

1 VIRGINIA BOARD OF NURSING

2 PUBLIC HEARING

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6 Public Hearing of the below referenced matters,
on the 27th day of January 2004, commencing
7 at 10:55 a.m. before an established quorum
held at 6603 West Broad Street, Richmond, Virginia
8 reported by Mary Elizabeth Aliff.

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13 Proposed Action on Regulations of:

14 Governing the Practice of Nursing, Chapter 18 VAC 90-20

15 Governing Certified Nurse Aides, Chapter 18 VAC 90-25

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17 Proposed Action of Replacement of:

18 Emergency Regulations for Increase in Nursing Fees related

19 to Nurse Licensure Compact and HB 1441

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1 APPEARANCES:

2 Janet B. Younger, Ph.D., R.N., P.N.P., President

3 Linda Ault, R.N., M.S.N., Vice President

4 Louise D. Hartz, Citizen Member, Secretary

5 Gregory J. Huber, R.N., M.S.N.

6 Carol E. King, L.P.N., M.S.

7 Louisa Lief, R.N.

8 Judith E. Piersall, R.N., B.S.N.

9 Julia C. Semple, L.P.N.

10 Brenda L. Spady, L.P.N.

11 JoAnn Tillet, R.N.

12 Jay P. Douglas, R.N., M.S.M., C.S.A.C., Executive Director

13 Ann S. Hardy, R.N., M.S.N., Discipline Case Manager

14 Susan Bell Rosen, R.N., F.N.P., J.D., Deputy Executive
Director, Discipline

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Paula B. Saxby, R.N., Ph.D., Deputy Executive Director,
16 Education

17 Jessica Ressler, R.N., Nursing Education Consultant

18 Amy Davis, Administrative Assistant

19 Howard M. Casway, Assistant Attorney General

20 E.Yates (Not listed on roster.)

21 Lynn Halend (Not listed on roster.)

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1 DR. YOUNGER: Good morning. I'm Dr. Janet
2 Younger, President of the Board of Nursing.
3 This is a public hearing to receive comments on
4 three sets of proposed regulations. We will
5 first receive any public comment on the
6 proposed regulation to increase certain fees
7 for RNs and LPNs in response to an increase in
8 disciplinary workload into implementation of
9 the nurse licensure compact.

10 The proposed regulation will replace the
11 emergency regulation in effect, but will
12 increase the current biennial and renewal fee
13 from \$82 to \$95. The proposal was published in
14 the December 15, 2003 Register of Regulations.

15 A copy of the proposed regulation may be found
16 on the back table.

17 At this time I will call on persons who
18 have signed up to comment. Our current sign-in
19 sheet does not reflect anyone signed in to
20 comment on these regulations. Is there anyone
21 else that would like to comment on the proposed
22 fee regulations?

23 (No response.)

24 DR. YOUNGER: I'd like to remind everyone

25 that written comments on the fee increase

1 regulation may be received February 15, 2004
2 and should be directed to Jay Douglas,
3 Executive Director of the Board.

4 The Board will consider all comments
5 including those received electronically before
6 adoption of the final resolution on March 23,
7 2004.

8 We will next receive any public comment on
9 the proposed amendments on certain portions of
10 the Regulations for Nursing, that's 18 VAC
11 90-20-10 et seq and Proposed Regulations for
12 Certified Nurse Aides, 18 VAC 90-25-10 et seq.
13 Those sets of the proposed amendments were
14 published in the December 29, 2003 Register on
15 Regulations. Copies of these proposed
16 regulations may also be found on the back
17 table.

18 The Nurse Aide Regulations appear to be
19 new because all of the language is underlined.
20 But in fact, these are provisions that have
21 been found in the Nursing Regulation and now
22 have been separated into a different set of
23 regulations just for Certified Nurse Aides.

24 We will first hear any comment on the

1 And after that we will hear any comment on the
2 Proposed Regulations for Nurse Aides,
3 18 VAC 90-25.

4 On the sign-in sheet to speak to these
5 regulation we have Lauren Goodlow and Kay Davis
6 from VCU.

7 (Dr. Goodlow and Ms. Davis
8 approach.)

9 DR. YOUNGER: Good morning, Dr. Goodlow
10 and Ms. Davis.

11 DR. GOODLOW: Good morning, Dr. Younger.
12 I'm Dr. Lauren Goodlow. I'm the Nursing
13 Director for Medicine and Pediatrics at the VCU
14 Medical Center.

