months or less and the signature(s) of the physician(s). The hospice must maintain the certification statements.

§ 19. Case management services for high-risk pregnant women and children up to age 1, as defined in

# Final Regulations

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Supplement 2 to Attachment 3.1-A in accordance with § 1915(g)(1) of the Act.

Provided, with limitations. See Supplement 2 for detail.

## § 20. Extended services to pregnant women.

20a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

The same limitations on all covered services apply to this group as to all other recipient groups.

20b. Services for any other medical conditions that may complicate pregnancy.

The same limitations on all covered services apply to this group as to all other recipient groups.

§ 21. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary of Health and Human Services.

### 21a. Transportation.

Transportation services are provided to Virginia Medicaid recipients to ensure that they have necessary access to and from providers of all medical services. Both emergency and nonemergency services are covered. The single state agency may enter into contracts with friends of recipients, nonprofit private agencies, and public carriers to provide transportation to Medicaid recipients.

### 21b. Services of Christian Science nurses.

Not provided.

21c. Care and services provided in Christian Science sanatoria.

Provided, no limitations.

21d. Skilled nursing facility services for patients under 21 years of age.

Provided, no limitations.

### 21e. Emergency hospital services.

Provided, no limitations.

21f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Not provided.

## § 22. Emergency Services for Aliens.

A. No payment shall be made for medical assistance

furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law unless such services are necessary for the treatment of an emergency medical condition of the alien.

### B. Emergency services are defined as:

Emergency treatment of accidental injury or medical condition (including emergency labor and delivery) manifested by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical/surgical attention could reasonably be expected to result in:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment of bodily functions; or
3. Serious dysfunction of any bodily organ or part.

C. Medicaid eligibility and reimbursement is conditional upon review of necessary documentation supporting the need for emergency services. Services and inpatient lengths of stay cannot exceed the limits established for other Medicaid recipients.

D. Claims for conditions which do not meet emergency criteria for treatment in an emergency room or for acute care hospital admissions for intensity of service or severity of illness will be denied reimbursement by the Department of Medical Assistance Services.

VA.R. Doc. No. R95-320; Filed March 1, 1995, 10:01 a.m.

## VIRGINIA COMMONWEALTH UNIVERSITY

**REGISTRAR'S NOTICE:** The following regulations filed by Virginia Commonwealth University are exempt from the Administrative Process Act in accordance with § 9-6.14:4.1 A 6 of the Code of Virginia, which exempts educational institutions operated by the Commonwealth.

**Title of Regulation:** VR 649-01-01. Rules and Procedures of Virginia Commonwealth University.

**Statutory Authority:** § 23-50.10 of the Code of Virginia.

**Effective Date:** February 16, 1995.

### Summary:

*These regulations govern the conduct of all persons on the university premises, that is, the campuses of VCU and other property or facilities owned, controlled, or being used by VCU. Statutes of the Commonwealth of Virginia, city or county codes, and federal laws apply on university premises and violators will be subject to these provisions in addition to any sanctions of the university. Further,*

*in those situations where behavior of a member of the university community significantly impairs university-related functions or gives rise to danger to the university, the provisions of the law, in addition to the sanctions of these regulations, will apply to the violator.*

## Introduction:

*Virginia Commonwealth University is an academic community given meaning through the mutual respect and trust of the individuals who learn, teach, and work within it. Each member of this community is entitled to certain rights and privileges which must be protected through fair and orderly processes and which are best safeguarded when members act in an orderly and responsible manner. Each member of the university community is equally entitled to the protection of this document.*

**Agency Contact:** Copies of the regulation may be obtained from Murray D. Rosenberg, Office of Information Technology, Virginia Commonwealth University, P.O. Box 843059, Richmond, VA 23284-3059, telephone (804) 828-7446. Copying charges are 25¢ per page.

VR 649-01-01. Rules and Procedures of Virginia Commonwealth University.

## PART I. GENERAL PROVISIONS.

### § 1.1. Definitions.

*The following words and terms, when used in these regulations, shall have the following meaning unless the context indicates otherwise:*

*"University" or "VCU" means Virginia Commonwealth University.*

### § 1.2. Application.

*This regulation governs the conduct of all persons on university premises; that is, on the campuses of VCU, and other property or facilities owned, controlled, or being used by the university. The provisions of this regulation are applicable to all members of the university community composed of faculty, administrators, staff, and students, as well as licensees and invitees. Statutes of the Commonwealth of Virginia, city or county codes, and federal laws apply on university premises, and violators of such laws will be subject to the provisions thereof, in addition to the sanctions of this regulation. In general, it is the policy of Virginia Commonwealth University not to become involved in adjudicating off-campus conduct of members of the university community. However, the institution also has a commitment to protect its own welfare and that of its members. Thus in those circumstances where the off-campus behavior of a member of the university community significantly impairs the*

*university-related functioning of another member or gives rise to serious danger to the university community, the provisions of this regulation will apply to off-campus behavior of members of the university community. Such conduct may subject the violator to the provisions of law, in addition to the sanctions of this regulation.*

### § 1.3. Relationship to other university policies and regulations.

*All duly-constituted university regulations issued pursuant to university activities and functions remain in force and effect and will be observed. Consequently, members of the university community may be charged for a single incident under such regulations and under provisions of this regulation as well, except that charges for a single incident may not be brought under Rules and Procedures, if a charge has been, or is in the process of being, brought under the Grievance Procedures for State Employees, the Faculty Grievance and Appeal Procedures, or the Promotion and Tenure Policies and Procedures.*

## PART II. RIGHTS AND PROHIBITED CONDUCT.

### § 2.1. General.

*Free inquiry and free expression are indispensable to the objectives of an institution of higher education. To this end, peaceful, reasonable, and lawful picketing and other orderly demonstrations in approved areas shall not be subject to interference by the members of the university community, nor shall any member of the university community be subject to limitation or penalty solely because of the lawful exercise of these freedoms. However, those involved in picketing and demonstrations may not engage in conduct that violates the rights of any member of the university community.*

*These rules shall not be construed to restrain controversy or dissent, or to prevent, discourage, or limit communication between and among faculty, students, staff, and administrators. The purpose of these rules is to prevent abuse of the rights of others and to maintain public order appropriate to the university.*

### § 2.2. The right to academic freedom and to equal educational and occupational access.

*The university is committed to providing an environment conducive to academic freedom, free inquiry, and equal access to educational and occupational opportunities. The principle of academic freedom requires all persons to respect another's dignity, to acknowledge another's right to express differing opinions, to cultivate and to cherish intellectual honesty, and to promote freedom of inquiry and expression. It is therefore the policy of the university that no act of any member of the university community shall serve to restrain or inhibit access to opportunities or the exercise of these freedoms. To that end, no person, either singly or in concert with*

# Final Regulations

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others, shall willfully:

1. Discriminate against another person on a basis not reasonably related to the educational or job functions involved on the basis of race, ethnicity, sex, religion, color, creed, disability, sexual orientation, marital status, and age.

2. Harass or intimidate any person.

3. Cause physical injury or threaten any person with force or violence.

4. Have in his possession any firearm, other weapon, or explosive, regardless of whether a license to possess the same has been issued, without the written authorization of the president of the university. This restriction does not apply to persons whose duties lawfully require the possession of firearms or other weapons.

5. Disrupt or prevent the peaceful or orderly conduct of classes, lectures, meetings, or other university functions, or interfere with the lawful freedom of other persons, including invited speakers, to express their views.

6. Falsify or forge an official university record or document, or file documents with the university with the intent to mislead.

7. Lie, cheat, steal, or plagiarize. Violations of lying, cheating, plagiarism, and stealing will be adjudicated through this regulation or other applicable documents. Student academic violations of lying, cheating, plagiarism, and stealing will be referred to the VCU Honor System for adjudication.

8. Violate any duly authorized university rule or regulation issued pursuant to a specific university function, for example, regulations applicable to social events, the library, or university hospitals.

9. Incite others to commit any act which has been herein prohibited.

10. Bring charges against a member of the university community that are spurious, or that are intended primarily to harass or maliciously defame, or that are designed to intentionally overburden the adjudicatory system.

§ 2.3. The right to appropriate use of university premises in the pursuit of educational goals, occupational endeavors, and recreational activities.

No person, either singly or in concert with others, shall willfully:

1. Unreasonably stop or obstruct the free movement of any person or vehicle, or unreasonably obstruct a

passageway, entrance, or exit.

2. Refuse to leave any university premise after being ordered to do so by an authorized member of the university community.

3. Destroy or damage land, buildings, or equipment owned or controlled by the university, the personal possessions of any individual, or without proper authorization, use, remove, or fail to return such property.

4. Without permission, expressed or implied by the duly assigned occupant, enter any office of an administrative officer, faculty member, or employee, or student office or room. This does not prohibit the right of university law-enforcement officers or maintenance personnel to enter private rooms, offices, or any other university facility to prevent damage to, or protect, persons or property.

5. Enter into, or remain in, any university premise for other than an authorized purpose, or remain beyond the prescribed hours for utilization of the facility, without written permission from a university community member authorized to give such permission.

§ 2.4. Prohibitions from other policies.

There are a number of separate policies that specify further prohibitions and that refer to the procedures and penalties of this document. A list of such policies can be obtained from the office of the senior vice president for administration.

## PART III.

### PENALTIES AND OTHER DISCIPLINARY ACTIONS.

§ 3.1. General.

Any person who violates the provisions of this regulation is subject to one or more of the following penalties or disciplinary actions, or both, described in §§ 3.2 through 3.9. Classified employees and faculty may also be subject to penalties under other university policies.

§ 3.2. Censure.

Censure may be imposed by the University Hearing Board, or by the president upon the recommendation of the University Appeal Board, or in the event the accused waives the right to a hearing, by the administrator receiving the charges. Censure is a written warning advising that the individual has been judged guilty of conduct which violates the provisions of this regulation and that the individual must avoid a recurrence of conduct which violates the provisions of this document. Censure is an official warning and is not reported to external agencies as a university disciplinary action.

## § 3.3. Probation.

Probation may be imposed by the University Hearing Board or by the president upon the recommendation of the University Appeal Board, or in the event the accused waives the right to a hearing, by the administrator receiving the charges. Probation is a written warning indicating that the individual has been judged guilty of conduct which violates the provisions of this regulation. An individual on probation who is charged with another violation of this regulation will be required to appear before the University Hearing Board or appropriate administrator for consideration of separation or dismissal from the university (see § 3.5). Probation is an official warning and is not reported to external agencies as a university disciplinary action.

## § 3.4. Public service and educational experience.

Assignment of hours of public service or educational experience may be imposed by the University Hearing Board, or by the president upon the recommendation of the University Appeal Board, or by the administrator receiving the charges. Public service or educational experience may be within the university, or in the larger community. Such public service or educational experience should ideally bear some relationship to the offense committed. Documentation of successful completion of the assigned hours of public service or educational experience must be provided by the accused within a specified time period in the form of a written certification from the supervisor of the community or university organization or office where the service or educational experience was performed. An individual assigned public service or educational experience or both who fails to complete the assignment and provide documentation will be required to appear before the University Hearing Board or appropriate administrator for this violation and may be considered for separation or dismissal from the university. Public service or educational experience is not reported to external agencies as a university disciplinary action.

## § 3.5. Separation and dismissal.

Separation or dismissal may be imposed by the University Hearing Board or by the president upon the recommendation of the University Appeal Board, or in the event the accused waives the right to a hearing, by the administrator receiving the charges (see § 4.4 2 b). Separation or dismissal may be imposed even though the violator has not previously received a censure or been placed on probation. Separation can be given for a definite period of time up to two years. A dismissal will be for an indefinite period (see § 3.7). If the accused is a faculty member, an administrator, or a classified or hourly employee, the separation or dismissal will be effected according to the conditions stipulated in the policies and contract under which the accused member is employed. Separation and dismissal are university disciplinary actions which may be reported to external agencies.

## § 3.6. Interim suspension.

Interim suspension may be imposed as described in subdivision 3 of § 4.4.

## § 3.7. Reinstatement after separation or dismissal.

Only when a penalty of separation has been removed by expiration or when dismissal has been removed by action of the University Appeal Board may an individual petition the appropriate admissions committee or hiring agency for reinstatement. Faculty members and administrators separated for eight months or less will be automatically reinstated. In cases of dismissal, the individual may, after two years, annually request the University Appeal Board to alter the penalty so as to allow the individual to apply for reinstatement to the university. Such individuals must meet all other university requirements and be judged competitively with other applicants before being reinstated (see § 5.1 C).

## § 3.8. Penalties against a licensee or invitee.

When the accused is a licensee, invitee, or visitor, authorization to remain on the campus or other facilities used by the university may be withdrawn, and he may be directed to leave the premises. Failure to leave or unauthorized return may subject the individual to applicable penalties under city, county, or state laws. A licensee, invitee, or visitor may petition the president of the university in writing to authorize a hearing before the University Hearing Board to determine whether there are proper and sufficient grounds for being excluded from university premises. The University Hearing Board shall present its recommendations directly to the president. There will be no further appeal.

## § 3.9. Restitution.

Restitution by the violator to the university or to members of the university community may serve, in certain instances, in lieu of or in addition to the application of the above penalties.

## PART IV. PROCEDURES.

## § 4.1. Informal Complaint Option.

A. The Informal Complaint Option is intended to provide an opportunity for an informal resolution of a complaint by a member of the university community or a department or unit of the university against other member(s) of the university community. The administrator receiving the informal complaint serves as a neutral mediator to resolve the complaint, although the administrator receiving the informal complaint is authorized to take several actions against the accused as specified below. Action taken through the Informal Complaint Option does not negate the right of the complainant to file a formal charge under the procedures



# Final Regulations

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specified in § 4.2.

B. Any member of the university community or a department or unit of the university may make an informal complaint about any other member(s) of the university community. All informal complaints involving charges of discrimination (§ 2.2 1) or harassment (§ 2.2 2) must be in writing and are filed with the assistant vice president for human resources. Informal complaints not involving charges of discrimination or harassment must be in writing and are filed as follows:

1. Informal complaints against the president shall be filed with the rector of the Board of Visitors.
2. Informal complaints against a student shall be filed with the dean of student affairs.
3. Informal complaints against a faculty member (including academic department chairs) shall be filed with the academic dean of the accused faculty member.
4. Informal complaints against a classified or hourly employee shall be filed with the assistant vice president for human resources.
5. Informal complaints against an administrator shall be filed with the appropriate vice president or provost.
6. Informal complaints against an administrator reporting to the president shall be filed with the president.

C. The administrator receiving the informal complaint shall conduct a confidential investigation by interviewing the individual(s) bringing the complaint and the individual(s) accused in the complaint. When necessary, the administrator also may interview other individuals who have direct and specific information regarding the behavior alleged in the complaint. At the discretion of the administrator receiving the informal complaint, staff members from other areas may assist with the investigation interviews, (e.g., a female staff member from the Division of Human Resources could assist with a complaint related to sexual harassment).

D. As soon as reasonably possible after the conclusion of the interviews, the administrator shall schedule a joint conference involving the administrator, the individual(s) bringing the complaint and the individual(s) accused in the complaint. As appropriate, the administrator may suggest one or more of the following options to resolve the complaint, such as:

1. Apologies, written or verbal.
2. Specific understandings for future contact and behavior between and among the parties involved in the informal complaint.

3. Specific actions intended to correct or compensate for the behavior alleged in the complaint.

If all parties to the complaint agree to the conditions of the options offered by the administrator, the complaint shall be considered resolved, notwithstanding the option of the complainant to bring charges as noted in § 4.1 A. The administrator shall prepare and maintain a memorandum to the file which summarizes the results of the investigation and the terms of the agreement to resolve the complaint.

E. If the options suggested in § 4.1 D are not accepted by all parties to the complaint, or if the administrator determines that the circumstances warrant further action, the administrator is authorized to take actions or penalties such as, but not limited to, the following:

1. Issue a verbal or written warning to the accused member of the University community. Such a warning would inform the accused formally of the nature of the complaint, provide the name of the individual(s) bringing the complaint, provide an explanation as to why the behavior in question was unacceptable, and caution that further complaints could lead to more serious penalties.
2. Assign a censure as described under § 3.2.
3. Assign public service or educational experience as described under § 3.4.
4. Require restitution as described under § 3.9.

F. If the accused disagrees that an action or penalty is warranted, he may request in writing, within 10 days, excluding weekends and official university holidays, of receipt of the notification of the decision of the administrator, that the administrator refer the case to the University Hearing Board. The administrator shall honor this request. During the hearing process, the accused has the same status as held prior to the action of the administrator.

G. Unless a penalty as specified under § 4.1 E is assigned, or unless the accused requests that the case be referred to the University Hearing Board, there will be no formal records maintained by the administrator regarding any informal complaint, except as provided in § 4.1 D 3.

## § 4.2. Formal charges.

A. Charges against an invitee, licensee, or any other person who is not a member of the university campus. Any member of the university community may bring charges against an invitee, licensee, or any other violator who is not a member of the university community. Upon notification of such charge, the president of the university or a designee may inform the charged person that he is not authorized to remain on the university premises and may direct that person to leave. If the charged person

refuses to leave, the president or designee may cause ejection from the university premises.

*B. Charges against the president. Any member of the university community may bring charges against the president of the university. These charges shall be in writing and directed to the Board of Visitors of the university. The Board of Visitors shall adjudicate the charges as it deems proper.*

*C. Charges against other members of the university community. Any member of the university community may bring charges against any other members of the university community. Such charges must be in writing and filed as follows:*

- 1. Charges against a student shall be filed with the dean of student affairs, except as provided in § 4.7 D.*
- 2. Charges against a faculty member, including an academic department chair, shall be filed with the academic dean of the accused faculty member.*
- 3. Charges against a classified or hourly employee shall be filed with the assistant vice president for human resources.*
- 4. Charges against an administrator shall be filed with the appropriate vice-president or provost.*
- 5. Charges against an administrator reporting to the president shall be filed with the president.*

*D. Charges may be brought by a department or unit of the university (for example, police department, university libraries, University Enrollment Services, etc.). In such cases, the unit head will designate a representative to act as accuser.*

*E. In order to be considered, a charge shall be brought within two years of the incident for which the charge is being brought.*

#### *§ 4.3. Preliminary evaluation of charges.*

*The administrator with whom the charge is filed will determine within 30 calendar days of receiving a charge whether the charge warrants further investigation. If the administrator decides that the accusation should be dropped, he shall notify the individual who filed the charge. Should the individual filing the charge disagree with the administrator, he may request, in writing, within 10 working days, that the administrator refer the charge to a panel of three administrators designated to receive charges in § 4.2, one each to be selected by the administrator with whom the charge was filed, the accused, and the accuser. All such requests will be granted. Within 30 calendar days of the charge being referred to the panel, the panel shall review the charge and information, and direct the administrator either to terminate further action or proceed with an investigation*

*in accordance with § 4.4.*

#### *§ 4.4. Action by the administrator.*

*If the administrator determines that the charge warrants investigation, he will appoint a designee to conduct one. The administrator shall provide written notification to both the accused and the accuser of the name of the appointed investigator. The accused, and the accuser, may request once each that the investigator be disqualified for bias or conflict of interest. To be considered, this request must be in writing and delivered to the administrator within seven working days of notification. The administrator will then decide whether the investigator is to be disqualified, and his judgment is final. If a new investigator is appointed, the administrator shall provide written notification to both the accused and the accuser of the name of the new investigator. The administrator shall also provide written notification to the accused of the charges and who filed them. The investigator shall then consult with the accused and perform such fact-finding activities as might be necessary. Both the accused and the accuser have the right to be accompanied by an adviser when meeting with the investigator and throughout the procedures described in this regulation. The administrator shall ensure that the investigator's report is received, and one of the following actions is taken, within a reasonable period, and no later than one year, of decision to investigate:*

*1. If the administrator determines that action is not warranted, he shall, in writing, notify both the accused and the accuser. Should the accuser disagree with this decision, the accuser may request, in writing, that the administrator refer the charge and all information obtained by the investigator to a panel of three administrators designated to receive charges in § 4.2 C, one each to be selected by the administrator, the accused, and the accuser. All such requests will be granted. Within a reasonable period, and no later than six months, of the charge being referred to the panel, the panel shall review the charge and information obtained upon investigation by the administrator or by the panel, if it deems further investigation desirable, and direct the administrator either to terminate any action or proceed under subdivision 2 of this section.*

*2. If the administrator decides that the charge warrants further action, he shall proceed by one of the following alternatives:*

*a. If the administrator determines that the charge has been substantiated, but is insufficient to cause separation or dismissal, he shall censure, assign public service or educational experience or both, place the accused member on probation, or any combination of these actions. If the accused member disagrees the penalty is warranted, he may request, in writing within 10 days of receipt of notification of the action, that the administrator*

# Final Regulations

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refer the case to the University Hearing Board. The administrator shall honor this request.

b. If the administrator determines that the charge is of such nature that conviction would subject the accused member to possible separation or dismissal from the university, the administrator shall, except as immediately noted, refer the case to the University Hearing Board. If the accused states in writing that he waives the right to a hearing and agrees to accept the decision of the administrator without appeal, then the administrator will decide the case and appropriate penalty.