15 MS. DAVIS: And I'm Kay Davis. And I'm
16 the Director for Professional Practice at VCU
17 Medical Center.

18 DR. GOODLOW: We appreciate the
19 opportunity to make public comments. There are
20 three issues that we would like to actually
21 speak in support of in the proposed regs.

22 What I would like to say is that we had a
23 discussion last week at the VCU Medical Center
24 in our Nursing Leadership group regarding three

25 of the proposed regs, and we are here

1 representing Nursing Leadership at the VCU
2 Medical Center.

3 The first one that we'd like to speak to
4 is under, Disciplinary Provision. And that is
5 simply to say, appreciate the addition of the
6 language related to boundary violations.

7 As a manager it's often difficult to
8 counsel employees and deal with employees when
9 they're having issues around boundary
10 violations. And this is very helpful to us
11 and -- we deal with employees, and they're
12 thinking it's simply our values and our issues
13 that we have. And now we can actually point
14 them to the regulations regarding practice that
15 is certainly there to support us so we
16 appreciate that.

17 Second and under the section entitled,
18 Identification. We had this discussion in our
19 Nursing Leadership meeting last Wednesday
20 around first name, last name, on name tags.
21 And it certainly was not even a discussion that
22 we were in full support of first and last names
23 on name tags and ID badges. And the
24 overwhelming comment from the group was that

25 our patients and family and the public have a

1 right to know who is caring for them and
2 overwhelming from every division within nursing
3 including psychiatry, the emergency department
4 and med surg, the OR so there are overwhelming
5 comments in support of that regulation.

6 The other thing I would like to say is
7 that I don't even believe this would be an
8 issue if we were talking about physicians with
9 first and last names on name tags.

10 And the third thing that we would like to
11 speak in support of is under the section
12 related to educational preparation of faculty.
13 The VCU Medical Center employees over 1,500
14 registered nurses. Over 300 of those
15 registered nurses are master's prepared in
16 nursing. We are in full support of the fact
17 that we believe faculty members in programs
18 leading to RN licensure should hold a graduate
19 degree in nursing.

20 As our discussion went on last week about
21 this certainly it came up what would that do to
22 the diploma programs or what would that do to
23 associate degree programs. And clearly, the
24 comments that came out were that we owe our

25 students, we owe our public highly educated

1 faculty. Patients that we're caring for in our
2 medical centers are acutely ill. The
3 complexity is just extensive and truly believe
4 and support the fact that faculty members need
5 to be prepared with a master's degree in
6 nursing or at least 18 credits in nursing.

7 I think the other issue that we certainly
8 discussed was the fact that, why are we having
9 difficulty getting master's prepared people to
10 teach in our schools of nursing. And I don't
11 believe it's because they're not out there. As
12 I said, we have over 300 nurses prepared with
13 master's degrees in nursing.

14 It is our belief that it boils down to an
15 issue of being able to pay people
16 appropriately, and that we do need to really
17 look into what it is that we are paying faculty
18 and schools of nursing. But that is no reason,
19 we believe, no reason to not have master's
20 prepared faculty, master's in nursing in our
21 school leading to RN licensure.

22 And I'll turn it over to Kay Davis.

23 MS. DAVIS: I don't really have anything
24 additional to add except to say that the

25 discussions did occur and we were all in full

1 support of the regulations that Lauren spoke
2 to.

3 DR. YOUNGER: Thank you. Dr. Goodlow,
4 Ms. Davis.

5 (Dr. Goodlow and Ms. Davis
6 return to their seats.)

7 DR. YOUNGER: The next people signed in
8 are Jane Elliott and Rose Saunders from South
9 Side Regional.

10 (Dr. Jane Elliott and Dr. Rose
11 Saunders approach.)

12 DR. YOUNGER: Good morning, Dr. Saunders
13 and Dr. Elliott.

14 DR. ELLIOTT: Thank you for having us
15 today. And I said we made it out of the
16 parking lot which was in an event in itself.

17 Good morning. I'm Jane Elliott and I
18 today am representing the Assembly of Hospital
19 Schools of Nursing. I chair that organization
20 and I'm also the Associate Director of South
21 Side Regional Medical Center's School of
22 Nursing in Petersburg, Virginia.

23 In reviewing the proposed rules and
24 regulations we first of all want to thank the

1 their careful review of the regulations. The
2 one section we wish to have reconsidered is the
3 section on faculty qualifications. We
4 understand the intent of the proposed
5 regulation of faculty qualifications and
6 associate and diploma schools of nursing.

7 We understand and accept the goal of
8 improving the educational preparation of all
9 nurses. We agree with the intent to strengthen
10 the profession through assuring sound
11 educational credentialing for nursing faculty.

12 We agree that graduate education is critical to
13 fulfilling post secondary constructional roles.

14 Yet, based on experience with registered
15 nurse educators who possess a master's degree
16 in a field other than but related to nursing,
17 we do not agree with the proposed change in the
18 regulation from possesses a master's degree
19 preferably in nursing, to possesses a master's
20 degree in nursing or other graduate degree with
21 18 credits in nursing.

22 According to the Virginia Partnership for
23 Nursing, by the year 2020 Virginia will
24 experience a 36 percent deficit in the number

25 of nurses required by health care employers.

1 And interestingly, the average age for the RN
2 right now is 45 years, for faculty it is even
3 older than that. In Richmond the average age
4 for faculty is 50; 51 in the Hampton area;
5 Northern Virginia, 54; Southwest Virginia, 45.
6 And the youngsters out in the Roanoke area,
7 they're only 40 as an average age.

8 Nationally, two-thirds of full-time
9 faculty are between the ages of 45 and 60. And
10 there's a 5 1/2 percent vacancy rate for
11 faculty positions nationally. As nursing
12 programs are increasing enrollment necessary to
13 meet the needs of our public we need more
14 faculty.

15 We request that the regulation relating to
16 the credentialing of faculty be retained as it
17 is currently rather than adopting the proposed
18 regulation which restrict the graduate degree.

19 To my knowledge there is no data to show
20 that the graduate degree in nursing in and of
21 itself prepares a person for a faculty
22 position. Usually nursing graduate degrees
23 focus on a specific type of nursing, be it
24 maternal, child, pediatrics or psychiatric

25 nursing and have little content relative to the

1 formal teaching requirement.

2 Is there evidence that this proposed more
3 restrictive regulation protects the public?
4 Without supporting data to direct the change
5 the current less restriction regulation is the
6 more appropriate regulation. The current
7 regulations do not restrict the institution
8 from the selection of the best qualified
9 person, applicant, based on the educational and
10 experiential qualifications needed by the
11 specific program.

12 The regulations as they exist have
13 resulted in no demonstrable harm, and the
14 graduate performance on licencing examinations
15 show graduates capable of providing safe
16 nursing care. That's the outcome we seek. The
17 current regulations of faculty qualifications
18 do protect the public safety and welfare and
19 should be retained.

20 Thank you.

21 DR. SAUNDERS: My name is Dr. Rose
22 Saunders, and I'm the Vice President of
23 Professional Schools at South Side Regional
24 Medical Center, and I am the Director of the

1 Currently we have 17 full-time faculty.
2 And as Dr. Elliott reiterated, we do not
3 support the proposal proposed by the Board of
4 Nursing to require master's degrees in nursing
5 for all nursing faculty. Of the 17 faculty in
6 our School of Nursing, 5 have doctorate
7 degrees, 9 have master's degrees and the
8 remaining 3 have bachelors in nursing and are
9 currently more than half done with master's in
10 nursing degrees. That means that 81 percent of
11 our faculty are master's prepared.

12 However, of those 17 individuals, 4 do not
13 have master's in nursing. Two of them have
14 doctorates in other disciplines and master's in
15 other disciplines such as urban services. Two
16 that have master's degrees, one is in
17 counseling and the other is in community health
18 education.

19 As the Director of the School of Nursing
20 I'm responsible for the hiring of faculty, and
21 I have not experienced a decline in qualified
22 applicants to our school, and it may be that we
23 are unique. Hospital based schools
24 traditionally have higher salary ranges than

25 universities and community colleges. So we do

1 have a wealth of qualified applicants, however,
2 the educational preparation may not be a
3 master's in nursing.

4 I would prefer to have a really good
5 strong clinical nurse with a master's in
6 education because the people that are on my
7 faculty that have master's in education have
8 courses, formal courses, in curriculum design
9 and assessment in data collection and research.