### 3. Interim suspension.

a. If the university president or designee determines that the presence of an accused member of the university community presents a serious and immediate threat to the university, the president or designee may immediately suspend that member, if this is permitted by the policies and contracts governing the accused.

b. The president or designee shall cause a hearing to be conducted within five days, excluding weekends and official university holidays, to determine the validity of the interim suspension and to determine if it should continue. Such hearing will be conducted within the University Hearing Board guidelines contained in §§ 4.6 and 4.7. If the interim suspension is determined to be not valid, the accused shall be allowed to resume a customary and usual role within the university community without penalty.

c. If the interim suspension is continued, another hearing shall be held to adjudicate the case no sooner than five days nor later than 10 days, excluding weekends and official university holidays, of the date of the interim suspension hearing. If the interim suspension is not continued, another hearing shall be held to adjudicate the case as soon as possible.

### § 4.5. University Hearing Board.

A. The University Hearing Board will be constituted annually at the beginning of the academic year and will consist of the following members:

1. A chair appointed annually by the president of the university. The chair shall be nonvoting, except in the case of a tie vote.

2. Two students, only one of whom shall serve on a given case, as outlined below:

a. A student from the Academic Campus appointed annually by the Appointments Committee of the Student Government Association.

b. A student from the Health Sciences Campus appointed annually by the MCV Honor Council.

c. If the accused has greater responsibility on the Academic Campus, the student from the Academic Campus will serve. If the accused has greater responsibility on the Health Sciences Campus, the student from the Health Sciences Campus will serve. Should the accused have equal responsibility on both campuses, either student will serve as decided by lot.

3. The president of the University Faculty Senate or his annually appointed designee from the Faculty Senate.

4. An administrator appointed annually by the president of the university.

5. A classified employee appointed by the senior vice president for administration.

6. Each appointing party will annually designate at least two alternates for each appointee.

B. Although every reasonable effort shall be made to have all members present, four members shall constitute a quorum provided that the representative of the peer group of the accused is present. The chair shall be counted in determining whether a quorum is present.

C. Annually, the chair of the University Hearing Board shall, at the beginning of the academic year and before hearings are conducted, schedule an orientation and training session for all members and alternates appointed to the University Hearing Board. Such training shall include a review of the procedures to be followed by the University Hearing Board in conducting hearings, together with such issues as confidentiality, sensitivity required for charges of sexual assault or rape, and other duties of board members.

D. The administrator overseeing the investigation, or his designee, and the investigator shall present to the University Hearing Board the findings and evidence establishing the charges against the accused.

E. Each member of the University Hearing Board, excluding the chair, except in the case of a tie (see § 4.5 A 1) will have one vote as to the guilt or innocence of the accused on each charge and the decision will be determined by a simple majority.

F. On a finding of guilty, the University Hearing Board shall determine the punishment of the accused by majority vote.

G. At the conclusion of the hearing, the chair shall, in writing, notify the accused, the accuser, and the administrator receiving the charge of the decision of the University Hearing Board and return to the administrator

all records and documents of the case and hearing.

H. In the case of an appeal, the chair of the University Hearing Board will have access to all records and documents and copies when needed to prepare and present the findings of the University Hearing Board to the University Appeal Board.

#### I. Service on the University Hearing Board.

1. If any one of the members of the University Hearing Board cannot continue in that position, the alternate shall serve as a replacement, and a new alternate shall be appointed by the appointing party.

2. If a member of a University Hearing Board cannot serve on a particular case, his alternate will serve. If the alternate cannot serve, the chair of the University Hearing Board must ask the appointing party to appoint a substitute for that particular case. (See § 4.5 B.)

3. If the chair cannot serve on a particular case, the alternate chair will serve.

#### § 4.6. Hearings and procedural due process.

Preparations and hearings shall proceed as follows:

1. The chair of the University Hearing Board shall notify the accused and the accuser, in writing, of the nature of the charge(s), who filed the charge(s), a brief description of the circumstances of the charge(s), and the penalties to which the accused may be subject if found guilty. The chair shall also provide written notification to both the accused and the accuser of the names of the University Hearing Board members that will hear the case.

2. The accused and the accuser upon request will each be permitted to review the evidence and obtain copies of the records and documents at a reasonable cost.

3. The hearing shall be held no sooner than five days and no later than 10 days, excluding weekends and official university holidays, from the date of notification of the hearing. At the request of the accused and with the agreement of the chair of the University Hearing Board, a hearing may be held sooner than five days.

4. Either the accused or the accuser may request postponement of the hearing. The chair of the University Hearing Board may grant postponement for a reasonable period of time, but is not required to do so.

5. The University Hearing Board will develop a hearing format and the accused and the accuser shall be informed of such at the time of notification of the

hearing.

#### 6. The hearing format shall provide for the following:

a. The hearing will be open to the university community (open hearings do not require that a large number of persons be accommodated) unless:

(1) The accused requests a closed hearing.

(2) The accused requests a closed hearing except for a few observers of his choice. The number shall be determined by the chair.

(3) The chair closes the hearing because of disruptions.

b. The accused and the accuser each may be accompanied in the hearing, even if closed, by an adviser of his choice and may consult with the adviser throughout the hearing. The role of the adviser is limited to consultation with the advisee (e.g., the adviser may not call or question witnesses).

c. The accused and the accuser each will be given the opportunity to hear the evidence presented, to present witnesses (including themselves) and to cross-examine all witnesses who testify. For cause, the chair may permit both the accuser and the accused to provide testimony in closed session.

d. The accused may reserve the right to remain silent.

7. Within five days, excluding weekends and official university holidays, of the conclusion of the hearing, the chair of the University Hearing Board, shall, in writing, notify the accused, the accuser, and the administrator receiving the charges of the decision. Other notifications shall be made in accordance with § 5.2.

8. A record will be made of the proceedings.

9. Upon request, the accused and the accuser shall have the right to view all records and documents pertaining to the hearing and shall be furnished copies of such records and documents at a reasonable cost.

10. The accused, but not the accuser, may appeal the University Hearing Board decision to the University Appeal Board. (See § 4.8 D.)

11. Members of the University Hearing Board shall hold all specific information regarding hearings and deliberations confidential.

#### § 4.7. Other considerations for university hearings.

# Final Regulations

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A. If the accused refuses to participate or fails to appear at a hearing, the University Hearing Board will hear the case on the basis of the evidence accumulated as a result of the investigation.

B. If the accused refuses to participate or fails to appear, the accused's adviser shall not be permitted to participate beyond a brief opening statement.

C. If the accused member terminates his relationship with the university prior to the hearing, the University Hearing Board shall have the option of conducting a hearing, with the accused present if possible.

D. If the accused is a faculty member, the academic dean involved, in consultation with the chair of the University Hearing Board, may determine that the charges are more appropriate to resolution by the Faculty Grievance Procedure.

E. If the accuser is a nonprobationary classified employee and the issue raised is one that would qualify as "grievable" under the state's Employee Grievance Procedure, the assistant vice president for human resources, with the consent of the accuser, may refer the case through the state's Standards of Conduct or Employee Grievance Procedure. Actions and procedures under this regulation shall not limit the employee's rights as provided by the Virginia Personnel Act (§ 2.1-110 et seq. of the Code of Virginia) and the Employee Grievance Procedure.

F. The president of the university shall appoint additional ad hoc hearing boards and appeal boards if required in emergency situations. Such boards shall follow the same procedures and have the same representative composition as the annually constituted boards.

## § 4.8. Appeal.

A. The accused has a right to appeal a University Hearing Board finding of guilt as per subsection D of this section. A written appeal must be delivered in person or by certified mail to the chair of the University Appeal Board, or designee, within 10 days, excluding weekends and official university holidays, of receipt of the notification of the action of the University Hearing Board. The appellant shall state as clearly and as fully as possible the reasons for seeking modification of the decision.

B. The chair of the University Appeal Board shall provide written notification to both the accused and the accuser of the names of the University Appeal Board members who will hear the case.

C. In considering an appeal, the University Appeal Board shall consider only the following issues:

1. Whether the original board's process was conducted fairly and in accordance with prescribed

procedures;

2. Whether there is new evidence or relevant information not available at the time of the original hearing that, if consequential, shall result in a remanding of the case to the original board;

3. Whether the original decision is supported by substantial evidence;

4. Whether the university regulations alleged to have been violated were properly interpreted or applied by the original board; and

5. Whether the sanction imposed was proportionate to the gravity of the misconduct.

D. During the appeal process the accused has the same status as he had prior to the finding of guilty. An individual on Interim Suspension will remain on Interim Suspension during the appeal process. An individual who has been separated (suspended) or dismissed by the University Hearing Board or other duly authorized board or Honor Council shall, following a recommendation to the University Appeal Board and a decision by the president to uphold said penalty, be separated or dismissed from the university effective as of the date of the initial decision of the University Hearing Board or other duly authorized board or Honor Council.

E. The University Appeal Board will be constituted and shall consist of the following:

1. A student. If the case arises from the Health Sciences Campus, a student annually appointed by the Executive Council of the Health Sciences Student Government Association will serve. If the case arises from the Academic Campus, a student annually appointed by the University Appointments Committee of the Student Government Association will serve.

2. A faculty member. The Faculty Senate will choose one faculty member from the Health Sciences Campus and one faculty member from the Academic Campus. Only the member from the campus of the accused will serve at the appeal hearing.

3. A classified or hourly employee appointed by the senior vice president for administration.

4. An administrative officer jointly appointed by the vice-president for academic affairs and the vice-president for health sciences.

5. A chair appointed by the president of the university from among the full-time faculty. The chair shall vote only in case of a tie.

6. The administrative officer, the classified or hourly employee, and the chair must provide representation from both campuses.

# Final Regulations

7. No one who serves on a University Hearing Board, or the Honor Councils, shall also serve on the University Appeal Board. Nor shall an University Appeal Board for faculty, administrators, or staff include any division chair, departmental chair, dean, or vice-president under whom the accused serves.

8. Each appointing party shall annually designate at least two alternates for each appointee who will serve when the appointee is not available or has disqualified himself.

9. Although every reasonable effort shall be made to have all members present, three members plus the chair shall constitute a quorum, provided that a representative of the peer group of the accused is present.

10. If a member cannot continue to serve, the chair of the University Appeal Board shall request the original appointing party to make a new appointment. If a member of the University Appeal Board cannot serve on a particular case, an alternate will serve. If no alternate can serve, the chair will ask the appointing party to appoint a substitute for that particular case. If the chair or alternate cannot serve on a particular appeal, the president shall appoint a substitute.

11. Annually, the chair of the University Appeal Board shall, before appeals are considered, schedule an orientation session for all members and alternates appointed to the University Appeal Board. Such orientation shall include a review of the procedures to be followed by the University Appeal Board in conducting appeals, together with such issues as confidentiality and other duties of board members.

F. The University Appeal Board may remand a case, dismiss some or all of the charges, affirm the decision of the University Hearing Board, other duly authorized board, or the Honor Councils, or reduce the penalty imposed. In no event may an appeal result in the imposition of a more severe penalty for the accused.

G. When hearing an appeal from the Honor Council or an all-Academic Campus judicial system or other procedures authorizing such appeal, the University Appeal Board shall take into consideration the provisions, procedures, and sanctions of the document from which the appeal arose.

H. The decisions of the University Appeal Board will be reached by a simple majority vote and shall be presented to the president, or designee, as a recommendation within three days, excluding weekends and official university holidays, from the completion of the appeal hearing. The president, or designee, shall make his decision after reviewing the recommendations and supporting material. The decision of the president, or designee, is final. The decision will be relayed to the accused member, the

University Hearing Board, or Honor Council, and the accused member's dean or supervisor within 10 days, excluding weekends and official university holidays, after receipt of the recommendation of the University Appeal Board.

I. Members of the University Appeal Board shall hold all specific information regarding appeals and deliberations confidential.

## § 4.9. Additional appeals.

A. Actions and procedures under this regulation shall not limit the classified or hourly employees' rights as stated in the Virginia Personnel Act (§ 2.1-110 et seq. of the Code of Virginia).

B. A tenured faculty member may appeal a decision of dismissal by the University Hearing Board to the University Promotion and Tenure Appeal Panel as provided in Section VII.B.2. of the Faculty Promotion and Tenure Policies and Procedures. Appeals shall be filed within 15 working days of notification.

## PART V. RECORDS AND RELEASE OF INFORMATION.

### § 5.1. Records.

A. If the administrator who initially received a charge determines that no action is warranted, and if after a reasonable period there is no appeal of this decision, all records and documents shall be returned to the individuals or agencies which supplied them. The administrator shall destroy all remaining records pertaining to the charge and its description. The same will be done if a hearing or an appeal results in an acquittal.

B. All records of censure and probation will be kept for five years and then destroyed except as provided in § 5.1 C. If an individual receives additional sanctions (censure and probation) during this five-year period, records of all violations of these provisions will be retained until there is a period of five years following the most recent sanction. They shall be retained by the administrator who initially received the charges, with sufficient safeguards to ensure confidentiality.

C. If an individual is separated or dismissed, complete records of the proceedings and all pertinent documents, including any records of previous censures or probations, shall be permanently maintained by the administrator who initially received the charges with sufficient safeguards to ensure their confidentiality.

D. A student's academic transcript will indicate any action which prohibits readmission as long as the prohibition is in effect. This means that once a penalty of separation has been removed by expiration or a dismissal by action of the University Appeal Board, the notation

# Final Regulations

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will be removed from the academic transcript by action of the administrator who initially received the charges. The records for classified employees will be dealt with in accordance with applicable state policies. All records for faculty will be dealt with in accordance with the Promotion and Tenure Policies and Procedures and the Faculty Grievance Procedures (see § 3.7).

## § 5.2. Release of information.

A. Information relative to a case or subsequent penalties shall be released to members of the university on a need-to-know basis. The administrator directly in charge of the above records (see § 5.1 C) shall determine need to know.

B. When a student is found guilty, the dean of the school in which the student is enrolled will be notified of the action taken. When the student is separated, or is dismissed, the director of academic records will be notified to withdraw the student and make an appropriate notation on the academic transcript.

C. When an employee is found guilty, the assistant vice president for human resources will be notified of the action taken.

D. The individual or agency which initiated a charge under this document will be notified of subsequent acquittals or penalties. Notices of such actions shall include a statement of confidentiality and a request for care in the security of the information.

E. Release of information not covered under § 5.2 shall be only with written consent of the member adjudicated, or as required by law.

## PART VI. IMPLEMENTATION.

### § 6.1. Coordination and orientation.

The president or his designee shall be responsible for coordinating the provisions of this regulation and will provide orientation and training for those with identified functions under this regulation.

### § 6.2. Enabling clause.

This regulation replaces and supersedes the Virginia Commonwealth University Rules and Procedures effective January 8, 1979. Records created or sanctions imposed under previous documents will be continued, amended, stored, or destroyed as appropriate to conform to the provisions of this regulation.

### § 6.3. Revisions.

The president of the University may establish an ad hoc committee to recommend specific changes or to undertake a general revision of this regulation. Any member of the

university community, either singly or in concert with others, has the right to petition the president in this regard.

V.A.R. Doc. No. R95-312; Filed February 16, 1995, 1:40 p.m.

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**Title of Regulation:** VR 649-01-02. Parking Information.

**Statutory Authority:** § 23-50.10 of the Code of Virginia.

**Effective Date:** February 16, 1995.

#### Summary:

Operating and parking motor vehicles in university controlled areas is permitted only in accordance with these regulations. Parking in university controlled areas is by permit only, except at meters and in attended lots/decks. Citations are issued for the listed violations.

#### Preamble:

The mission of the university Parking and Transportation Program is to effectively manage the inventory of parking spaces, while accommodating the needs of students, patients, visitors, faculty and staff to reach their destinations with minimal inconvenience.

The intent of the Parking Office is to facilitate those people whose parking needs are in accordance with the fulfillment of the university's mission. However, environmental constraints necessitate the creation and enforcement of rules, regulations and guidelines. The cooperation of all parkers is needed to make the parking program effective.

**Agency Contact:** Copies of the regulation may be obtained from Murray D. Rosenberg, Office of Information Technology, Virginia Commonwealth University, P.O. Box 843059, Richmond, VA 23284-3059, telephone (804) 828-7446. Copying charges are 25¢ per page.

VR 649-01-02. Parking Information.

#### § 1. Parking administration.

The Parking and Transportation Program is administered by the Office of Parking and Transportation Services. Questions and comments about the program may be directed to this office:

Parking Administrator  
Parking and Transportation  
1000 East Clay Street  
Box 235  
Richmond, Virginia 23298-0235  
(804) 786-0501

## § 2. Governance.

The parking program is defined by the Office of the Provost on the Academic Campus and by the Office of the Vice President for Health Sciences on the Medical College of Virginia (MCV) Campus. Suggestions relative to the program may be submitted through the parking administrator for referral to the appropriate office for review.

## § 3. Assignment of parking inventory.

The Parking Office provides parking assignments to institutional employees and students through a "permit" program, based on the availability of space.

The roles of certain employees may necessitate an exception to the established parking assignment policy. In such a case, the employee should ask his respective vice president, dean or director to request an exception. The Office of the Provost will take action on exceptions for the Academic Campus and the Office of the Vice President for Health Sciences will take action for the MCV Campus, based on the recommendation of the appropriate vice president.

## § 4. Restricted decks and lots.

A few parking areas on both campuses are restricted to specific parkers. These areas are:

1. *Visitors Deck.* This deck serves as the primary parking location for all patients and visitors on the MCV Campus and is restricted for their exclusive use between the hours of 7 a.m. and midnight daily. Anyone conducting university business may use this facility during unrestricted hours.
2. *D Deck.* Because of its proximity to the hospital, this is reserved for certain occupational classes as defined by the MCV Campus Parking Advisory Committee.
3. *X, HH, OO Lots.* These lots are restricted at all times to designated parkers.
4. *Academic Deck.* Parking is prohibited between the hours of midnight and 7 a.m.

## § 5. How to apply for a parking permit.

Applications for parking permits are available in the Office of Parking and Transportation Services. Staff will determine space assignment based on availability and established criteria. Permits will only be issued for vehicles owned by the applicant or another person living at the same address as the applicant.

## § 6. Parking fee payment.

Full-time faculty and classified employees are

encouraged to pay semi-monthly through payroll deduction. Hourly employees must pay in advance, on a quarterly, semi-annual or annual basis. A supplemental fee is required for each additional vehicle registered.

If an employee takes an authorized leave of absence and wishes to maintain parking subscription, payment arrangements must be made in advance of permit expiration. Failure to make advance arrangements may result in termination of parking subscription.

If an employee on an authorized leave of absence wishes to terminate parking subscription, the permit(s) must be returned to the Parking Office. Payment will be due until the permit(s) is returned.

## § 7. Permit placement.

Parkers are requested to display their permits on the extreme lower left side (driver's side) of the rear window glass. If the vehicle is equipped with a rear window defogger, the permit may be placed on the farthest left rear window. Motorcyclists are requested to place permits on the back of the right side view mirror. Temporary permits should be displayed in full view, inside the front windshield, on top of the driver's side of the dashboard. Parkers are requested to remove expired permits.

Persons cancelling their subscriptions (e.g., separating from university service) are required to return all current permits to the Parking Office. Additionally, if a vehicle is disposed of, a substantial (50%+) and recognizable portion of the permit must be returned to the Parking Office for a free replacement. If the decal is not returned, a \$10 fee will be assessed.

## § 8. Parking.

Valid day permits allow subscribers to access assigned lots/decks between the hours of 7:30 a.m. and 4 p.m. After 4 p.m. but before 7:30 a.m., and on weekends and holidays any valid University parking permit allows university-wide parking in any lot/deck except X, OO and HH lots and the Academic Deck. Evening decals (EV) are honored in all lots/decks after 3:30 p.m. and until 7:30 a.m. excluding X, OO and HH lots and the Academic Deck.

Subscribers with more than one vehicle registered may park a maximum of two vehicles in university lots/decks after 5 p.m. but before 7:30 a.m., excluding X, OO and HH lots and the Academic Deck.

To facilitate the travel of those attending classes or conducting business between campuses, reciprocal parking is available in addition to shuttle service. (The East/West Shuttle schedule is located in the Information Section of the University Directory as well as from the Parking Office.) Reciprocal parking may be accessed by any subscriber with a valid day decal.



# Final Regulations

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Reciprocal parking locations are:

1. Academic Campus - Academic Deck at Main and Cherry Streets - 7:30 a.m. - midnight
2. MCV Campus - N Deck at 10th and Leigh Streets

Reciprocal parkers using the Academic Campus Deck are reminded to retain the parking coupon issued upon entry. When exiting, submit the coupon to the attendant and indicate your decal for fee waiver.

## § 9. Loading zones/service areas.

Persons using loading zones are required to show evidence of loading/unloading (e.g., emergency flashers should be in use).

Vehicles parking in designated service areas must display a university permit authorizing use of these areas. Permits for service vehicles may be obtained at the Parking Office. Permits should be used only while the operator of the vehicle is performing service functions.

## § 10. Parking for mobility-impaired persons.

All subscribers parking in mobility impaired designated spaces in controlled lots/decks must display both:

1. A university parking permit, and
2. A permit or license plate, issued by either the Virginia Department of Motor Vehicles or the state in which the car is registered, indicating that the driver is permitted to park in a mobility impaired parking space.

All faculty, staff and students with temporary disabilities may request permission to park in designated mobility impaired parking spaces. When the period of disability is expected to last less than six weeks, a letter from a physician is required stating that mobility impaired parking is necessary during the term of the disability. When the period of disability is expected to last six weeks or longer, a mobility impaired permit issued by the Department of Motor Vehicles is required. The forms necessary to obtain this permit are available in the Parking Office. In all cases, the parker must pay the applicable fee to park in any university controlled parking space.

## § 11. Substitute vehicles.

In the event an unregistered (substitute) vehicle is used, subscribers are required to notify the Parking Office. Notification should occur prior to parking or within 30 minutes of parking. An answering machine is available outside of office hours. Please provide your name, campus phone number, the license number of the substitute vehicle, the lot/deck assigned and the number of days you will be driving the substitute vehicle. A staff member will

call you with a control number.

Subscribers calling during office hours will be given a control number. If your substitute vehicle is ticketed, please write the control number on the ticket and return it to the Parking Office within five days. If returned within five days, the Parking Office will void the citation.

## § 12. Disabled vehicles.

Should a vehicle become disabled in an unauthorized area or in a university controlled parking facility without the proper permit, the Parking Office requests that you remove the vehicle as quickly as possible. If it becomes necessary to seek assistance or leave the vehicle unattended while making arrangements for its removal, please call the Parking Office and provide your name, license number, campus telephone number and the area in which the vehicle is parked. After regular business hours, callers may leave a message on the office answering machine.

Any vehicle parked in a designated emergency zone will be towed at the owner's expense.

## § 13. Driver responsibility.

A. Finding authorized space. Drivers are responsible for finding an authorized parking space. Lack of parking space, mechanical problems or other disabilities do not justify violations of the rules and guidelines.

B. Permit display. Parking permits must be displayed according to the parking regulations or special instructions provided by the Parking Office at the time of issuance.

C. Payment of fines. All fines shall be paid in full and in a timely manner. Vehicles with three or more unpaid citations are subject to being towed or immobilized. Parking permits will not be issued or renewed until all outstanding fines are paid.

D. Lost or stolen permits. Lost or stolen permits shall be reported to the VCU Police. The Parking Office will reissue a parking permit without charge if documentation of the police report is provided.

E. Update of information. Drivers shall keep the Parking Office advised of any changes in personal or vehicle data (i.e., name, address, department, shift change, make of vehicle, license number, etc.).

F. Termination of employment. Drivers shall return their permits and pay all outstanding fines before their separation clearance forms will be signed by the Parking Office.

G. Knowledge of rules and regulations. Drivers shall be knowledgeable of all parking rules and regulations as published in these regulations. Lack of awareness of these

regulations does not constitute a valid excuse for parking violations.

H. Refund policy. No refunds will be made without the return of the parking permit(s). Refunds are calculated from the date of return to the Parking Office.

## § 14. Parking regulations.

A. There are several regulations that permit holders should note. Parking citations are issued for the following violations.

1. Parking in prohibited zones;
2. Parking in loading zones;
3. Parking in a service area;
4. Parking on sidewalks or lawns;
5. Failure to display a valid permit;
6. Blocking driveways or roadways;
7. Double parking;
8. Occupying more than one space;
9. Improperly displaying a parking permit;
10. Employee/student use of patient/visitor spaces;
11. Exceeding meter times;
12. Failure to obey posted traffic patterns.

B. In addition, there are three regulations that may subject a violator to larger fines, towing or revocation, or both, of parking privileges. These are:

1. Altering, forging, copying or falsely acquiring a permit or parking pass;
2. Parking more than one vehicle in university controlled parking facilities. Permits for additional vehicles are issued with the understanding that only one vehicle will use the parking facilities at any given time;
3. Parking in handicapped parking spaces without displaying HP or DV license plates, a DMV issued pass or an appropriate university permit;

C. Vehicles may be towed for violation of any of the parking regulations if, in the opinion of the enforcement supervisor, the circumstances warrant.

## § 15. Permit renewal.

Permits will expire at the end of the period indicated

on the permit or when otherwise designated by the Parking Office. Unless otherwise notified by the Parking Office, renewal of the permit must take place within two weeks of the expiration date of the permit in order for the holder to retain parking subscription. Otherwise, the parking space may be reassigned. Holders of expired permits are reminded that their vehicles are subject to ticketing or towing, or both.

## § 16. Parking passes.

Parking passes are issued by the Parking Office on a space available basis, to accommodate the short-term needs of visitors. To acquire a pass, call the Parking Office, inform them of the date of the visit and the location requested. If it is determined that space is available, a pass will be issued. Consistent with university policy, a fee will be charged for each pass issued.

Annual passes are also issued to members of the university's 1838 and President's Clubs. These programs, administered by the university's Advancement Office, are designed to recognize donors making significant financial contributions to the university. The intent of these passes is to show the university's appreciation by allowing members to park in designated areas during their occasional visits to the university. They are not intended as a substitute for faculty and staff parking decals.

## § 17. Summary.

Operating and parking motor vehicles in university controlled areas is permitted only in accordance with these regulations. Knowledge of these regulations is assumed.

Parking in university controlled areas is by permit only, except at meters and in attended lots and decks. The responsibility for finding a proper parking space rests with the vehicle operator. These regulations apply to all vehicles driven or parked on university property, regardless of who is operating the vehicle. The individual to whom the vehicle is registered will be held responsible, along with the operator of the vehicle, for violation of these regulations.

Virginia Commonwealth University assumes no responsibility for the care or protection of any vehicle, or its contents, at any time while parked in a university controlled area, regardless of whether a parking fee has been paid.

Possession of a parking permit does not imply that a parking space will always be available in the designated parking facility. The university reserves the right to set aside areas in all parking facilities for special events, as it deems necessary.

V.A.R. Doc. No. R95-313; Filed February 16, 1995, 1:40 p.m.

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# Final Regulations

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**Title of Regulation:** VR 649-01-03. Guidelines for Demonstrations on the Campuses of Virginia Commonwealth University.

**Statutory Authority:** § 23-50.10 of the Code of Virginia.

**Effective Date:** February 16, 1995.

**Summary:**

*These guidelines apply to all persons, both students and nonstudents, who demonstrate on the campuses of the university. These apply to scheduled and planned in advance demonstrations, as well as those which are spontaneous. Demonstrations that cease to be orderly or cause damage can bring legal actions.*

**Agency Contact:** Copies of the regulation may be obtained from Murray D. Rosenberg, Office of Information Technology, Virginia Commonwealth University, P.O. Box 843059, Richmond, VA 23284-3059, telephone (804) 828-7446. Copying charges are 25¢ per page.

VR 649-01-03, Guidelines for Demonstrations on the Campuses of Virginia Commonwealth University.

**§ 1. Application.**

*It is assumed that most demonstrations that occur on the campuses of Virginia Commonwealth University will be organized and conducted by students at the university. However, it is recognized that nonstudents may, from time to time, desire to come on the campuses to demonstrate or participate in a demonstration being organized by students. These guidelines are applicable to all persons, both students and nonstudents, who demonstrate on the campuses of Virginia Commonwealth University.*

*The campuses of Virginia Commonwealth University are very different in their composition in that there are several spaces on the Academic Campus where demonstrations could be held without causing undue interference to classes and the normal operations of the campus. There are fewer such locations on the Medical College of Virginia (MCV) Campus, which is located in the midst of downtown Richmond. Thus, these guidelines will vary somewhat for the respective campuses in order to accommodate differences in physical spaces and the locations of the campuses within the City of Richmond.*

**§ 2. Demonstration categories.**

*There are two types of demonstrations: those which are scheduled and planned in advance and those which are more spontaneous and are not scheduled in advance.*

*Demonstrations in progress may fall into one of four categories:*

1. *Orderly. There is no impact on normal university*

*operations and classes.*

2. *Inconvenience. There is some inconvenience caused to normal university operations and classes as a result of the presence of the demonstration on the campus; however, operations and classes are able to continue.*

3. *Disruption. Normal operations and classes are disrupted by the demonstration to the extent that some operations or classes may cease or be cancelled.*

4. *Destruction. Persons participating in the demonstration are responsible for damage or injury to university property or the property of university students, faculty, or staff members, or cause injury to university students, faculty, staff, or visitors to the university.*

**§ 3. Planned demonstrations.**

*A representative from the registered student organization, ad hoc student group, or nonstudent group should contact the Assigned University Official to discuss a date, time, and location for the demonstration. The Assigned University Official for the Academic Campus is the Director of Student Activities, located on the second floor of the University Student Commons. The Assigned University Official for the MCV Campus is the Dean of Student Affairs for the MCV Campus, located in Bear Hall. The Assigned University Official or designee will continue to serve as a staff liaison with the representative(s) from the group desiring to have a demonstration until the demonstration has been held. This liaison staff member will:*

1. *Schedule a date, space, and time for the demonstration. Preferred outdoor locations for demonstrations on the Academic Campus are the Commons Plaza, Shafer Court, unless classes are in session in the Hibbs Building, and the plaza between the Hibbs Building and the Performing Arts Center. Preferred outdoor locations for demonstrations on the MCV Campus are the grassy areas around the residence halls and the Larrick Student Center. Demonstrations on property under the jurisdiction of the City of Richmond, such as sidewalks and Monroe Park, shall meet the requirements of the city and are under the jurisdiction of the Richmond Police Department.*

2. *Review, as appropriate for each campus, all applicable provisions of the "Guidelines for Non-Instructional Use of Space on the Academic Campus of Virginia Commonwealth University," or "Guidelines for Non-Instructional Use of Space on the MCV Campus of Virginia Commonwealth University," including applicable costs for space, police coverage, use of alcohol, use of loudspeakers, etc.*

3. *Inform the Vice Provost for Student Affairs, VCU*

# Final Regulations

Police, and the Assistant Vice President for University Relations of the plans for a demonstration.

4. Be present at the time of the demonstration to monitor the demonstration.

5. Contact the demonstration leader during the event if problems arise:

a. If the demonstration ceases to be orderly, the demonstration leader will be informed by the staff liaison that the VCU Police will be called to the scene if the disorderly behavior does not cease.

b. If the demonstration causes inconvenience, the demonstration leader will be informed by the staff liaison that the VCU Police will be called to end the demonstration if the behavior causing the inconvenience does not cease.

c. If the demonstration causes disruption, the demonstration leader will be informed by the staff liaison that those persons responsible for the disruption will be subject to arrest by the VCU Police.

d. If the demonstration causes destruction, the demonstration leader will be informed by the staff liaison that those persons responsible for the destruction will be subject to arrest by the VCU Police.

6. Bring charges against individuals and student organizations under applicable university policies and procedures in the event a demonstration causes disruption or destruction.

## § 4. Demonstrations not scheduled in advance.

Although all student organizations, ad hoc student groups, or nonstudent groups are urged to contact the Assigned University Official (see § 3) to discuss a date, time, and location in advance of the demonstration, it is recognized that there will be rare occasions when this does not occur.

Demonstrations on property under the jurisdiction of the City of Richmond, such as sidewalks and Monroe Park, shall meet the requirements of the city and are under the jurisdiction of the Richmond Police Department. Any spontaneous or unscheduled demonstration which occurs on the campuses of Virginia Commonwealth University is subject to the following:

1. The Assigned University Official or designee will, upon learning of the presence of a spontaneous demonstration, report to the scene of the demonstration and make contact with the apparent leader of the demonstration or with a representative group from the demonstration. The VCU Police, the Vice Provost for Student Affairs, and the Assistant

Vice President for University Relations will be notified of the presence of the demonstration by the Assigned University Official or designee.

2. If the demonstration is not in one of the preferred locations (see subdivision 1 of § 3), the group participating in the demonstration will be asked by the Assigned University Official to move to one of these locations. If the group refuses to move, the demonstrators may be allowed to continue at the location, providing the demonstration is being conducted within the intent of the definition of "Orderly" as described in § 2.

3. The Assigned University Official will monitor the demonstration.

4. The Assigned University Official will contact the demonstration leader during the demonstration if problems arise:

a. If the demonstration ceases to be orderly, the demonstration leader will be informed by the Assigned University Official that the VCU Police will be called to the scene if the disorderly behavior does not cease.

b. If the demonstration causes inconvenience, the demonstration leader will be informed by the Assigned University Official that the VCU Police will be called to end the demonstration if the behavior causing the inconvenience does not cease.

c. If the demonstration causes disruption, the demonstration leader will be informed by the staff liaison that those persons responsible for the disruption will be subject to arrest by the VCU Police.

d. If the demonstration causes destruction, the demonstration leader will be informed by the Assigned University Official that those persons responsible for the destruction will be subject to arrest by the VCU Police.

5. The Assigned University Official will bring charges against individuals and organizations under applicable university policies and procedures in the event a demonstration causes disruption or destruction.

V.A.R. Doc. No. R95-314; Filed February 16, 1995, 1:41 p.m.

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**Title of Regulation:** VR 649-01-04. Ethics Policy on Computing.

**Statutory Authority:** § 23-50.10 of the Code of Virginia.

**Effective Date:** February 16, 1995.

# Final Regulations

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## Summary:

*This policy governs the use of all university computing resources. The resource is restricted to authorized individuals for university-related computing. Steps are described to handle violations.*

**Agency Contact:** Copies of the regulation may be obtained from Murray D. Rosenberg, Office of Information Technology, Virginia Commonwealth University, P.O. Box 843059, Richmond, VA 23284-3059, telephone (804) 828-7446. Copying charges are 25¢ per page.

VR 649-01-04. Ethics Policy on Computing.

## PART I. GENERAL PROVISIONS.

### § 1.1. Definition.

*Computing resources include mainframe computers, minicomputers, microcomputers, networks, software, data, computer rooms and computer-related supplies. Access to some university computing resources is controlled through the use of assigned accounts with an access ID. Details of obtaining an account can be obtained from the users department or from the department supplying the computing resources.*

### § 1.2. Policies.

*The following shall govern the use of all VCU computing resources:*

- 1. The use of computing resources is restricted to those appropriately authorized individuals. On computing resources where access is controlled through the use of an access ID, eligible users are authorized to use only the access ID assigned to them.*
- 2. Use of the computing resources shall be university related. The authorized ID holder is responsible for both the use and contents of the account.*
- 3. Persons authorized to use university computing resources shall ensure that any safeguards available to them are in place to guard against inappropriate use.*
- 4. Intentional abuse of the computing resources, intentional interference with the operation of computing resources, intentional interference with the work of other users, violation of confidentiality, copyrights, or license agreements, and intentional wasting of computer resources are prohibited.*
- 5. Actions which attempt to circumvent prescribed channels to obtain computer privileges and resources are prohibited.*

## PART II. ENFORCEMENT PROCEDURE.

### § 2.1. Classified employees.

*Alleged violations by classified employees shall be referred to the director of the employee's department and be dealt with in accordance with the Employee Standards of Conduct and Performance.*

### § 2.2. All other users.

*Alleged violations of this policy by all users, other than classified employees, shall first be reported, reviewed and disposed of through Step One of the procedure outlined in § 2.3. However, at any point during Step One any of the parties may invoke Step Two as described in § 2.4. Reasons for invoking Step Two may include, but are not limited to, the following: the judgment that the matter is of a nature that it should be handled by the judicial system, the view of the individual reporting the violation that the matter is not being handled effectively, the desire of the alleged violator that the matter be considered by the Assistant Vice President for Administrative Services, or a judgment that state law has been violated.*

### § 2.3. Step One.

*A. Violations of the policy shall be reported by faculty, staff, or students to the head of the appropriate computing support division. Charges of violations shall be presented immediately upon discovery thereof.*

*B. The division head will collect the facts of the case and attempt to identify the offender as quickly as possible. If the division head believes disciplinary action is necessary, the charge and any information related to the charge will be presented to the head of the alleged violator's department.*

*C. The head of the alleged violator's department will identify the appropriate response and action to be taken, subject to the agreement of all parties, including the accused. If any of the parties do not agree, Step Two is invoked. The actions may include, but are not limited to, the following:*

- 1. Temporary restriction of the alleged violator's computing resources access for a fixed period of time, generally not more than six months.*
- 2. Requiring restitution for the damages caused, material consumed, machine time, and the like on an actual-cost basis. Such restitution may include the costs associated with determining the facts of the case.*

### § 2.4. Step Two.

*A. Written charges which describe the violation shall be provided to the Assistant Vice President for*

Administrative Services within 30 days of the date on which Step Two is invoked.

B. The Assistant Vice President for Administrative Services will refer the statement of written charges to the appropriate administrator in compliance with the provisions of the Rules and Procedures of Virginia Commonwealth University (VR 649-01-01). The usual procedures and provisions of the Rules and Procedures shall be observed from this point forward.

C. Violations of state law will be reported to the Director of Campus Police or his designee.

VA.R. Doc. No. R95-315; Filed February 16, 1995, 1:41 p.m.

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**Title of Regulation:** VR 649-01-05. Posting Materials Policy.

**Statutory Authority:** § 23-50.10 of the Code of Virginia.

**Effective Date:** February 16, 1995.

**Summary:**

*This policy establishes procedures for the posting of advertising and all other types of printed matter on the campuses of the university. Violations will be subject to the provisions of the university's Rules and Procedures.*

**Agency Contact:** Copies of the regulation may be obtained from Murray D. Rosenberg, Office of Information Technology, Virginia Commonwealth University, P.O. Box 843059, Richmond, VA 23284-3059, telephone (804) 828-7446. Copying charges are 25¢ per page.

VR 649-01-05. Posting Materials Policy.

§ 1. Purpose.

*Virginia Commonwealth University recognizes the rights of all individuals to freedom of expression. This policy establishes procedures for the posting of advertising and all other types of printed matter on the Academic Campus of Virginia Commonwealth University.*

§ 2. Types of bulletin boards.

*All printed materials are to be posted on bulletin boards. There are two basic types of bulletin boards on the Academic Campus:*

*1. Official bulletin boards include all boards which are specifically marked as belonging to a university department or office. All university departments and offices who maintain a bulletin board are required to label the bulletin board with a prominent sign indicating "Official Notices Only - Department of*

*(office)."*

*No printed materials of any type may be posted on an official bulletin board without the permission of the department or office which controls the board. The department or office will be responsible for posting appropriate materials on the bulletin board and for removing outdated materials on a regular basis.*

*2. General use bulletin boards include all bulletin boards not specifically identified and marked as belonging to a university department or office and will be identified by a label indicating "General Use."*

*General use bulletin boards are open for the posting of printed materials by any member of the university community and the general public without prior approval. All printed materials shall conform to all applicable local, state, and federal laws.*

*University housekeeping personnel will clear all general use bulletin boards on the first working Monday of each month. Persons desiring to post materials on general use bulletin boards should take note of this date as all materials will be cleared from boards at that time.*

§ 3. Posting in other areas; prohibited areas; banners; special restrictions.

*A. No posters, flyers, or printed materials of any type may be posted on the walls, windows, doors, stairwells, or any location on the interior or exterior of all campus buildings. General use bulletin boards are the only location for posting of materials in campus buildings. University housekeeping personnel will be instructed to immediately remove and destroy all improperly posted materials.*

*Similarly, no posting of any type of printed materials is permitted on trees, utility poles, sign posts, building exteriors, or any other structure on the campus. Any materials which are posted in such areas will be removed and destroyed by university groundskeepers.*

*B. Arrangements may be made with the director of Student Activities/University Student Commons for hanging banners.*

*C. There are special restrictions applicable to posting of all types of printed materials in the University Student Commons Building and the Cary Street Recreational Complex. Information related to posting of materials in the Commons is available at the Commons Office and the Cary Street Gym Office.*

*D. There are special restrictions applicable to the posting of all types of printed materials in the residence halls. Information related to posting materials in the residence halls is available through the director of*

# Final Regulations

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*Residence Education in the Housing Office.*

*§ 4. Violations.*

*Students and nonstudents who violate the provisions of this policy will be subject to the provisions of the Rules and Procedures of Virginia Commonwealth University (VR 649-01-01).*

V.A.R. Doc. No. R95-316; Filed February 16, 1995, 1:41 p.m.