10 And as Dr. Elliott eluded to, many of the
11 master's programs are very specific to certain
12 disciplines such as maternal child health,
13 psychiatric nursing, medical surgical nursing,
14 et cetera.

15 So in conclusion, I do not support this
16 proposed regulation. However, I do want to
17 comment that the faculty at our school of
18 nursing do support the proposed regulation that
19 will enable a school that has accreditation
20 from an organization like the National League
21 for Nursing or ANCN to maintain its status with
22 the Virginia Board of Nursing without having to
23 have a visit from a board visitor every eight
24 years. We just had our visit, and it was very

25 successful. However, when we look at taxpayer

1 dollars we feel that if a national accrediting
2 agency approved by the Department of Education
3 will accredit our program then the Board of
4 Nursing here in Virginia should accept that
5 approval as meeting minimum or above minimum
6 standards.

7 Thank you.

8 (Dr. Elliott and Dr. Saunders
9 return to their seats.)

10 DR. YOUNGER: Thank you, Dr. Saunders.

11 DR. SAUNDERS: Do you wish a written copy
12 of my remarks?

13 DR. YOUNGER: That would be helpful.

14 Thank you.

15 That is the list of signed-in individuals.

16 Are there any other individuals who would like
17 to speak to the nursing regulations?

18 (No response.)

19 DR. YOUNGER: Hearing none, next I'll call
20 on persons who signed up to comment on the
21 Nurse Aide Regulations.

22 As I call your name come forward and tell
23 us where you're from Susie B. Brown.

24 (Ms. Brown approaches.)

DR. YOUNGER: Good morning, Ms. Brown.

1 MS. BROWN: I'm Susie B. Brown from Asha
2 [sic] Comprehensive Training Center here in the
3 Richmond area.

4 It's sort of a new program that started in
5 June 2002, and since then we have graduated 55
6 CNAs because they have took the board. And I
7 think like 99.9 percent of them has passed the
8 boards.

9 But I have some concerns, and my concern
10 is that, I look at all the requirements for the
11 registered nurses and the licensed practical
12 nurses, the education requirement. But I
13 really can't find anything for the requirement
14 for the CNAs to be able to enter the program.

15 What I'm getting at is that they can come
16 in at a sixth grade level, I believe, or just
17 knowing how to read. And I have some concerns
18 about that. And my concern is that they should
19 be more educated than that because, see, they
20 are at the level of care has increased. The
21 ones who are working there in the assisted
22 living, they do medication. We also have a med
23 program that we teach medication. And the
24 requirement is that if they can read, fifth

25 grade education, they can come into the program

1 and they can go on to work in these areas.

2 I would like to know if there's any way or
3 should there be an increase in the education
4 level for the CNAs before they become CNAs.

5 I'm keeping in mind that with the program
6 that we got going is really a foundation of
7 nursing, nursing itself. Foundation of
8 stepping on to being an RN. It's a fundamental
9 of nursing. That's what the CNA program
10 entails that we have.

11 So I'm wondering if there is anything
12 saying anywhere that they should have at least
13 the high school education or close to like, at
14 least eleventh grade education.

15 DR. YOUNGER: Anything else?

16 MS. BROWN: That's it.

17 DR. YOUNGER: Thank you, very much
18 Ms. Brown. We appreciate your comment.

19 (Ms. Brown returns to her seat.)

20 DR. YOUNGER: I want to remind everyone
21 that written comments on these proposed rules
22 may be received through February 27, 2004 and
23 should be directed to Jay Douglas, Executive
24 Director of the Board. All oral, written or

25 electronic comment will be considered prior to
1 the Board's adoption of final regulations in
2 its meeting scheduled for March 23, 2004. This
3 concludes our hearing. Thank you. Thank you
4 all for coming.

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(Proceedings concluded at 11:15 a.m.)

1 CERTIFICATE OF COURT REPORTER

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3 I, Mary Elizabeth Aliff, hereby certify
4 that I was the court reporter for the Public Hearing
5 conducted by the Virginia Board of Nursing held at 6603 West
6 Broad Street, Richmond, Virginia on the 27th day of January,
7 2004. Further, that the foregoing is a true and accurate
8 record of the comments and other incidents of the hearing
9 herein.

10 Given under my hand this 10th day of January
11 2004.

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16 Mary Elizabeth Aliff

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18 My commission expires
19 May 31, 2006.