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# GOVERNOR

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## GOVERNOR'S COMMENTS ON PROPOSED REGULATIONS

(Required by § 9-6.12:9.1 of the Code of Virginia)

### BOARD OF FUNERAL DIRECTORS AND EMBALMERS

Title of Regulation: **VR 320-01-3. Regulations for Preneed Funeral Planning.**

Governor's Comment:

I have reviewed this proposed regulation on a preliminary basis. While I reserve the right to take action authorized by the Administrative Process Act during the final adoption period, I have no objection to the proposed regulation based on the information and public comment currently available.

/s/ George Allen  
Governor  
Date: February 21, 1995

V.A.R. Doc. No. R95-309; Filed February 23, 1995, 12:02 p.m.

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Title of Regulation: **VR 320-01-04. Resident Trainee Program for Funeral Service.**

Governor's Comment:

I have reviewed this proposed regulation on a preliminary basis. While I reserve the right to take action authorized by the Administrative Process Act during the final adoption period, I have no objection to the proposed regulation based on the information and public comment currently available.

/s/ George Allen  
Governor  
Date: February 21, 1995

V.A.R. Doc. No. R95-308; Filed February 23, 1995, 12:02 p.m.

### DEPARTMENT OF HEALTH (STATE BOARD OF)

Title of Regulation: **VR 355-33-500. Rules and Regulations for the Licensure of Hospitals in Virginia (Substance Abusing Postpartum Women, § 301.0).**

Governor's Comment:

I have been assured that this regulation is in accordance with, and does not exceed, the statutory mandate. I reserve the right to take actions authorized by the Administrative Process Act during the final adoption period.

/s/ George Allen  
Governor

Date: February 21, 1995

V.A.R. Doc. No. R95-310; Filed February 23, 1995, 12:02 p.m.

### STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

Title of Regulation: **VR 380-04-01. Virginia Postsecondary Review Entity Regulations.**

Governor's Comment:

I endorse the proposed regulation in view of its beneficial effects. However, I reserve the right to take action authorized by the Administrative Process Act during the final adoption period.

/s/ George Allen  
Governor  
Date: February 21, 1995

V.A.R. Doc. No. R95-305; Filed February 23, 1995, 12:02 p.m.

### DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (BOARD OF)

Title of Regulation: **VR 460-03-3.1100. Narrative for the Amount, Duration and Scope of Services (Reimbursement for Organ Transplant Services).**

Governor's Comment:

I have reviewed this proposed regulation on a preliminary basis. While I reserve the right to take action authorized by the Administrative Process Act during the final adoption period, I have no objection to the proposed regulation based on the information and public comment currently available.

/s/ George Allen  
Governor  
Date: February 21, 1995

V.A.R. Doc. No. R95-320; Filed February 23, 1995, 12:02 p.m.

### DEPARTMENT OF SOCIAL SERVICES (STATE BOARD OF)

Title of Regulation: **VR 615-01-29. Aid to Families with Dependent Children (AFDC) Program - Disregarded Income and Resources.**

Governor's Comment:

I have reviewed this proposed regulation on a preliminary basis. While I reserve the right to take action authorized by the Administrative Process Act during the final adoption period, I have no objection to the proposed regulation based on the information and public comment currently available.



# Governor

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/s/ George Allen  
Governor

Date: February 21, 1995

V.A.R. Doc. No. R95-306; Filed February 23, 1995, 12:02 p.m.

# SCHEDULES FOR COMPREHENSIVE REVIEW OF REGULATIONS

Governor George Allen issued and made effective Executive Order Number Fifteen (94) on June 21, 1994. This Executive Order was published in The Virginia Register of Regulations on July 11, 1994 (10:21 VA.R. 5457-5461 July 11, 1994). The Executive Order directs state agencies to conduct a comprehensive review of all existing regulations to be completed by January 1, 1997, and requires a schedule for the review of regulations to be developed by the agency and published in The Virginia Register of Regulations. This section of The Virginia Register has been reserved for the publication of agencies' review schedules. Agencies will receive public comment on the following regulations listed for review.

## DEPARTMENT OF HEALTH

### CORRECTION

Publication: 11:9 VA.R. 1512 January 23, 1995

Correction: The public comment is being sought for the regulations assigned to Group II review from January 23, 1995, through March 24, 1995. Public comment periods for the remaining two review cycles will be published at the beginning of each cycle. In addition, comment will be received on Groups III and IV regulations during the January 23 to March 24, 1995, period.

## DEPARTMENT OF SOCIAL SERVICES

Pursuant to Executive Order Number Fifteen (94), the Department of Social Services is publishing this notice to inform the public that the following regulation will be reviewed to determine if it should be continued, amended, or repealed.

### Regulation

VR 615-80-01. Human Subject Research Regulations.

### Procedures for Submitting Comments

Written comments on the regulation must be received no later than April 21, 1995, to be considered in the regulation review. Please mail comments to Sue Murdock, Division of Management and Customer Services, Department of Social Services, 730 East Broad Street, Richmond, VA 23219-1849. Comments may also be submitted by facsimile transmission (FAX (804) 692-1808).

The department contact for this regulation review is Sue Murdock, Lead Analyst, Department of Social Services, 730 East Broad Street, Richmond, VA 23219-1849, telephone (804) 692-1885.

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Pursuant to Executive Order Number Fifteen (94), the Department of Social Services is publishing this notice to

inform the public that the Child Protective Services (CPS) Program regulation listed below will be reviewed to determine if it should be continued, amended or repealed.

### Regulation

VR 615-45-01. Child Protective Services Central Registry Information.

### Procedures for Submitting Comments

Written comments on the above regulations must be received no later than April 30, 1995, to be considered in the regulation review.

Please mail comments to the Child Protective Services Program Manager, Division of Service Programs, 730 East Broad Street, Richmond, VA 23219. Comments may also be submitted by facsimile transmission (FAX (804) 692-2209).

The department contact for any questions about this notice is Suzanne Fountain, CPS Program Specialist, Division of Service Programs, Department of Social Services, 730 East Broad Street, Richmond, VA 23219, telephone (804) 692-1254.

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Pursuant to Executive Order Number Fifteen (94), the Department of Social Services is publishing this notice to inform the public that the Child Protective Services (CPS) Client Appeals regulation listed below will be reviewed to determine if it should be continued, amended or repealed.

### Regulation

VR 615-45-02. Child Protective Services Client Appeals.

### Procedures for Submitting Comments

Written comments on the above regulations must be received no later than April 30, 1995, to be considered in the regulation review.

Please mail comments to the Customer Services Program Manager, Division of Management and Customer Services, 730 East Broad Street, Richmond, VA 23219. Comments may also be submitted by facsimile transmission (FAX number (804) 692-1802).

The department contact for any questions about this notice is Jane Clements, Customer Services Program Manager, Division of Management and Customer Services, Department of Social Services, 730 East Broad Street, Richmond, VA 23219, telephone (804) 692-1832.

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Pursuant to Executive Order Number Fifteen (94), the Department of Social Services is publishing this notice to inform the public that the Neighborhood Assistance

# Schedules for Comprehensive Review of Regulations

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Program regulation listed below will be reviewed to determine if it should be continued, amended or repealed.

## Regulation

The Rules of the Neighborhood Assistance Act.

## Procedures for Submitting Comments

Written comments on the above regulations must be received no later than April 20, 1995, to be considered in the regulation review. In commenting, please begin by identifying the regulation by title. Please mail comments to Maggie Wilson, Program Coordinator, Office of Community Services, Department of Social Services, 730 East Broad Street, Richmond, VA 23219-1849. Comments may also be submitted by facsimile transmission (FAX (804) 692-1869). The department contacts for any questions about this notice are Maggie Wilson or Phyl Parrish, Office of Community Services, Department of Social Services, 730 East Broad Street, Richmond, VA 23219-1849, telephone (804) 692-1895.

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# GENERAL NOTICES/ERRATA

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<b>Symbol Key †</b>
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† Indicates entries since last publication of the Virginia Register
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## GENERAL NOTICES

### DEPARTMENT OF HEALTH (BOARD OF)

#### **Waterworks Regulations – General Notice Requesting Comment on Recycle of Certain Drinking Water Plant Wastewaters**

Recent concerns of health threats posed by Cryptosporidium and Giardia are among the issues of the recycled flow of certain drinking water treatment plant waste waters (not including sanitary wastewater). This recycled flow would be conveyed to the first step in the drinking water treatment process. Such flows may contain concentrated elements that may increase risks to the proper treatment of the drinking water.

Although recycle is not directly addressed under current regulation, the Department of Health's engineering staff make situation specific decisions in their review of proposed construction designs or modifications to existing drinking water treatment plants.

The Department of Health is determining the need to develop a regulation addressing this issue. The department is interested in your comments relative to the need for regulation and content of any such regulation or alternatives to the development of a regulation. If the comment is such as to merit proceeding with the regulatory process, the regulatory process will be initiated in compliance with the Administrative Process Act and the Governor's Executive Order Number 13(94).

Written comments on this issue should be submitted by Wednesday, March 29, 1995, to Thomas B. Gray, P.E., Office of Water Programs, Room 109, Virginia Department of Health, P.O. Box 2448, Richmond, VA 23218, voice (804) 786-5566; FAX (804) 786-5567.

#### **Waterworks Regulations – General Notice Requesting Comment on Viability and Comprehensive Business Plan for Certain Drinking Water Systems**

Concerns, both statewide and nationwide, have focused on certain owners of waterworks who do not have the financial, technical, managerial, and operational capabilities necessary for the long-term operation of this important health related activity. Some waterworks are created in conjunction with some other business venture and are not given due planning consideration as a waterworks. There are existing waterworks that, for

various reasons, cannot maintain compliance with federal and state regulations.

During 1993 the State Water Commission heard testimony on this issue and the 1994 General Assembly enacted clarifying and mandatory statutory language directing the Department of Health to recognize these capabilities relative to an owner's ability to provide safe drinking water ( §§ 32.1-169 and 32.1-172 of the Code of Virginia).

The Department of Health is determining the need to develop a regulation addressing this issue. The department is interested in your comments relative to the need for regulation and content of any such regulation or alternatives to the development of a regulation. If the comment is such as to merit proceeding with the regulatory process, the regulatory process will be initiated in compliance with the Administrative Process Act and the Governor's Executive Order Number 13(94).

Written comments on this issue should be submitted by Wednesday, March 29, 1995, to Thomas B. Gray, P.E., Office of Water Programs, Room 109, Virginia Department of Health, P.O. Box 2448, Richmond, VA 23218, voice (804) 786-5566; FAX (804) 786-5567.

### COMMISSION ON LOCAL GOVERNMENT

#### **† Schedule of Assessments of Mandates on Local Government**

**(April 1, 1995 to June 30, 1996)**

Pursuant to the provisions of §§ 2.1-7.1 and 15.1-945.3(6) of the Code of Virginia, the following schedule, established by the Commission on Local Government and approved by the Secretary of Administration and Governor Allen, represents the precise timetable for the period April 1, 1995, to June 30, 1996, which executive agencies will follow in conducting their assessments of the state and federal mandates on local governments which they administer. In conducting these assessments, agencies will follow the process established by Executive Memorandum 5-94, which became effective April 22, 1994.

As of April 1, 1994, the Commission on Local Government had identified 361 state and federal mandates applicable to Virginia's localities and administered by executive agencies of the Commonwealth. Of these, 290 assessments were scheduled for completion by March 31, 1995. The schedule for the assessment of those mandates was published in the June 27, 1994, Virginia Register. The following assessment schedule calls for the completion of all remaining

# General Notices/Errata

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assessments by June 30, 1996.

For further information, call Adele MacLean, Policy Analyst, Commission on Local Government at (804) 786-6508.

## ADMINISTRATION SECRETARIAT

### State Board of Elections

Mandate Summary: Electoral Board and Registrar  
Type: Compulsory Order  
Statutory/Regulatory Authority: Constitution of Virginia, Article II § 8; Code of Virginia §§ 24.2-106, 24.2-110 and 24.2-600; Voting Rights Act of 1965  
Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-95;  
Duration: Two Months

Mandate Summary: Assistance for Disabled and Elderly at Polling Places  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 24.2-604.1  
Assessment Schedule: Start Date: 5-1-95; End Date: 5-31-95;  
Duration: One Month

## COMMERCE AND TRADE SECRETARIAT

### Virginia Employment Commission

Mandate Summary: New Hires Reporting  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 60.2-114  
Assessment Schedule: Start Date: 8-1-95; End Date: 10-31-95;  
Duration: Three Months

## EDUCATION SECRETARIAT

### Department of Education

Mandate Summary: Student-Teacher Ratio  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Student-Teacher Ratio Standards  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Public School Support Services  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:2  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Professional Development for School Board Members  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:5  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Six-Year School Improvement Plan  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:6  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: School Policy Manual  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:7  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Teacher Professional Development  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:5  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Student Assessment Training  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:3  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Accreditation Standards  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:3; Department of Education Regulation VR 270-01-0012  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Instructional Standards for K-12  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Instructional Standards for K-3  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1  
Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Increasing High School Graduation Rates  
Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Program for Gifted Students

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Educational Alternatives Program

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Program for Educationally At-Risk Students

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Educationally At-Risk Students Achievement Plan

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Adult Educational Programs

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Career Educational Program

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Pupil Personnel Services

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:2

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Student Assessment

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:3

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;

Duration: Fifteen Months

Mandate Summary: Literacy Passports

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:4

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Diplomas Required

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:4

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Competency-Based Vocational Educational Programs

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Programs for College-Bound Students

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

Mandate Summary: Instructional Program for Students with Disabilities

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 22.1-253.13:1

Assessment Schedule: Start Date: 4-1-95; End Date: 6-30-96;  
Duration: Fifteen Months

## HEALTH AND HUMAN RESOURCES SECRETARIAT

### Department of Health

Mandate Summary: Optional Communicable Disease Services Program

Type: State and Federal Regulation of Optional Activities

Statutory/Regulatory Authority: Department of Health Agreement with Local Government

Assessment Schedule: Start Date: 4-1-95; End Date: 9-30-95;  
Duration: Six Months

Mandate Summary: Optional Child Health Services Program

Type: State and Federal Regulation of Optional Activities

Statutory/Regulatory Authority: Department of Health Agreement with Local Government

Assessment Schedule: Start Date: 4-1-95; End Date: 9-30-95;  
Duration: Six Months

Mandate Summary: Optional Family Planning Services Program

## General Notices/Errata

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Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Department of Health Agreement with Local Government  
Assessment Schedule: Start Date: 4-1-95; End Date: 9-30-95;  
Duration: Six Months

Mandate Summary: Optional General Medical Services Program  
Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Department of Health Agreement with Local Government  
Assessment Schedule: Start Date: 4-1-95; End Date: 9-30-95;  
Duration: Six Months

Mandate Summary: Optional Dental Health Services Program  
Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Department of Health Agreement with Local Government  
Assessment Schedule: Start Date: 4-1-95; End Date: 9-30-95;  
Duration: Six Months

Mandate Summary: Local Health Care Facility Licensing  
Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia §§ 32.1-123 through 32.1-144, §§ 32.1-162.1 through 32.1-162.15; Regulations for licensure of hospitals, nursing homes, hospices, and home health agencies; Social Security Act, Titles XVIII, XIX (Fed.)  
Assessment Schedule: Start Date: 4-1-95; End Date: 9-30-95;  
Duration: Six Months

Mandate Summary: Local Health Facility Medicaid Requirements  
Type: Conditions of State and Federal Financial Aid  
Statutory/Regulatory Authority: Social Security Act, Titles XVIII, XIX (Fed.)  
Assessment Schedule: Start Date: 4-1-95; End Date: 9-30-95;  
Duration: Six Months

Mandate Summary: Local Restaurant, Hotel or Summer Camp Licensing  
Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia §§ 35.1-13 through 35.1-17; Department of Health Regulations governing licensure of hotels, summer camps, campgrounds, and restaurants  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Public Marina  
Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia § 32.1-246; Department of Health Regulation VR 355-17-01  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Sewerage Design Approval  
Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia §§ 32.1-164, 62.1-44.19; 1977 Sewerage Regulations VR

355-17-02  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

### Department of Social Services

Mandate Summary: Social Services Program Records Retention Policy  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 63.1-25  
Assessment Schedule: Start Date: 7-1-95; End Date: 9-30-95;  
Duration: Three Months

Mandate Summary: Social Services Staffing Report  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia §§ 63.1-33, 63.1-52  
Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-95;  
Duration: Two Months

Mandate Summary: Employee Qualification Standards  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 63.1-248.6  
Assessment Schedule: Start Date: 12-1-95; End Date: 6-30-96;  
Duration: Seven Months

Mandate Summary: Office Space and Facilities Standards  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 63.1-25, Department of Social Services Local Administrative Manual, Vol. I, Ch. D  
Assessment Schedule: Start Date: 7-1-95; End Date: 10-31-95;  
Duration: Four Months

Mandate Summary: Child Protective Services  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 63.1-248.6; Department of Social Services Program Manual Volume VII and III, Ch. A; P. L. 100-294, as amended by P.L. 101-126 and P.L. 101-226 (Fed.)  
Assessment Schedule: Start Date: 1-1-96; End Date: 6-30-96;  
Duration: Six Months

Mandate Summary: Court-Ordered Evaluation for Guardianship  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia § 37.1-128.1  
Assessment Schedule: Start Date: 12-1-95; End Date: 6-30-96;  
Duration: Seven Months

Mandate Summary: Adult Protective Services  
Type: Compulsory Order  
Statutory/Regulatory Authority: Code of Virginia §§ 63.1-33, 63.1-52, 63.1-55.1; State Board of Social Services Policy; Department of Social Services Service Program Manual Volume VII and IV, Ch. A  
Assessment Schedule: Start Date: 12-1-95; End Date: 6-30-96;  
Duration: Seven Months

## General Notices/Errata

Mandate Summary: Home-Based Services

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 63.1-55.01; State Board of Social Services Policy, January 1975; and Department of Social Services Service Program Manual Volume VII and IV, Ch. B

Assessment Schedule: Start Date: 12-1-95; End Date: 6-30-96; Duration: Seven Months

Mandate Summary: Purchase of Child Day Care Services

Type: Conditions of State and Federal Financial Aid

Statutory/Regulatory Authority: P.L. 101-508 (Fed.); Omnibus Budget Reconciliation Act of 1990 §§ 5081, 5082 (Fed.)

Assessment Schedule: Start Date: 12-1-95; End Date: 6-30-96; Duration: Seven Months

Mandate Summary: Integration of Community Services

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 37.1-197.1; Department of Social Services Service Program Manual Volume VII and IV, Ch. D, 1d and 2b

Assessment Schedule: Start Date: 12-1-95; End Date: 6-30-96; Duration: Seven Months

Mandate Summary: Adult Day Care Centers and Adult Homes Licensing

Type: State and Federal Regulation of Optional Activities

Statutory/Regulatory Authority: Code of Virginia §§ 63.1-172, 63.1-194.1; Department of Social Services Regulations VR 615-21-02, 615-22-02

Assessment Schedule: Start Date: 10-1-94; End Date: 6-30-95; Duration: Nine Months

Mandate Summary: Purchase of Service System

Type: Compulsory Order

Statutory/Regulatory Authority: Department of Social Services Local Policy and Procedures Manual, Vol. VII and I, Ch. G

Assessment Schedule: Start Date: 12-1-95; End Date: 6-30-96; Duration: Seven Months

### NATURAL RESOURCES SECRETARIAT

#### Chesapeake Bay Local Assistance Department

Mandate Summary: Chesapeake Bay Preservation Areas Designation

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 10.1-2109 A; Chesapeake Bay Local Assistance Department Regulation VR 173-02-01.1, §§ 1.3, 2.2 A, 5.5 A; 1987 Chesapeake Bay Agreement

Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-96; Duration: Fourteen Months

Mandate Summary: Comprehensive Plan Requirements in Tidewater

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 10.1-2109.B; Chesapeake Bay Local Assistance Department

regulation VR 173-02-01.1, §§ 1.3, 2.2 C, 5.6 A; 1987 Chesapeake Bay Agreement

Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-96; Duration: Fourteen Months

Mandate Summary: Zoning Ordinance Requirements in Tidewater

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 10.1-2109.C; Chesapeake Bay Local Assistance Department Regulation VR 173-02-01.1, §§ 1.3, 2.2 D, 5.6 B; 1987 Chesapeake Bay Agreement

Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-96; Duration: Fourteen Months

Mandate Summary: Development Review Requirements in Tidewater

Type: Compulsory Order

Statutory/Regulatory Authority: Chesapeake Bay Local Assistance Department Regulation VR 173-02-01.1, §§ 2.2 G; 1987 Chesapeake Bay Agreement

Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-96; Duration: Fourteen Months

Mandate Summary: Subdivision Ordinance Requirements in Tidewater

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 10.1-2109.D; Chesapeake Bay Local Assistance Department Regulation VR 173-02-01.1, §§ 1.3, 2.2 E, 5.6 D; 1987 Chesapeake Bay Agreement

Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-96; Duration: Fourteen Months

Mandate Summary: Erosion Ordinance Requirements in Tidewater

Type: Compulsory Order

Statutory/Regulatory Authority: Chesapeake Bay Local Assistance Department Regulation VR 173-02-01.1, § 2.2 F; 1987 Chesapeake Bay Agreement

Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-96; Duration: Fourteen Months

Mandate Summary: Land Development Requirements in Tidewater

Type: Compulsory Order

Statutory/Regulatory Authority: Code of Virginia § 10.1-2111; Chesapeake Bay Local Assistance Department Regulation VR 173-02-01.1, § 4.1 A; 1987 Chesapeake Bay Agreement

Assessment Schedule: Start Date: 4-1-95; End Date: 5-31-96; Duration: Fourteen Months

#### Department of Environmental Quality

Mandate Summary: Certified Supervisor for Solid Waste Management Facilities

Type: State and Federal Regulation of Optional Activities

Statutory/Regulatory Authority: Code of Virginia § 10.1-1408.1; Department of Environmental Quality Regulation VR 672-20-10



# General Notices/Errata

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Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Solid Waste Management Facilities Permit

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia § 10.1-1408.1; Department of Environmental Quality Regulation VR 672-20-10  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Sanitary Landfill Requirements

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: 42 USC 6901 et seq. (Fed.); 40 CFR Parts 257, 258 (Fed.)  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Yardwaste Composting

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia § 10.1-1408.1; Department of Environmental Quality Regulation VR 672-20-32  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Removal of Litter from Public Receptacles

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia § 10.1-1421  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Solid Waste Management Facilities Permit Fee

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia §§ 10.1-1402.1 through 10.1-1402.3  
Assessment Schedule: Start Date: 4-1-95; End Date: 1-31-96;  
Duration: Ten Months

Mandate Summary: Hazardous Waste

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia § 10.1-1400 et seq.; Department of Environmental Quality Regulation VR 672-10-1; 42 USC 6901 et seq.; 40 CFR 260-268 (Fed.)  
Assessment Schedule: Start Date: 6-1-95; End Date: 5-31-96;  
Duration: One Year

Mandate Summary: Wastewater Treatment Facilities Permit

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia § 62.1-44.15; State Water Control Board Regulations VR 680-14-01, VR 680-14-02, VR 680-14-03; 33 USC 1251 et seq. (Fed.)  
Assessment Schedule: Start Date: 6-1-95; End Date: 5-31-96;  
Duration: One Year

Mandate Summary: Virginia Water Protection Permit

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia § 62.1-44.15.5; State Water Control Board Regulation VR 680-15-02; 33 USC 1341 (Fed.) ★BL1 Assessment Schedule: Start Date: 6-1-95; End Date: 5-31-96; Duration: One Year

Mandate Summary: Virginia Pollution Abatement Permit

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia §§ 62.1-44.15, 62.1-44.18; State Water Control Board Regulation VR 680-14-01  
Assessment Schedule: Start Date: 6-1-95; End Date: 5-31-96;  
Duration: One Year

Mandate Summary: Ground Water Withdrawal Permit

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia §§ 62.1-254 through 62.1-270  
Assessment Schedule: Start Date: 6-1-95; End Date: 5-31-96;  
Duration: One Year

Mandate Summary: Surface Water Withdrawal Permit

Type: State and Federal Regulation of Optional Activities  
Statutory/Regulatory Authority: Code of Virginia §§ 62.1-242 through 62.1-253; State Water Control Board Regulation VR 680-15-03  
Assessment Schedule: Start Date: 6-1-95; End Date: 5-31-96;  
Duration: One Year

## PUBLIC SAFETY SECRETARIAT

Department of Criminal Justice Services

Mandate Summary: Intensified Drug Enforcement Assistance Grant

Type: Conditions of State and Federal Financial Aid  
Statutory/Regulatory Authority: Code of Virginia §§ 14.1-133.3, 15.1-131.12; Department of Criminal Justice Services Grant Guidelines  
Assessment Schedule: Start Date: 7-1-95 End Date: 9-30-95;  
Duration: Three Months

## VIRGINIA CODE COMMISSION

### NOTICE TO STATE AGENCIES

**Mailing Address:** Our mailing address is: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219. You may FAX in your notice; however, we ask that you FAX two copies and do not follow up with a mailed copy. Our FAX number is: (804) 692-0625.

### FORMS FOR FILING MATERIAL ON DATES FOR PUBLICATION IN THE VIRGINIA REGISTER OF REGULATIONS

All agencies are required to use the appropriate forms when furnishing material and dates for publication in The Virginia Register of Regulations. The forms are supplied

by the office of the Registrar of Regulations. If you do not have any forms or you need additional forms, please contact: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219, telephone (804) 786-3591.

## FORMS:

NOTICE of INTENDED REGULATORY ACTION - RR01  
NOTICE of COMMENT PERIOD - RR02  
PROPOSED (Transmittal Sheet) - RR03  
FINAL (Transmittal Sheet) - RR04  
EMERGENCY (Transmittal Sheet) - RR05  
NOTICE of MEETING - RR06  
AGENCY RESPONSE TO LEGISLATIVE OBJECTIONS - RR08

## ERRATA

### BOARD FOR CONTRACTORS

Title of Regulation: VR 220-01-1:1. Board for Contractors Regulations.

Publication: 11:11 VA.R. 1760-1805 February 20, 1995.

#### Corrections to Final Regulation:

Page 1760, § 1.1, column 2, definition of "Tenants by the entirety," line 3, after "whole" insert "with"

Page 1763, § 1.1, column 1, definition of "Commercial improvement contracting," line 4, after "property as defined in" insert "the"

Page 1763, § 1.1, column 1, definition of "Commercial improvement contracting," line 7, after "electrical" insert ","

Page 1770, § 5.4 A, line 7, delete "licensee's/certificate" insert "licensee/certificate holder"

Page 1771, § 5.5 B, column 1, line 1, delete "2.3 C" and insert "2.2 C"

Page 1772, § 5.8, line 1, after "licensee/certificate" insert "holder"

Page 1773, column 2, paragraph 3, line 5, delete "367-2025" and insert "367-8504"

Pages 1781, 1782 and 1783, delete pages

Page 1804, delete page

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# CALENDAR OF EVENTS

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## Symbols Key

- † Indicates entries since last publication of the Virginia Register
- ♿ Location accessible to handicapped
- ☎ Telecommunications Device for Deaf (TDD)/Voice Designation

### NOTICE

Only those meetings which are filed with the Registrar of Regulations by the filing deadline noted at the beginning of this publication are listed. Since some meetings are called on short notice, please be aware that this listing of meetings may be incomplete. Also, all meetings are subject to cancellation and The Virginia Register deadline may preclude a notice of such cancellation.

For additional information on open meetings and public hearings held by the Standing Committees of the Legislature during the interim, please call Legislative Information at (804) 786-6530.

### VIRGINIA CODE COMMISSION

### EXECUTIVE

#### BOARD FOR ACCOUNTANCY

**April 19, 1995 - 10 a.m.** – Open Meeting

**April 20, 1995 - 8 a.m.** – Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, 3rd Floor, Room 395, Richmond, Virginia. ♿

A regular business meeting to review applications and correspondence, conduct review and disposition of enforcement cases, and other routine board business. In addition, at 10 a.m. on Thursday, April 20, 1995, a public hearing will be held on a proposed education change to § 2.1 B 1 a of VR 105-01-2. Upon conclusion of the hearing, the meeting will continue. A public comment period will be scheduled during the meeting. The meeting is open to the public. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Nancy Taylor Feldman, Assistant Director, Board for Accountancy, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or (804) 367-9753/TDD ☎

† **April 25, 1995 - 9 a.m.** – Open Meeting

**April 27, 1995 - 9 a.m.** – Open Meeting

Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♿

A meeting to conduct informal fact-finding conferences pursuant to the Administrative Process Act in order for the board to make case decisions. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at (804) 367-8500. The department fully complies with the Americans with Disabilities Act. Please notify the department of your request at least two weeks in advance for consideration of your request.

**Contact:** Barbara B. Tinsley, Legal Assistant, Board for Accountancy, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8589 or (804) 367-9753/TDD ☎

### VIRGINIA AGRICULTURAL COUNCIL

**March 27, 1995 - 9 a.m.** – Open Meeting

**March 28, 1995 - 9 a.m.** – Open Meeting

Sheraton Inn Charlottesville, 2350 Seminole Trail, Charlottesville, Virginia. ♿ (Interpreter for the deaf provided upon request)

A meeting to hear and act upon project proposals for financial assistance through the Virginia Agricultural Council. The council will entertain public comment at the close of all other business for a period not to exceed 30 minutes. Any person who needs accommodations in order to participate during the meeting should contact Thomas Yates at least 10 days before the meeting date so that suitable arrangements can be made.

**Contact:** Thomas R. Yates, Assistant Secretary, Virginia Agricultural Council, 1100 Bank St., Suite 203, Richmond, VA 23219, telephone (804) 786-6060.

### DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

#### Virginia State Apple Board

† **March 22, 1995 - 6:30 p.m.** – Open Meeting

Winchester Country Club, 1300 Senseny Road, Winchester, Virginia.

A meeting to discuss routine board business. The board will entertain public comment at the conclusion of all other business for a period not to exceed 30

minutes. Any person who needs any accommodations in order to participate at the meeting should contact the board at least one day before the meeting date so that suitable arrangements can be made.

**Contact:** Nancy Israel, Program Director, Virginia State Apple Board, 1100 Bank St., Suite 1008, Richmond, VA 23219, telephone (804) 371-6104.

## Virginia Horse Industry Board

† **April 4, 1995 - 10 a.m.** – Open Meeting  
Washington Building, 1100 Bank Street, 9th Floor  
Conference Room, Richmond, Virginia. ☎

The board will entertain public comment at the conclusion of all other business for a period not to exceed 30 minutes. Any person who needs any accommodations in order to participate at the meeting should contact Andrea S. Heid at least five days before the meeting date so that suitable arrangements can be made.

**Contact:** Andrea S. Heid, Equine Marketing Specialist, Department of Agriculture and Consumer Services, 1100 Bank St., #906, Richmond, VA 23219, telephone (804) 786-5842 or (804) 371-6344/TDD ☎

## Pesticide Control Board

**April 13, 1995 - 9 a.m.** – Open Meeting  
Department of Agriculture and Consumer Services, 1100  
Bank Street, Richmond, Virginia. ☎

A meeting to conduct general business and board committee meetings. Portions of the meeting may be held in closed session, pursuant to § 2.1-344 of the Code of Virginia. The public will have an opportunity at 9 a.m. to comment on any matter not on the Pesticide Control Board's agenda. Any person who needs any accommodation in order to participate at the meeting should contact Dr. Marvin A. Lawson at least 10 days before the meeting so that suitable arrangements can be made.

**Contact:** Dr. Marvin A. Lawson, Program Manager, Office of Pesticide Management, Department of Agriculture and Consumer Services, P.O. Box 1163, 1100 Bank St., Room 401, Richmond, VA 23209, telephone (804) 371-6558.

## Virginia Winegrowers Advisory Board

**April 28, 1995 - 10 a.m.** – Open Meeting  
Virginia Cooperative Extension Office, 168 Spotnap Road,  
Charlottesville, Virginia. ☎ (Interpreter for the deaf  
provided upon request)

The board will hear grant proposal presentations for funding, hear committee and project reports, and discuss old and new business. Public comment will be heard following the conclusion of board business. Any

person who needs any accommodation in order to participate at the meeting should contact Mary Davis-Barton at least 14 days before the meeting date so that suitable arrangements can be made.

**Contact:** Mary Davis-Barton, Secretary, Virginia Winegrowers Advisory Board, P.O. Box 1163, Richmond, VA 23209, telephone (804) 371-7685.

## ALCOHOLIC BEVERAGE CONTROL BOARD

† **March 20, 1995 - 9:30 a.m.** – Open Meeting  
† **April 3, 1995 - 9:30 a.m.** – Open Meeting  
† **April 17, 1995 - 9:30 a.m.** – Open Meeting  
† **May 1, 1995 - 9:30 a.m.** – Open Meeting  
† **May 31, 1995 - 9:30 a.m.** – Open Meeting  
† **June 12, 1995 - 9:30 a.m.** – Open Meeting  
† **June 26, 1995 - 9:30 a.m.** – Open Meeting  
Department of Alcoholic Beverage Control, 2901 Hermitage  
Road, Richmond, Virginia. ☎

A meeting to receive and discuss reports and activities from staff members. Other matters not yet determined.

**Contact:** W. Curtis Coleburn, Secretary to the Board, Alcoholic Beverage Control Board, 2901 Hermitage Rd., P.O. Box 27491, Richmond, VA 23261, telephone (804) 367-0712 or FAX (804) 367-1802.

## BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS AND LANDSCAPE ARCHITECTS

† **April 3, 1995 - 9 a.m.** – Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ☎

A regularly scheduled board meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or (804) 367-9753/TDD ☎

† **April 4, 1995 - 9 a.m.** – Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ☎

A meeting to conduct informal fact-finding conferences pursuant to the Administrative Process Act in order for the Board for Land Surveyors to make case decisions in regard to APELSLA Board v. S.L.

# Calendar of Events

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Coleman, File Number 94-00418; and APELSLA Board v. W.R. Keyser, File Number 94-00547.

**Contact:** Stacie G. Camden, Legal Assistant, Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2393.

† **April 13, 1995 - 9:30 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☒

A meeting to conduct informal fact-finding conferences pursuant to the Administrative Process Act in order for the Board for Architects to make case decisions in regard to the APELSLA Board v. Robert A. Steele, File Number 94-01969.

**Contact:** Stacie G. Camden, Legal Assistant, Board for Architects, Professional Engineers, Land Surveyors and Landscape Architects, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-2393.

## Board for Interior Designers

**March 23, 1995 - 9 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☒

A regularly scheduled board meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or (804) 367-9753/TDD ☎

## AUCTIONEERS BOARD

† **April 19, 1995 - 9 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☒

A regularly scheduled board meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or (804) 367-9753/TDD ☎

## BOARD OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY

### Legislative Committee

† **March 30, 1995 - 9:30 a.m. – Open Meeting**  
Department of Health Professions, 6606 West Broad Street, Room 1, Richmond, Virginia.

A meeting to discuss the definition of assistants and support personnel and other legislative items.

**Contact:** Lisa Russell Hahn, Executive Director, Board of Audiology and Speech-Language Pathology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9907.

## BOARD FOR BARBERS

**April 3, 1995 - 9 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ☒

A general business meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Karen W. O'Neal, Assistant Director, Board for Barbers, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0500 or (804) 367-9753/TDD ☎

## BOARD FOR BRANCH PILOTS

† **May 4, 1995 - 9:30 a.m. – Open Meeting**  
Virginia Port Authority, 600 World Trade Center, Norfolk, Virginia. ☒

A regularly scheduled board meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting so that suitable arrangements can be made. The department fully complies with the Americans with Disabilities Act.

**Contact:** Mark N. Courtney, Assistant Director, Department of Professional and Occupational Regulation, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8514 or (804) 367-9753/TDD ☎

## COMPENSATION BOARD

**March 30, 1995 - 1 p.m. – Open Meeting**  
Ninth Street Office Building, 202 North Ninth Street, Room

913/913A, Richmond, Virginia. ♠ (Interpreter for the deaf provided upon request)

A routine meeting to conduct business.

**Contact:** Bruce W. Haynes, Executive Secretary, Compensation Board, P.O. Box 710, Richmond, VA 23206-0686, telephone (804) 786-3886/TDD ☎

## DEPARTMENT OF CONSERVATION AND RECREATION

† **March 21, 1995 - 10 a.m.** – Open Meeting  
James Monroe Building, 101 North 14th Street, Conference Room C, Richmond, Virginia. ♠

A meeting of the department's ad hoc advisory committee to assist the department with the development of VR 217-02-00, Nutrient Management Training and Certification Regulations. The department will solicit issues needing to be addressed and changes to be considered in modifying a draft of the proposed regulations.

**Contact:** H.R. Perkinson, Manager, Nutrient Management Program, Department of Conservation and Recreation, 203 Governor St., Suite 206, Richmond, VA 23219, telephone (804) 786-2064, FAX (804) 786-1798 or (804) 786-2121/TDD ☎

**March 23, 1995 - 7 p.m.** – Open Meeting  
Elydale Elementary School, Route 58, Lee County, Virginia.

A public information meeting on the master planning of the Karlan site in Lee County.

**Contact:** John Davy, Planning Bureau Manager, Department of Conservation and Recreation, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-1119, FAX (804) 371-7899 or (804) 786-2121/TDD ☎

## Catoctin Creek Scenic River Advisory Board

**March 24, 1995 - 2 p.m.** – Open Meeting  
Waterford Foundation, next to Old Tin Shop, Waterford, Virginia.

A meeting to review river issues and programs.

**Contact:** Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Suite 326, Richmond, VA 23219, telephone (804) 786-4132 or (804) 786-2121/TDD ☎

## Virginia Cave Board

† **April 22, 1995 - 8:30 a.m.** – Open Meeting  
General Assembly Building, 910 Capitol Square, Senate Room A, Richmond, Virginia.

A regularly scheduled meeting. A variety of issues relating to cave and karst conservation will be discussed.

**Contact:** Lawrence R. Smith, Natural Area Program Manager, Division of Natural Heritage, 1500 E. Main St., Suite 312, Richmond, VA 23219, telephone (804) 786-7951, FAX (804) 371-2674 or (804) 786-2121/TDD ☎

## Falls of the James Scenic River Advisory Board

**April 20, 1995 - Noon** – Open Meeting  
City Hall, 5th Floor, Planning Commission Conference Room, Richmond, Virginia.

A meeting to review river issues and programs.

**Contact:** Richard G. Gibbons, Environmental Program Manager, Department of Conservation and Recreation, Division of Planning and Recreation Resources, 203 Governor St., Richmond, VA 23219, telephone (804) 786-4132 or (804) 786-2121/TDD ☎

## BOARD FOR CONTRACTORS

+ **March 28, 1995 - 9 a.m.** – Open Meeting  
+ **March 29, 1995 - 9 a.m.** – Open Meeting  
+ **March 30, 1995 - 9 a.m.** – Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 5th Floor, Richmond, Virginia. ♠

A meeting to conduct informal fact-finding conferences pursuant to the Administrative Process Act in order for the board to determine case decisions for contractors.

**Contact:** Earlyne B. Perkins, Legal Assistant, Board for Contractors, 3600 W. Broad St., 5th Floor, Richmond, VA 23230, telephone (804) 367-0946.

## Applications Review Committee

**March 21, 1995 - 10 a.m.** – Open Meeting  
Department of Professional and Occupational Regulation, 3600 West Broad Street, Richmond, Virginia. ♠

A regularly scheduled meeting of the committee to review applications with convictions or complaints for Class A, B, and C contractor's licenses.

**Contact:** Elizabeth Y. Kirksey, Assistant Administrator, Board for Contractors, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-2785.

## DEPARTMENT OF CORRECTIONS (STATE BOARD OF)

+ **April 19, 1995 - 10 a.m.** – Public Hearing  
Department of Corrections, 6900 Atmore Drive, Board Room, Richmond, Virginia.

# Calendar of Events

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† **May 20, 1995** – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Corrections intends to amend regulations entitled: **VR 230-30-001. Minimum Standards for Jails and Lockups.** The purpose of the proposed amendments is to alter the requirements for administration and programs in jails and lockups, and is based on a board committee review of the implementation and application of the standards. In summary, the changes are directed toward: offering more flexibility in terms of population management; strengthening requirements where inmate supervision and general safety is a concern; rearranging portions of the standards to enhance clarity, organization, and consistency among standards; responding to Code of Virginia changes from the 1994 General Assembly; and incorporating recommendations from a recent Joint Legislative Audit and Review Commission study.

Statutory Authority: §§ 53.1-5, 53.1-68, 53.1-131 and 53.1-133.01 of the Code of Virginia.

**Contact:** Amy Miller, Regulatory Coordinator, Department of Corrections, P.O. Box 26963, Richmond, VA 23261, telephone (804) 674-3119.

## BOARD FOR COSMETOLOGY

**March 27, 1995 - 10 a.m.** – Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ☎

A general business meeting. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact Karen W. O'Neal. The department fully complies with the Americans with Disabilities Act. Please notify the department of your request for accommodation at least two weeks in advance.

**Contact:** Karen W. O'Neal, Assistant Director, Board for Cosmetology, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-0500 or (804) 367-9753/TDD ☎

## DEPARTMENT OF CRIMINAL JUSTICE SERVICES (CRIMINAL JUSTICE SERVICES BOARD)

**May 3, 1995 - 9 a.m.** – Public Hearing  
General Assembly Building, 910 Capitol Square, House  
Room D, Richmond, Virginia.

**April 21, 1995** – Public comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Criminal Justice

Services Board intends to amend regulations entitled: **VR 240-03-2. Regulations Relating to Private Security Services.** The proposed amendments to the regulations incorporate 1994 legislative changes to the Code of Virginia affecting private security services. House Bill 393 required the Criminal Justice Services Board to establish a regulation for the registration of a personal protection specialist (bodyguard) by July 1, 1995. Similarly, House Bill 395 required the board to promulgate a regulation for the licensure of electronic security businesses and the registration of such electronic security business employees as an "alarm respondent," "central station dispatcher," "electronic security sales representative," or "electronic security technician." As a result, the board must amend its private security services regulations to reflect these mandates.

Statutory Authority: § 9-182 of the Code of Virginia.

Public comments may be submitted through April 21, 1995, to Lex T. Eckenrode, Department of Criminal Justice Services, 805 East Broad Street, Richmond, Virginia 23219.

**Contact:** Leon D. Baker, Jr., Chief, Private Security Services, 805 E. Broad St., Richmond, VA 23219, telephone (804) 786-4700.

## BOARD OF DENTISTRY

† **March 31, 1995 - 9 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street,  
5th Floor, Conference Room 4, Richmond, Virginia. ☎  
(Interpreter for the deaf provided upon request)

Informal conferences will begin at 9 a.m. The Legislative/Regulatory Committee will meet at 1 p.m. to discuss regulations. This is a public meeting; however, no public comment will be taken.

**Contact:** Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9902 or (804) 662-7197/TDD ☎

† **April 7, 1995 - 9 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street,  
5th Floor, Conference Room 4, Richmond, Virginia. ☎  
(Interpreter for the deaf provided upon request)

Informal conferences. This is a public meeting; however, no public comment will be taken.

**Contact:** Marcia J. Miller, Executive Director, Board of Dentistry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9902 or (804) 662-7197/TDD ☎

## DEPARTMENT OF EDUCATION (BOARD OF)

**March 27, 1995 - 7 p.m. – Public Hearing**  
Abingdon High School, 705 Thompson Drive, Abingdon, Virginia. ☒ (Interpreter for the deaf provided upon request)

**March 27, 1995 - 7 p.m. – Public Hearing**  
Maury High School, 322 Shirley Avenue, Norfolk, Virginia. ☒ (Interpreter for the deaf provided upon request)

**March 28, 1995 - 7 p.m. – Public Hearing**  
John M. Langston Middle School, 228 Cleveland Street, Danville, Virginia. ☒ (Interpreter for the deaf provided upon request)

**March 28, 1995 - 7 p.m. – Public Hearing**  
Spotswood High School, Penn Laid, Virginia. ☒ (Interpreter for the deaf provided upon request)

**March 29, 1995 - 7 p.m. – Public Hearing**  
Falls Church High School, 7521 Jaguar Trail, Falls Church, Virginia. ☒ (Interpreter for the deaf provided upon request)

**March 29, 1995 - 7 p.m. – Public Hearing**  
Prince Edward High School, Route 5, Box 680, Farmville, Virginia. ☒ (Interpreter for the deaf provided upon request)

**March 30, 1995 - 7 p.m. – Public Hearing**  
Huguenot High School, 7945 Forest Hill Avenue, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

**March 30, 1995 - 7 p.m. – Public Hearing**  
William Byrd High School, 2902 Washington Avenue, Vinton, Virginia. ☒ (Interpreter for the deaf provided upon request)

**April 6, 1995 - 7 p.m. – Public Hearing**  
Nandua High School, 26350 Lankford Highway, Onley, Virginia. ☒ (Interpreter for the deaf provided upon request)

**April 6, 1995 - 7 p.m. – Public Hearing**  
Loudoun County High School, 415 Dry Mill Road, S.W., Leesburg, Virginia. ☒ (Interpreter for the deaf provided upon request)

The Board of Education is in the process of revising the Standards of Learning in Mathematics, Science, Social Studies, and English/Language Arts. The purpose of this hearing is to receive comments from the public on the proposed revisions.

**Contact:** James E. Laws, Jr., Administrative Assistant for Board Relations, Department of Education, P.O. Box 2120, Richmond, VA 23216-2120, telephone (804) 225-2540 or toll-free 1-800-292-3820.

**April 10, 1995 - 7 p.m. – Public Hearing**  
Lebanon High School, Lebanon, Virginia. ☒ (Interpreter for the deaf provided upon request)

**April 11, 1995 - 7 p.m. – Public Hearing**  
George Mason High School, 7124 Leesburg Pike, Falls Church, Virginia. ☒ (Interpreter for the deaf provided upon request)

**April 11, 1995 - 7 p.m. – Public Hearing**  
Patrick Henry High School, 2102 Grandin Road, S.W., Roanoke, Virginia. ☒ (Interpreter for the deaf provided upon request)

**April 12, 1995 - 7 p.m. – Public Hearing**  
Warwick High School, 51 Copeland Lane, Newport News, Virginia. ☒ (Interpreter for the deaf provided upon request)

**April 12, 1995 - 7 p.m. – Public Hearing**  
Atlee High School, 10301 Atlee Station Road, Mechanicsville, Virginia. ☒ (Interpreter for the deaf provided upon request)

The board wishes to receive comments from the public, teachers, and local school boards on the proposed guidelines on constitutional rights and restrictions on prayer and other religious expressions in public schools. Copies of the proposed guidelines are available upon request. Those wishing to speak at the public meeting are welcome to provide copies of their remarks. Speakers will be asked to limit their oral remarks to a maximum of three minutes each.

**Contact:** Margaret N. Roberts, Director of Community Regulations, Department of Education, P.O. Box 2120, Richmond, VA 23216-2120, telephone (804) 225-2775, FAX (804) 225-2053 or toll-free 1-800-422-1098/TDD ☐

## LOCAL EMERGENCY PLANNING COMMITTEE - ARLINGTON COUNTY/CITY OF FALLS CHURCH/WASHINGTON NATIONAL AIRPORT

**April 11, 1995 - 5:30 p.m. – Open Meeting**  
Arlington County Fire Station #1, 500 South Glebe Road, Arlington, Virginia. ☒ (Interpreter for the deaf provided upon request)

A regular meeting to conduct general business.

**Contact:** Michael Kilby, Captain, Hazardous Materials Coordinator, 1020 N. Hudson St., Arlington, VA 22204, telephone (703) 358-4652 or (703) 358-4644, FAX (703) 358-4655.

## LOCAL EMERGENCY PLANNING COMMITTEE - ROANOKE VALLEY

† **March 22, 1995 - 9 a.m. – Open Meeting**



# Calendar of Events

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Salem Civic Center, 1001 Roanoke Boulevard, Room C, Salem, Virginia. ♪

A meeting to (i) receive public comment; (ii) receive report from community coordinators; and (iii) receive report from standing committees.

**Contact:** Danny W. Hall, Fire Chief, Coordinator of Emergency Services, 105 S. Market St., Salem, VA 24153, telephone (703) 375-3080.

## LOCAL EMERGENCY PLANNING COMMITTEE - SCOTT COUNTY

**March 21, 1995 - 1:30 p.m.** – Open Meeting  
County Office Building, 112 Water Street, Gate City, Virginia. ♪

An update of SARA Title III for Scott County.

**Contact:** Barbara Edwards, Public Information Officer, 112 Water Street, Suite 1, Gate City, VA 24251, telephone (703) 386-6521 or FAX (703) 386-9198.

## LOCAL EMERGENCY PLANNING COMMITTEE - WINCHESTER

† **April 5, 1995 - 3 p.m.** – Open Meeting  
Shawnee Fire Company, 2333 Roosevelt Boulevard, Winchester, Virginia.

A regular meeting.

**Contact:** L.A. Miller, Fire Chief, Winchester Fire and Rescue Department, 126 N. Cameron St., Winchester, VA 22601, telephone (703) 662-2298 or (703) 665-5645/TDD ☎

## DEPARTMENT OF ENVIRONMENTAL QUALITY

### Advisory Committee on Notification Process to Private Property Owners of Potential Exceptional Waters Designations

**March 23, 1995 - 11 a.m.** – Open Meeting  
**March 23, 1995 - 7 p.m.** – Open Meeting  
Department of Environmental Quality, Innsbrook Corporate Center, 4900 Cox Road, Executive Conference Room, Richmond, Virginia. ♪

**March 25, 1995 - 11 a.m.** – Open Meeting  
Department of Environmental Quality, Innsbrook Corporate Center, 4900 Cox Road, Training Room, Richmond, Virginia. ♪

The department is establishing an advisory committee to assist Department of Environmental Quality staff in developing criteria for assuring that all affected private property owners are informed of potential

exceptional waters designations and their impact on the use of private property. Meeting dates are not firm and are subject to change if weather conditions prevent travel on these dates. Persons interested in attending the meetings of this committee should confirm the date with Jean W. Gregory.

**Contact:** Jean W. Gregory, Environmental Program Manager, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 762-4113.

## CITIZEN'S ADVISORY COUNCIL ON FURNISHING AND INTERPRETING THE EXECUTIVE MANSION

† **March 22, 1995 - Noon** – Open Meeting  
The Executive Mansion, Capitol Square, Richmond, Virginia.

A general business meeting.

**Contact:** Georgia Esposito, Executive Mansion Director, The Executive Mansion, Capitol Square, Richmond, VA 23219, telephone (804) 371-2642.

## GEORGE MASON UNIVERSITY

### Board of Visitors

**March 22, 1995 - 3:30 p.m.** – Open Meeting  
George Mason University, Arlington Campus, 3401 North Fairfax Avenue, Professional Center, Arlington, Virginia.

A regular meeting of the board to hear reports of the standing committees of the board, and act on those recommendations presented by the standing committees. An agenda will be available seven days prior to the board meeting for those individuals or organizations who request it. The Student Affairs Committee will meet at 6:30 p.m. on March 21, 1995, Fairfax Campus, Mason Hall.

**Contact:** Ann Wingblade, Administrative Assistant, or Rita Lewis, Administrative Staff Assistant, Office of the President, George Mason University, Fairfax, VA 22030-4444, telephone (703) 993-8701 or FAX (703) 993-8707.

## DEPARTMENT OF HEALTH

### Biosolids Use Regulations Advisory Committee

† **April 5, 1995 - 2 p.m.** – Open Meeting  
The UVA Richmond Center, 7740 Shrader Road, Suite E, Richmond, Virginia. ♪

A meeting to discuss issues related to implementation of final Biosolids Use Regulations involving land application, marketing, or distribution of biosolids.

**Contact:** C.M. Sawyer, Director, Division of Wastewater Engineering, Department of Health, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-1755.

## Biosolids Use Committee

† **April 5, 1995 - 10 a.m.** – Open Meeting  
The UVA Richmond Center, 7740 Shrader Road, Suite E, Richmond, Virginia. ☎

A meeting to discuss issues related to implementation of final Biosolids Use Regulations involving land application, marketing, or distribution of biosolids.

**Contact:** C.M. Sawyer, Director, Division of Wastewater Engineering, Department of Health, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-1755 or (804) 786-5567.

## STATE BOARD OF HEALTH

**March 30, 1995 - 10 a.m.** – Open Meeting  
Windmill Point, Whitestone, Virginia. ☎ (Interpreter for the deaf provided upon request)

A work session and retreat. There will be a reception beginning at 6:30 p.m., followed by an informal dinner at 7 p.m.

**Contact:** Paul W. Matthias, Office of the Commissioner, Department of Health, 1500 E. Main St., Suite 214, Richmond, VA 23219, telephone (804) 786-3564.

**March 31, 1995 - 9 a.m.** – Open Meeting  
Windmill Point, Whitestone, Virginia. ☎ (Interpreter for the deaf provided upon request)

A business meeting of the board.

**Contact:** Paul W. Matthias, Office of the Commissioner, Department of Health, 1500 E. Main St., Suite 214, Richmond, VA 23219, telephone (804) 786-3564.

## DEPARTMENT OF HEALTH PROFESSIONS

### Administration and Budget Committee

† **March 21, 1995 - 10 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

An Administration and Budget Committee meeting. Brief public comment may be received at the beginning of the meeting.

**Contact:** Carol Stamey, Administrative Assistant, Department of Health Professions, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9910 or

(804) 662-7197/TDD ☎

## VIRGINIA HEALTH SERVICES COST REVIEW COUNCIL

**March 28, 1995 - 9:30 a.m.** – Open Meeting  
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia. ☎

A monthly meeting.

**Contact:** Kim Bolden Walker, Public Relations Coordinator, Virginia Health Services Cost Review Council, 805 E. Broad St., 6th Floor, Richmond, VA 23219, telephone (804) 786-6371.

## HEMOPHILIA ADVISORY COMMITTEE

**April 3, 1995 - 9 a.m.** – Open Meeting  
Children's Hospital, 2924 Brook Road, Dining/Conference Room, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

The board is composed of seven members serving a term of four years. Membership includes one representative each from hospitals, medical schools, blood banks, voluntary agencies interested in hemophilia, local public health agencies, medical specialists in hemophilia, and the general office (§ 32.1-89 of the Code of Virginia). The Advisory Board consults with the State Board of Health regarding programs serving persons suffering from hemophilia and other related bleeding diseases. The board meets annually to discuss budget status, developments and future trends in blood products; update on impact of patient insurance program; plan for future developments in the hemophilia program; plan for treatment and management of hemophilia patients who are HIV-positive or suffering from Acute Immune Deficiency Syndrome.

**Contact:** Pamela G. Plaster, R.N., Hemophilia Nurse Coordinator, Division of Children's Specialty Services, Box 461, MCV Station, Richmond, VA 23298-0461, telephone (804) 786-3306.

## HIV PREVENTION COMMUNITY PLANNING COMMITTEE

† **April 27, 1995 - 8 a.m.** – Open Meeting  
Holiday Inn Crossroads, 2000 Staples Mill Road, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A meeting to continue activities in planning HIV prevention for Virginia.

**Contact:** Elaine G. Martin, Coordinator, AIDS Education, Department of Health, P.O. Box 2448, Room 112,

# Calendar of Events

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Richmond, VA 23218, telephone (804) 786-0877 or toll-free 1-800-533-4148/TDD ☎

## HOPEWELL INDUSTRIAL SAFETY COUNCIL

† **April 4, 1995 - 9 a.m.** – Open Meeting

† **May 2, 1995 - 9 a.m.** – Open Meeting

Hopewell Community Center, Second and City Point Road, Hopewell, Virginia. ☎ (Interpreter for the deaf provided upon request)

Local Emergency Preparedness Committee Meeting on emergency preparedness as required by SARA Title III.

**Contact:** Robert Brown, Emergency Services Coordinator, 300 North Main Street, Hopewell, VA 23860, telephone (804) 541-2298.

## VIRGINIA HOUSING DEVELOPMENT AUTHORITY

**March 20, 1995 - 1 p.m.** – Open Meeting

Jefferson Hotel, Franklin and Adams Street, Richmond, Virginia. ☎

**March 21, 1995 - 11 a.m.** – Open Meeting

Virginia Housing Development Authority, 601 South Belvidere Street, Richmond, Virginia. ☎

A regular meeting of the Board of Commissioners to (i) review and, if appropriate, approve the minutes for the prior monthly meeting; (ii) consider for approval and ratification mortgage loan commitments under its various programs; (iii) review the authority's operations for the prior month; and (iv) consider such other matters and take such other actions as it may deem appropriate. Various committees of the board may also meet before or after the regular meeting and consider matters within their purview. The planned agenda of the meeting will be available at the offices of the authority one week prior to the date of the meeting.

**Contact:** J. Judson McKellar, Jr., General Counsel, Virginia Housing Development Authority, 601 S. Belvidere St., Richmond, VA 23220, telephone (804) 782-1986.

## STATEWIDE INDEPENDENT LIVING COUNCIL

**April 4, 1995 - 10 a.m.** – Open Meeting

Blue Ridge Independent Living Center, 1502-D Williamson Road, N.E., Roanoke, Virginia. ☎ (Interpreter for the deaf provided upon request)

A meeting to conduct regular quarterly business.

**Contact:** Catherine Northan, Chairperson, or Kathy Hayfield, SILC Staff, Department of Rehabilitative Services,

8004 Franklin Farms Dr., Richmond, VA 23288, telephone (804) 662-7134 (Hayfield), (804) 850-5922 (Northan), toll-free 1-800-552-5019 TDD and Voice, or (804) 662-9040/TDD ☎

## COUNCIL ON INFORMATION MANAGEMENT

† **March 30, 1995 - 10 a.m.** – Open Meeting

Washington Building, 1100 Bank Street, Suite 901, Richmond, Virginia. ☎

A regular business meeting of the council. Following the regular business meeting, the Virginia Infrastructure Task Force will meet at 1 p.m.

**Contact:** Linda Hening, Administrative Assistant, Council on Information Management, 1100 Bank St., Suite 901, Richmond, VA 23219, telephone (804) 225-3622 or (804) 225-3624/TDD ☎

## VIRGINIA INTERAGENCY COORDINATING COUNCIL

**March 22, 1995 - 9:30 a.m.** – Open Meeting

Henrico Area Mental Health and Mental Retardation Services, 10299 Woodman Road, Richmond, Virginia. ☎

A quarterly meeting of the council to discuss issues relating to the implementation of a comprehensive system of early intervention services for infants and toddlers with disabilities and their families.

**Contact:** Richard Corbett, Department of Mental Health, Mental Retardation, and Substance Abuse Services, Early Intervention, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3710.

## DEPARTMENT OF LABOR AND INDUSTRY

### Safety and Health Codes Board

† **April 17, 1995 - 10 a.m.** – Open Meeting

General Assembly Building, 910 Capitol Square, House Room C, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

The tentative agenda items for consideration by the board include:

1. Hazard Communication, Corrections: General Industry, § 1910.1200 (VR 425-02-01); Shipyard Employment, § 1915.1200 (VR 425-02-173); Marine Terminals, § 1917.28 (VR 425-02-03); Longshoring, § 1918.90 (VR 425-02-174); and Construction, § 1926.59 (VR 425-02-31).

2. Logging Operations, General Industry, § 1910.266; Partial Stay of Enforcement (VR 425-02-52).

3. Regulatory Review: Boiler and Pressure Vessels (VR 425-01-75); Boiler and Pressure Vessels Certification (VR 425-01-64); and Licensed Asbestos Contractor Notification, Asbestos Project Permits and Permit Fees (VR 425-01-74).

4. Welding, Cutting and Brazing Standard, General Industry, § 1910.252(c)(6); Repeal (VR 425-02-24) (Nonsubstantive repeal of former paragraph which has been redesignated)

**Contact:** John J. Crisanti, Policy Analyst Senior, Department of Labor and Industry, Powers-Taylor Bldg., 13 S. 13th St., Richmond, VA 23219, telephone (804) 786-2384, FAX (804) 786-8418 or (804) 786-2376/TDD ☎

## COMMISSION ON LOCAL GOVERNMENT

**March 20, 1995 - 11 a.m. – Open Meeting**

**March 20, 1995 - 7:30 p.m. – Public Hearing**

Ashland Town Council Chamber, Municipal Building, 101 Thompson Street, Ashland, Virginia.

A meeting and a public hearing regarding the proposed voluntary settlement between the Town of Ashland and Hanover County. Persons desiring to participate in the commission's proceedings and requiring special accommodations or interpreter services should contact the commission's office.

**Contact:** Barbara Bingham, Administrative Assistant, Commission on Local Government, 8th Street Office Bldg., Room 702, Richmond, VA 23219, telephone (804) 786-6508 or (804) 786-1860/TDD ☎

**March 21, 1995 - 9 a.m. – Open Meeting**

Ashland Town Council Chamber, Municipal Building, 101 Thompson Street, Richmond, Virginia.

A regular meeting of the commission to consider such matters as may be presented. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the commission's office.

**Contact:** Barbara Bingham, Administrative Assistant, Commission on Local Government, 702 8th Street Office Bldg., Richmond, VA 23219, telephone (804) 786-6508 or (804) 786-1860/TDD ☎

## STATE LOTTERY BOARD

† **March 22, 1995 - 10 a.m. – Open Meeting**

State Lottery Department, 2201 West Broad Street, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A regular monthly meeting of the board. Business will be conducted according to items listed on the agenda

which has not yet been determined. Two periods for public comment are scheduled. The Audit Committee will meet at 9 a.m.

**Contact:** Barbara L. Robertson, Lottery Staff Officer, State Lottery Department, 2201 W. Broad St., Richmond, VA 23220, telephone (804) 367-3106 or (804) 367-3116/TDD ☎

## VIRGINIA MANUFACTURED HOUSING BOARD

**March 22, 1995 - 10 a.m. – Open Meeting**

Department of Housing and Community Development, Jackson Center, 501 North Second Street, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A regular monthly meeting.

**Contact:** Curtis L. McIver, Associate Director, Department of Housing and Community Development, Manufactured Housing Office, Jackson Center, 501 N. 2nd St., Richmond, VA 23219, telephone (804) 371-7160 or (804) 371-7089/TDD ☎

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**April 19, 1995 - 10 a.m. – Public Hearing**

The Jackson Center, 501 North Second Street, First Floor Board Room, Richmond, Virginia.

**May 10, 1995 –** Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Virginia Manufactured Housing Board intends to amend regulations entitled: **VR 449-01-02. Manufactured Housing Licensing and Transaction Recovery Fund Regulations.** The proposed amendments to the regulations incorporate the legislative changes adopted by the 1994 General Assembly in House Bill 1172. The legislative amendments require retail manufactured home dealers and brokers located outside of the Commonwealth to be licensed by the Manufactured Housing Board if those dealers or brokers are selling homes to buyers in Virginia. House Bill 1172 amendments also add salespersons working for licensed brokers and manufacturers to the list of regulants that must be licensed and extend the coverage and protection of the recovery fund to persons other than the buyer of the home. The license fee schedule is being amended to reduce the license fees for smaller dealers and brokers as well as the renewal license fees for manufacturers. Several of the amendments, not required by the legislative action, are proposed for clarity of intent and to avoid unnecessary restrictions on regulants.

Statutory Authority: § 36-85.18 of the Code of Virginia.

# Calendar of Events

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**Contact:** Curtis L. McIver, Associate Director, Manufactured Housing Office, The Jackson Center, 501 N. 2nd St., Richmond, VA 23219-1321, telephone (804) 371-7160.

## MARINE RESOURCES COMMISSION

**March 28, 1995 - 9:30 a.m. – Open Meeting**  
Marine Resources Commission, 2600 Washington Avenue, 4th Floor, Room 403, Newport News, Virginia. ☒

The commission will hear and decide marine environmental matters at 9:30 a.m.; permit applications for projects in wetlands, bottom lands, coastal primary sand dunes and beaches; appeals of local wetland board decisions; policy and regulatory issues. The commission will hear and decide fishery management items at approximately noon. Items to be heard are as follows: regulatory proposals, fishery management plans; fishery conservation issues; licensing; shellfish leasing. Meetings are open to the public. Testimony is taken under oath from parties addressing agenda items on permits and licensing. Public comments are taken on resource matters, regulatory issues and items scheduled for public hearing. The commission is empowered to promulgate regulations in the areas of marine environmental management and marine fishery management.

**Contact:** Sandra S. Schmidt, Secretary to the Commission, Marine Resources Commission, P.O. Box 756, Newport News, VA 23607-0756, telephone (804) 247-8088, toll-free 1-800-541-4646 or (804) 247-2292/TDD ☎

## BOARD OF MEDICAL ASSISTANCE SERVICES

**April 18, 1995 - 10 a.m. – Open Meeting**  
Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia. ☒

A meeting to discuss medical assistance services and to take action on issues pertinent to the board.

**Contact:** Patricia Sykes, Policy Analyst, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 786-7958.

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

**April 5, 1995 –** Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: **VR 460-01-53, VR 460-02-4.1710, and VR 460-02-4.1730. OBRA '93 Estate Recoveries.** The purpose of this action is to amend the plan for

medical assistance concerning estate recoveries consistent with the requirements of OBRA 93, § 13612 and §§ 32.1-326.1 and 32.1-327 of the Code of Virginia. The process of recovering funds when they have been expended for persons who had their own resources, but did not use them for their own medical care, returns general fund dollars to the Commonwealth.

Sections 32.1-326.1 and 32.1-327 of the Code of Virginia provide for the recovery, by the Title XIX agency, of expenditures for certain services from the estates of recipients. The Omnibus Budget Reconciliation Act of 1993 § 13612 (OBRA '93) permitted the recovery of Title XIX expended funds from the estates of individuals for all Medicaid covered services. The inclusion of states' estate recovery policies in their state plans for medical assistance was required by the cited OBRA section. Since 1984, DMAS has exercised its authority under state law and recovered expenditures for all Medicaid covered services. The fact that the new federal law makes recovery of institutional payments mandatory, but this degree of recovery an option for states lacking similar state authority, is what causes this regulatory action to be subject to the Article 2 requirements of the APA.

DMAS' initial proposed regulations were published in the July 25, 1994, Virginia Register of Regulations for their public comment period from July 25 through September 23, 1994. Comments were received from two legal aid offices and from the Virginia Poverty Law Center, Inc. DMAS' review and consideration of the received comments indicated that there was considerable confusion and misunderstanding of the commenters' parts as to the substance of the regulatory package. In large measure, it is believed that the misunderstanding is due to mingling of two different types of policy statements on the preprinted pages issued by the Health Care Financing Administration (HCFA). In light of this assessment, DMAS has, with HCFA approval, slightly modified the preprinted pages so as to separate the previously mingled policies on liens on states, incorporating the legal aid comments where they pertained to estate recoveries, and is repropounding for an additional 30 days of comment this revised proposed regulation.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Written comments may be submitted until April 5, 1995, to Jesse Garland, Director, Fiscal Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

**Contact:** Victoria Simmons or Roberta Jonas, Regulatory Coordinators, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

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**April 21, 1995** – Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Department of Medical Assistance Services intends to amend regulations entitled: **VR 460-03-4.1940:1. Nursing Home Payment System (Smaller Nursing Facility Indirect Ceiling Adjustment)**. The purpose of this proposal is to comply with the 1994 Virginia Acts of Assembly which appropriated funds for use in increasing the indirect patient care operating per diem ceiling for small nursing facilities.

Under current DMAS policy, the indirect patient care operating cost ceiling is adjusted only to reflect geographical peer groups and is not modified to recognize any differences in bed size of facilities. The Virginia Health Care Association (VHCA) and the Joint Legislative Audit and Review Commission (JLARC) have recommended that DMAS adjust reimbursement to nursing facilities to reflect the relatively higher indirect operating costs incurred in operating a smaller facility. Based upon information from these organization, the 1994 General Assembly appropriated funds for this purpose and directed DMAS to work with the VHCA to develop an appropriate methodology.

For the purposes of this regulatory action, both DMAS and the nursing home industry have agreed that a smaller nursing facility is one with 90 or fewer beds. Effective July 1, 1995, existing indirect peer group ceilings of smaller nursing facilities will be adjusted by the predetermined amount identified in the regulation. In subsequent fiscal years, the facilities' adjusted ceilings will be increased according to a formula reflecting the increase in cost due to inflation.

Statutory Authority: § 32.1-325 of the Code of Virginia.

Public comments may be submitted through April 21, 1995, to Scott Crawford, Division of Cost Settlement and Audit, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, Virginia 23219.

**Contact:** Victoria Simmons or Roberta Jonas, Regulatory Coordinator, Department of Medical Assistance Services, 600 E. Broad St., Suite 1300, Richmond, VA 23219, telephone (804) 371-8850.

## BOARD OF MEDICINE

**March 24, 1995 - 9:30 a.m.** – Open Meeting  
Holiday Inn-Downtown, 814 Capitol Landing Road, Williamsburg, VA.

The Informal Conference Committee composed of three members of the board will inquire into allegations that certain practitioners may have violated

laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 of the Code of Virginia. Public comment will not be received.

**Contact:** Karen W. Perrine, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908 or (804) 662-9943/TDD ☎

† **April 5, 1995 - 9:30 a.m.** – Open Meeting  
Roanoke Airport Marriott, 2801 Hershberger Road, N.W. Roanoke, Virginia. ☎

† **April 13, 1995 - 9:30 a.m.** – Open Meeting  
† **May 11, 1995 - 9:30 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street, Richmond, Virginia. ☎

† **April 28, 1995 - 9:30 a.m.** – Open Meeting  
Jamestown-Yorktown Foundation, Route 31 South, Williamsburg, Virginia. ☎

The Informal Conference Committee composed of three members of the board will inquire into allegations that certain practitioners may have violated laws and regulations governing the practice of medicine and other healing arts in Virginia. The committee will meet in open and closed sessions pursuant to § 2.1-344 A 7 and A 15 of the Code of Virginia. Public comment will not be received.

**Contact:** Karen W. Perrine, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9908 or (804) 662-9943/TDD ☎

† **April 6, 1995 - 1 p.m.** – Public Hearing  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ☎

Pursuant to Executive Order 15(94) requiring a comprehensive review of all regulations, the board will receive comments on the following regulations:

VR 465-02-01. General Regulations  
VR 465-09-01. Certification of Optometrists  
VR 465-11-01. Acupuncturists  
VR 465-06-01. Correctional Health Assistant  
VR 465-10-01. Radiological Technology

These regulations will be received to ensure that: (i) it is essential to protect the health and safety of the citizens or necessary for the performance of an important government function; (ii) it is mandated or authorized by law; (iii) it offers the least burdensome alternative and most reasonable solution; and (iv) it is clearly written and easily understandable. Written comments may be sent to the board before July 15, 1995.

# Calendar of Events

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**Contact:** Eugenia K. Dorson, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9923.

## Credentials Committee

† **April 8, 1995 - 8:15 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Rooms 3 and 4, Richmond, Virginia. ☒

The committee will meet in open and closed session to conduct general business, interview and review medical credentials of applicants applying for licensure in Virginia, and discuss any other items which may come before the committee. The committee will receive public comments of those persons appearing on behalf of candidates.

**Contact:** Eugenia K. Dorson, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9923.

## Executive Committee

† **April 7, 1995 - 9 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Rooms 2 and 3, Richmond, Virginia. ☒

The committee will meet in open and closed session to: (i) review cases of files requiring administrative action; (ii) adopt amendments for approval of promulgation of regulations as presented; and (iii) act upon certain issues as presented. The chairman will entertain public comments following the adoption of the agenda for 10 minutes on agenda items.

**Contact:** Eugenia K. Dorson, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9923.

## Advisory Board on Physical Therapy

† **April 14, 1995 - 9 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Board Room 1, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

The advisory board will meet to receive reports, develop problem statements for promulgation of revised regulations with recommendation to the Board of Medicine, and such other business that may come before the advisory board. The chairperson will entertain public comments following the adoption of the agenda for 15 minutes on agenda items.

**Contact:** Eugenia K. Dorson, Deputy Executive Director, Discipline, Board of Medicine, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9923 or (804) 662-7197/TDD ☎

## DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

**March 23, 1995 - 10 a.m.** – Public Hearing  
James Madison Building, 109 Governor Street, Main Floor Conference Room, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A public hearing to receive comments on the Virginia Substance Abuse Prevention and Treatment Block Grant application for Federal Fiscal Year 1995. Copies of this application are available for review at the Office of the Director of Planning and Policy, James Madison Building, 8th Floor, Richmond, Virginia, and at each community services board office. Comments may be made at the hearing or in writing no later than March 23, 1995, to the Office of the Commissioner, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, Virginia 23214. Persons wishing to make a presentation may contact Sterling Deal. Copies of oral statements should be filed at the time of the hearing.

**Contact:** Sterling Deal, SA Planner, Department of Mental Health, Mental Retardation and Substance Abuse Services, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-3906 or (804) 371-8977/TDD ☎

## STATE MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES BOARD

**March 26, 1995 - 2 p.m.** – Open Meeting  
Central State Hospital, Petersburg, Virginia. ☒

**March 27, 1995 - 9 a.m.** – Open Meeting  
Central State Hospital, Petersburg, Virginia. ☒

A regular monthly meeting. Agenda to be published on March 15, 1995. Agenda can be obtained by calling Jane Helfrich.

Sunday	Committee meetings	2 p.m.
	Informal session	4 p.m.
Monday	Informal session	9 a.m.

**Contact:** Jane V. Helfrich, Board Administrator, State Mental Health, Mental Retardation and Substance Abuse Services Board, P.O. Box 1797, Richmond, VA 23214, telephone (804) 786-7945.

## STATE MILK COMMISSION

† **April 12, 1995 - 9 a.m.** – Open Meeting  
200 North Ninth Street, Suite 1015, Richmond, Virginia. ☒ (Interpreter for the deaf provided upon request)

A regular meeting to discuss industry issues,

distributor licensing, Virginia base transfers, Virginia baseholding license amendments, regulations, fiscal matters, and to receive reports from staff of the Milk Commission. The commission may consider other matters pertaining to its responsibilities. Any person who requires accommodations in order to participate in the meeting should contact Edward C. Wilson, Jr. at least five days prior to the meeting so that suitable arrangements can be made.

**Contact:** Edward C. Wilson, Jr., Deputy Administrator, State Milk Commission, 200 N. 9th St., Suite 1015, Richmond, VA 23219-3414, telephone (804) 786-2013/TDD ☎

† **April 12, 1995 - 11 a.m.** – Public Hearing  
State Capitol, Capitol Square, House Room 4, Richmond, Virginia.

This hearing is being held pursuant to §§ 3.1-430 and 3.1-437 of the Code of Virginia and VR 475-02-01, Public Participation Guidelines, §§ 1 through 4, and VR 475-02-02, Rules and Regulations for the Control, Regulation, and Supervision of the Milk Industry in Virginia, § 12. The purpose of this hearing is to consider a proposed temporary order effecting VR 475-02-02, § 8, Class prices for producer's milk time and method of payment and butterfat testing and differential, subdivisions A 1(5)(a), (b), (c), and (e).

The proposed order would enable the commission to calculate monthly Class I producer price using reconstructed and reweighed indexes of prices paid and prices received; and the index of prices paid, production items, and complete feeds as published by the U.S. Department of Agriculture, National Statistics Service. The reason for the temporary substitution of these indexes is that the indexes currently referenced in VR 475-02-02, § 8, Class prices for producer's milk time and method of payment and butterfat testing and differential, subdivisions A1 (5)(a)(b) and (c) are no longer available. The order would also amend subdivision A1 (5)(e) to provide a change as to the authoritative publishing source of the average cost of the Market Basket for Richmond-Norfolk-Virginia Beach-Portsmouth to the Virginia Department of Agriculture and Consumer Services. The order provides that movement of these indexes will be used to move indexes specified in the regulation until a study can be conducted and completed on the adequacy of the current economic indexes specified in the regulations in accurately reflecting conditions that influence the supply of milk, the demand for milk, or both. The study should conclude with specific recommendations concerning the formula, its components, and modifications necessary to properly amend the regulation.

The text of the proposed order is located in the proposed regulation section of 11:12 VA.R. March 20, 1995. All interested parties will be afforded an

opportunity to be heard and to present proposals, objections, amendments, evidence and arguments. The commission will allow examination of witnesses only by those persons who have reserved their right of examination by filing a written notification of intent with the commission at 200 North Ninth Street, Suite 1015, Richmond, Virginia 23219-3414, by noon on April 5, 1995.

**Contact:** Edward C. Wilson, Jr., Deputy Administrator, State Milk Commission, 200 N. 9th St., Suite 1015, Richmond, VA 23219-3414, telephone (804) 786-2013/TDD ☎

## DEPARTMENT OF MOTOR VEHICLES

### Medical Advisory Board

† **April 12, 1995 - 1 p.m.** – Open Meeting  
Department of Motor Vehicles, 2300 West Broad Street, Richmond, Virginia. ☎

A regular business meeting.

**Contact:** Karen Ruby, Manager, Department of Motor Vehicles, 2300 W. Broad St., Richmond, VA 23269, telephone (804) 367-2240.

## BOARD OF NURSING

**March 27, 1995 - 9 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

Two special conference committees will conduct informal conferences in the morning. A panel of the Board of Nursing will conduct formal hearings in the afternoon. Public comment will not be received.

**Contact:** Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909 or (804) 662-7197/TDD ☎

**March 28, 1995 - 9 a.m.** – Open Meeting  
**March 29, 1995 - 9 a.m.** – Open Meeting  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A regular meeting of the board to consider matters relating to nursing education programs, discipline of licensees, licensure by examination, and other matters under the jurisdiction of the board. The board will consider a report of the comprehensive review of the Regulations for Prescriptive Authority of Nurse Practitioners at 1 p.m. on March 28, 1995. Public comment will be received during an open forum



# Calendar of Events

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beginning at 11 a.m. on March 28, 1995.

**Contact:** Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909 or (804) 662-7197/TDD ☎

**March 30, 1995 - 8:30 a.m. – Open Meeting**  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A panel of the board will conduct formal hearings. If the agenda for the panel is not filled with formal hearings, two special conference committees will conduct informal conferences as time permits. Public comment will not be received.

**Contact:** Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909 or (804) 662-7197/TDD ☎

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† **April 18, 1995 - 3 p.m. – Public Hearing**  
Department of Health Professions, 6606 West Broad Street, Conference Room 4, Richmond, Virginia.

† **May 19, 1995 –** Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Nursing intends to amend regulations entitled: **VR 495-01-1. Regulations of the Board of Nursing.** The purpose of the proposed amendments is to facilitate the process of approval of nursing and nurse aide education programs in accordance with Administrative Process Act requirements and to comply with statutory change for practice pending licensure resulting from changes in the administration of examinations.

Statutory Authority: §§ 54.1-2400 and 54.1-3000 et seq. of the Code of Virginia.

**Contact:** Corinne F. Dorsey, R.N., Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9909.

## Nurse Aide Registry

† **April 3, 1995 - 9 a.m. – Open Meeting**  
† **April 12, 1995 - 9 a.m. – Open Meeting**  
† **April 13, 1995 - 9 a.m. – Open Meeting**  
Department of Health Professions, 6606 West Broad Street, 4th Floor, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A special conference committee will meet to hold informal conferences for certified nurse aides. Public

comment will not be received.

**Contact:** Nancy K. Durrett, R.N., M.S.N., Assistant Executive Director, Board of Nursing, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-7310 or (804) 662-7197/TDD ☎

## BOARD FOR OPTICIANS

† **April 28, 1995 - 10 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. ☎

The board will meet for regulatory review, further discussions of contact lens sales by pharmacies and mail-order houses, and other matters requiring board action. A public comment period will be scheduled during the meeting. The meeting is open to the public. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact Nancy Taylor Feldman or Les Newton. The board fully complies with the Americans with Disabilities Act. Please notify the board of your request for accommodations or interpreter services at least 10 days in advance for consideration.

**Contact:** Nancy Taylor Feldman, Assistant Director, Board for Opticians, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or (804) 367-9753/TDD ☎

## BOARD OF OPTOMETRY

**April 21, 1995 –** Written comments may be submitted through this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Optometry intends to amend regulations entitled: **VR 510-01-1. Regulations of the Board of Optometry.** The purpose of the proposed amendments are to (i) remove defunct public participation guidelines; (ii) establish provisions for licensure by endorsement; (iii) reduce fees; and (iv) establish specifications for a complete contact lens prescription.

Statutory Authority: §§ 54.1-103, 54.1-2400 and 54.1-3200 et seq. of the Code of Virginia.

**Contact:** Elizabeth Carter, Executive Director, Board of Optometry, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9910 or (804) 662-7197/TDD ☎

## VIRGINIA OUTDOORS FOUNDATION

**March 23, 1995 - 10 a.m. – Open Meeting**  
James Monroe Building, 101 North 14th Street, 3rd Floor, Treasury Board Conference Room, Richmond, Virginia. ☎

(Interpreter for the deaf provided upon request)

A general business meeting. Agenda is available upon request. Public comment will be received.

**Contact:** Virginia E. McConnell, Executive Director, Virginia Outdoors Foundation, 203 Governor St., Richmond, VA 23219, telephone (804) 225-2147.

## BOARD OF PHARMACY

**March 21, 1995 - 9 a.m. – Open Meeting**  
Department of Health Professions, 6606 West Broad Street, Conference Room 1, Richmond, Virginia.

Informal conferences. Public comments will not be received.

**Contact:** Scotti W. Milley, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9911.

\* \* \* \* \*

† **April 12, 1995 - 1 p.m. – Public Hearing**  
Department of Health Professions, 6606 West Broad Street, 5th Floor, Conference Room 2, Richmond, Virginia.

† **May 22, 1995 –** Written comments may be submitted until this date.

Notice is hereby given in accordance with § 9-6.14:7.1 of the Code of Virginia that the Board of Pharmacy intends to amend regulations entitled: **VR 530-01-1. Regulations of the Board of Pharmacy.** The Board of Pharmacy is proposing amendments to its regulations necessary to implement legislation enacted by the 1994 General Assembly allowing graduates of foreign schools of pharmacy to apply for licensure as a pharmacist.

Statutory Authority: §§ 54.1-2400, 54.1-3307, and 54.1-3312 of the Code of Virginia.

**Contact:** Scotti W. Milley, Executive Director, Board of Pharmacy, 6606 W. Broad St., 4th Floor, Richmond, VA 23230, telephone (804) 662-9911.

## VIRGINIA POLLUTION PREVENTION ADVISORY COMMITTEE

**March 24, 1995 - 1 p.m. – Open Meeting**  
Department of Environmental Quality, Innsbrook Corporate Center, 4900 Cox Road, Glen Allen, Virginia. ☐

The committee will hold its quarterly meeting. The Advisory Committee has been established to assist the Department of Environmental Quality in its implementation of voluntary pollution prevention

technical assistance throughout the Commonwealth.

**Contact:** Sharon K. Baxter, Pollution Prevention Manager, Department of Environmental Quality, P.O. Box 10009, Richmond, VA 23240-0009, telephone (804) 762-4344 or (804) 762-4021/TDD ☎

## POLYGRAPH EXAMINERS ADVISORY BOARD

**March 28, 1995 - 10 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation, 3600 West Broad Street, 4th Floor, Richmond, Virginia. ☎

The board will meet to review new enforcement procedures, administer the polygraph examiners licensing examination to eligible polygraph examiner interns, and to consider other matters which may require board action. A public comment period will be scheduled during the meeting. The meeting is open to the public. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at least 10 days prior to the meeting. The department fully complies with the Americans with Disabilities Act.

**Contact:** Nancy Taylor Feldman, Assistant Director, Polygraph Examiners Board, 3600 W. Broad St., Richmond, VA 23230-4917, telephone (804) 367-8590 or (804) 367-9753/TDD ☎

## PREVENTION AND PROMOTION ADVISORY COUNCIL

**April 20, 1995 - 10 a.m. – Open Meeting**  
Henrico Area Mental Health and Mental Retardation Services Board, 10299 Woodman Road, Conference Room B, Glen Allen, Virginia. ☎

A quarterly business meeting.

**Contact:** Hope Richardson, Program Assistant, Department of Mental Health, Mental Retardation and Substance Abuse Services, 109 Governor St., 10th Floor, Richmond, VA 23219, telephone (804) 786-1530.

## BOARD OF PSYCHOLOGY

**March 28, 1995 - 10 a.m. – Open Meeting**  
Department of Health Professions, 6606 West Broad Street, Richmond, Virginia. ☎

The Board of Psychology will convene a formal hearing regarding the credentials of an applicant. Public comment will not be received.

**Contact:** Kelli Moss, Administrative Assistant, or Evelyn Brown, Executive Director, Board of Psychology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone

# Calendar of Events

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(804) 662-9913.

**March 28, 1995 - 11 a.m. – Open Meeting**  
Department of Health Professions, 6606 West Broad Street,  
Conference Room 1, Richmond, Virginia. ☎

The Board of Psychology will convene to discuss the recommendations made by the Task Force for the Study of Dual Licensure, and to conduct other board business. Public comment will be received.

**Contact:** Kelli Moss, Administrative Assistant, or Evelyn Brown, Executive Director, Board of Psychology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9913.

## Examination Committee

**March 24, 1995 - 10:30 a.m. – Open Meeting**  
Department of Health Professions, 6606 West Broad Street,  
Richmond, Virginia.

The Examination Committee will convene to conduct general committee business. Public comment will not be received.

**Contact:** Kelli Moss, Administrative Assistant, or Evelyn Brown, Executive Director, Board of Psychology, 6606 W. Broad St., 4th Floor, Richmond, VA 23230-1717, telephone (804) 662-9913.

## REAL ESTATE APPRAISER BOARD

**March 21, 1995 - 10 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ☎

A meeting to conduct informal fact-finding conferences pursuant to the Administrative Process Act in order for the Real Estate Appraiser Board to make decisions. Also, a meeting in regard to the Real Estate Appraiser Board v. John M. Foster, File Number 94-02099.

**Contact:** Stacie G. Camden, Legal Assistant, Real Estate Appraiser Board, 3600 West Broad St., Richmond, VA 23230, telephone (804) 367-2393.

**March 22, 1995 - 9:30 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ☎

A meeting to conduct informal fact-finding conferences pursuant to the Administrative Process Act in order for the Real Estate Appraiser Board to make decisions. Also, a meeting in regard to the Real Estate Appraiser Board v. John A. Ruff, File Number 94-01536; and Jacqueline B. Green, File Number 94-01072.

**Contact:** Stacie G. Camden, Legal Assistant, Real Estate Appraiser Board, 3600 West Broad St., Richmond, VA 23230, telephone (804) 367-2393.

## REAL ESTATE BOARD

**March 21, 1995 - 10 a.m. – Open Meeting**  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia. ☎

A meeting to conduct a formal hearing in regard to the Real Estate Board v. Larry J. Timbrook, pursuant to the Administrative Process Act in order for the Real Estate Board to make a case decision. Persons desiring to participate in the meeting and requiring special accommodations or interpreter services should contact the department at (804) 367-8500. The department fully complies with the Americans with Disabilities Act. Please notify the department of your request for accommodations at least two weeks in advance for consideration of your request.

**Contact:** Barbara B. Tinsley, Legal Assistant, Real Estate Board, 3600 W. Broad St., Richmond, VA 23230, telephone (804) 367-8589 or (804) 367-9753/TDD ☎

## BOARD OF REHABILITATIVE SERVICES

**March 23, 1995 - 10 a.m. – Open Meeting**  
Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, Virginia. ☎ (Interpreter for the deaf provided upon request)

A meeting to conduct quarterly business.

**Contact:** Dr. Ronald C. Gordon, Commissioner, Board of Rehabilitative Services, 8004 Franklin Farms Dr., Richmond, VA 23230, telephone (804) 662-7010, toll-free 1-800-552-5019/TDD and Voice, or (804) 662-9040/TDD ☎

## DEPARTMENT OF REHABILITATIVE SERVICES

**March 21, 1995 - 4 p.m. – Public Hearing**  
Department of Rehabilitative Services Central Office, 8004 Franklin Farms Drive, Richmond, Virginia. ☎

A public hearing opportunity for people with disabilities, and other interested individuals, groups, and organizations to help develop the 1995 State Plans for Vocational Rehabilitation and Supported Employment. Written comments will be accepted through April 15, 1995, at the Department of Rehabilitative Services, or comments may be telephoned to the department. Sign language interpreters will be provided.

**Contact:** Dale Riley, Secretary, Department of Rehabilitative Services, 8004 Franklin Farms Dr., K300,

Richmond, VA 23288, telephone (804) 662-7611 or toll-free 1-800-552-5019/TDD ☎

## **RICHMOND HOSPITAL AUTHORITY**

### **Board of Commissioners**

**March 23, 1995 - 4 p.m. – Open Meeting**  
Richmond Nursing Home, 1900 Cool Lane, 2nd Floor Classroom, Richmond, Virginia. ☎

A monthly board meeting to discuss nursing home operations and related matters.

**Contact:** Marilyn H. West, Chairman, Richmond Hospital Authority, P.O. Box 548, Richmond, VA 23204-0548, telephone (804) 782-1938.

## **DEPARTMENT FOR RIGHTS OF VIRGINIANS WITH DISABILITIES**

### **Protection and Advocacy for Individuals with Mental Illness Advisory Council**

† **April 30, 1995 - 9 a.m. – Open Meeting**  
Shoney's Inn, 7007 West Broad Street, Richmond, Virginia.  
☎ (Interpreter for the deaf provided upon request)

A regularly scheduled bi-monthly meeting. There will be opportunity for public comment at 9 a.m.

**Contact:** Barbara Hoban, Advocate, Department for Rights of Virginians with Disabilities, James Monroe Bldg., 101 N. 14th St., 17th Floor, Richmond, VA 23219, telephone (804) 225-2042 or toll-free 1-800-552-3962.

## **ROBERT E. LEE SOIL AND WATER CONSERVATION DISTRICT**

† **March 27, 1995 - 7 p.m. – Public Hearing**  
Bethlehem Lutheran Church, 7336 Timberlake Road, Lynchburg, Virginia.

Directors of the Robert E. Lee Soil and Water Conservation District (SWCD) received a petition on February 16, in accordance with § 10.1-615 of the Code of Virginia, proposing establishment of the Timberlake Watershed Improvement District (WID), Campbell County, Virginia. Directors of the Robert E. Lee SWCD will hold a hearing to give consideration to the practicality and feasibility of creating the proposed Timberlake WID. All owners of land within the proposed Timberlake WID and all other interested parties are invited to attend and be heard.

**Contact:** Charlie Robertson, Chairman, Robert E. Lee Soil and Water Conservation District, 5032 Boonesboro Rd., Lynchburg, VA 24503, telephone (804) 384-3322.

## **SEWAGE HANDLING AND DISPOSAL APPEALS REVIEW BOARD**

**April 12, 1995 - 10 a.m. – Open Meeting**  
Dumbarton Library, 6800 Staples Mill Road, Richmond, Virginia. ☎

A meeting to hear all administrative appeals of denials of onsite sewage disposal systems permits pursuant to § 32.1-166.1 et seq. and § 9-6.14:12 of the Code of Virginia, and VR 355-34-02.

**Contact:** Constance G. Talbert, Secretary to the Board, Sewage Handling and Disposal Appeals Review Board, 1500 E. Main St., Suite 117, P.O. Box 2448, Richmond, VA 23218, telephone (804) 786-1750.

## **VIRGINIA SMALL BUSINESS ADVISORY BOARD**

† **March 23, 1995 - 9 a.m. – Open Meeting**  
Department of Economic Development, Riverfront Towers West, 901 East Byrd Street, 19th Floor, Board Room, Richmond, Virginia.

The board will conduct its regular meeting.

**Contact:** David V. O'Donnell, Director of Small Business Development, Department of Economic Development, 901 E. Byrd St., Suite 1800, Richmond, VA 23219, telephone (804) 371-8252 or FAX (804) 225-3384.

## **SUBCOMMITTEE ON TEEN PREGNANCY PREVENTION**

**April 6, 1995 - 9:30 a.m. – Open Meeting**  
Henrico Area Mental Health and Retardation Services Board, 10299 Woodman Road, Conference Room C, Glen Allen, Virginia. ☎

A quarterly business meeting.

**Contact:** Jeanne McCann, Program Coordinator, Department of Mental Health, Mental Retardation and Substance Abuse Services, 109 Governor St., 10th Floor, Richmond, VA 23219, telephone (804) 786-5793.

## **VIRGINIA RACING COMMISSION**

† **April 19, 1995 - 9:30 a.m. – Open Meeting**  
Tyler Building, 1300 East Main Street, Richmond, Virginia. ☎

The commission will conduct a regular monthly meeting including a review of its regulations.

**Contact:** William H. Anderson, Policy Analyst, Virginia Racing Commission, P.O. Box 1123, Richmond, VA 23208, telephone (804) 371-7363.

# Calendar of Events

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## DEPARTMENT FOR THE VISUALLY HANDICAPPED

### Vocational Rehabilitation Advisory Council

† **May 20, 1995 - 10 a.m.** – Open Meeting  
Administrative Headquarters, 397 Azalea Avenue,  
Richmond, Virginia. (Interpreter for the deaf provided  
upon request)

The council meets quarterly to advise the Department  
for the Visually Handicapped on matters related to  
vocational rehabilitation services for the blind and  
visually impaired citizens of the Commonwealth.  
Request deadline for interpreter services is May 4,  
1995.

**Contact:** James G. Taylor, Vocational Rehabilitation  
Specialist, Department for the Visually Handicapped, 397  
Azalea Ave., Richmond, VA 23227, telephone (804)  
371-3140, toll-free 1-800-622-2155 or (804) 371-3140/TDD ☎

## VIRGINIA COUNCIL ON VOCATIONAL EDUCATION

† **March 22, 1995 - 1 p.m.** – Open Meeting  
Holiday Inn Central, 3207 North Boulevard, Richmond,  
Virginia.

A business session.

**Contact:** Jerry M. Hicks, Executive Director, Virginia  
Council on Vocational Education, 7420-A Whitepine Rd.,  
Richmond, VA 23237, telephone (804) 275-6218.

† **March 23, 1995 - 9 a.m.** – Open Meeting  
General Assembly Building, 910 Capitol Square, Richmond,  
Virginia.

The council will hold committee meetings, a business  
session, and a joint meeting with the Virginia Board of  
Education.

**Contact:** Jerry M. Hicks, Executive Director, Virginia  
Council on Vocational Education, 7420-A Whitepine Rd.,  
Richmond, VA 23237, telephone (804) 275-6218.

## VIRGINIA VOLUNTARY FORMULARY BOARD

**April 27, 1995 - 10:30 a.m.** – Open Meeting  
Washington Building, 1100 Bank Street, 2nd Floor, Board  
Room, Richmond, Virginia.

A meeting to consider public hearing comments and  
review new product data for products pertaining to  
the Virginia Voluntary Formulary.

**Contact:** James K. Thomson, Director, Bureau Pharmacy  
Services, 109 Governor St., Room B1-9, Richmond, VA  
23219, telephone (804) 786-4326.

## BOARD FOR WATERWORKS AND WASTEWATER WORKS OPERATORS

**April 6, 1995 - 10 a.m.** – Open Meeting  
Department of Professional and Occupational Regulation,  
3600 West Broad Street, Richmond, Virginia.

A meeting to conduct regulation review and other  
matters which may require board action. A public  
comment period will be scheduled during the meeting.  
Persons desiring to participate in the meeting and  
requiring special accommodations or interpreter  
services should contact the department at (804)  
367-8590 at least 10 days in advance for consideration.  
The department fully complies with the Americans  
with Disabilities Act.

**Contact:** Nancy Taylor Feldman, Assistant Director, Board  
for Waterworks and Wastewater Works Operators, 3600 W.  
Broad St., Richmond, VA 23230-4917, telephone (804)  
367-8590 or (804) 367-9753/TDD ☎

## LEGISLATIVE

### VIRGINIA CODE COMMISSION

#### Title 15.1 Recodification Task Force

† **March 23, 1995 - 10 a.m.** – Open Meeting  
† **April 6, 1995 - 10 a.m.** – Open Meeting  
† **May 18, 1995 - 10 a.m.** – Open Meeting  
† **May 19, 1995 - 10 a.m.** – Open Meeting  
General Assembly Building, 910 Capitol Square, 6th Floor,  
Speakers Conference Room, Richmond, Virginia.

A meeting to continue drafting revision of Title 15.1 to  
present to the Virginia Code Commission. SJR 2.

**Contact:** Michelle Browning, Senior Operations Staff  
Assistant, Division of Legislative Services, General  
Assembly Bldg., 910 Capitol St., Richmond, VA 23219,  
telephone (804) 786-3591.

## CHRONOLOGICAL LIST

### OPEN MEETINGS

#### March 20

† Alcoholic Beverage Control Board  
Housing Development Authority, Virginia  
Local Government, Commission on

#### March 21

† Conservation and Recreation, Department of

# Calendar of Events

Contractors, Board for  
- Applications Review Committee  
Emergency Planning Committee, Local - Gate City  
† Health Professions, Department of  
- Administration and Budget Committee  
Housing Development Authority, Virginia  
Local Government, Commission on  
Pharmacy, Board of  
Real Estate Appraiser Board  
Real Estate Board

## March 22

† Agriculture and Consumer Services, Department of  
- Virginia State Apple Board  
† Emergency Planning Committee, Local - Roanoke Valley  
† Furnishing and Interpreting the Executive Mansion, Citizens' Advisory Council on  
George Mason University  
- Board of Visitors  
Interagency Coordinating Council, Virginia  
† Lottery Department, State  
Manufactured Housing Board, Virginia  
Real Estate Appraiser Board  
† Vocational Education, Virginia Council on

## March 23

Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for  
- Board for Interior Designers  
Conservation and Recreation, Department of  
Outdoors Foundation, Virginia  
Rehabilitative Services, Board of  
Richmond Hospital Authority  
† Small Business Advisory Board, Virginia  
- Board of Commissioners  
† Title 15.1 Recodification Task Force  
† Vocational Education, Virginia Council on

## March 24

Conservation and Recreation, Department of  
- Catoctin Creek Scenic River Advisory Board  
Medicine, Board of  
Pollution Prevention Advisory Committee, Virginia  
Psychology, Board of  
- Examination Committee

## March 26

Mental Health, Mental Retardation and Substance Abuse Services Board, State

## March 27

Agricultural Council, Virginia  
Cosmetology, Board for  
Mental Health, Mental Retardation and Substance Abuse Services Board, State  
Nursing, Board of

## March 28

Agricultural Council, Virginia  
† Contractors, Board for

Health Services Cost Review Council, Virginia  
Marine Resources Commission  
Nursing, Board of  
Polygraph Examiners Board  
Psychology, Board of

## March 29

† Contractors, Board for  
Nursing, Board of

## March 30

† Audiology and Speech-Language Pathology, Board of  
- Legislative Committee  
Compensation Board  
† Contractors, Board for  
Health, State Board of  
† Information Management, Council on  
Nursing, Board of

## March 31

† Dentistry, Board of  
Health, State Board of

## April 3

† Alcoholic Beverage Control Board  
† Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for  
Barbers, Board for  
Hemophilia Advisory Committee  
† Nursing, Board of  
- Nurse Aide Registry

## April 4

† Agriculture and Consumer Services, Department of  
- Virginia Horse Industry Board  
† Architects, Professional Engineers, Land Surveyors and Landscape Architects, Board for  
† Hopewell Industrial Safety Council  
Independent Living Council, Statewide

## April 5

† Emergency Planning Committee, Local - Winchester  
† Health, Department of  
- Biosolids Use Committee  
† Medicine, Board of

## April 6

Teen Pregnancy Prevention, Subcommittee on  
† Title 15.1 Recodification Task Force  
Waterworks and Wasteworks Operators, Board for

## April 7

† Dentistry, Board of  
† Medicine, Board of  
- Executive Committee

## April 8

† Medicine, Board of  
- Credentials Committee

## April 11

# Calendar of Events

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Emergency Planning Committee, Local - Arlington County/City of Falls Church/Washington National Airport

## April 12

† Milk Commission, State  
† Motor Vehicles, Department of  
- Medical Advisory Board  
† Nursing, Board of  
- Nurse Aide Registry  
Sewage Handling and Disposal Appeals Review Board

## April 13

Agriculture and Consumer Services, Department of  
- Pesticide Control Board  
† Architects, Professional Engineers, Land Surveyors and Landscape Architects  
† Medicine, Board of  
† Nursing, Board of  
- Nurse Aide Registry

## April 14

† Medicine, Board of  
- Advisory Board of Physical Therapy

## April 17

† Alcoholic Beverage Control Board  
† Labor and Industry, Department of  
- Safety and Health Codes Board

## April 18

Medical Assistance Services, Board of

## April 19

Accountancy, Board for  
† Auctioneers Board  
† Virginia Racing Commission

## April 20

Accountancy, Board for  
Conservation and Recreation, Department of  
- Falls of the James Scenic River Advisory Board  
Prevention, Promotion Advisory Council

## April 22

† Conservation and Recreation, Department of  
- Virginia Cave Board

## April 25

† Accountancy, Board for

## April 27

Accountancy, Board for  
† HIV Prevention Community Planning Committee  
Voluntary Formulary Board, Virginia

## April 28

Agriculture and Consumer Services, Department of  
- Virginia Winegrowers Advisory Board  
† Medicine, Board of  
† Opticians, Board for

## April 30

† Rights of Virginians with Disabilities, Department of  
- Protection and Advocacy for Individuals with  
Mental Illness Advisory Council

## May 1

† Alcoholic Beverage Control Board

## May 2

† Hopewell Industrial Safety Council

## May 4

† Branch Pilots, Board for

## May 11

† Medicine, Board of

## May 15

† Alcoholic Beverage Control Board

## May 18

† Title 15.1 Recodification Task Force

## May 19

† Title 15.1 Recodification Task Force

## May 20

† Visually Handicapped, Department for the  
- Vocational Rehabilitation Advisory Council

## May 31

† Alcoholic Beverage Control Board

## June 12

† Alcoholic Beverage Control Board

## June 26

† Alcoholic Beverage Control Board

## PUBLIC HEARINGS

## March 20

Local Government, Commission on

## March 21

Rehabilitative Services, Department of

## March 23

Mental Health, Mental Retardation and Substance  
Abuse Services, Department of

## March 27

Education, Department of  
† Robert E. Lee Soil and Water Conservation District

## March 28

Education, Department of

# Calendar of Events

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**March 29**

Education, Department of

**March 30**

Education, Department of

**April 6**

Education, Board of  
† Medicine, Board of

**April 10**

Education, Board of

**April 11**

Education, Board of

**April 12**

Education, Board of  
† Milk Commission, State  
† Pharmacy, Board of

**April 18**

† Nursing, Board of

**April 19**

† Corrections, Board of  
Manufactured Housing Board, Virginia

**May 3**

Criminal Justice Services, Department of



**Calendar of Events**

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