Committee of Joint Boards of Nursing and Medicine
and Advisory Committee of Joint Boards of Nursing and Medicine

Department of Health Professions
Perimeter Center - 9960 Mayland Drive, Conference Center, Suite 201, Henrico, Virginia 23233

Business Meeting Agenda
February 7, 2018 at 9:00 A.M. in Board Room 2

Call To Order - Louise Hershkowitz, CRNA, MSHA; Chair

Establishment of Quorum

Announcement
- Welcome to new Joint Boards Members: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP
- Welcome to new Member of Advisory Committee: Janet L. Setnor, Colonel, CRNA

Review of Minutes
- October 11, 2017 Business Meeting
- October 11, 2017 Formal Hearing
- October 11, 2017 Special Conference Committee

Public Comment

Dialogue with Agency Director – **Dr. Brown**

Old Business:
- Regulatory Update – **Ms. Yeatts**
- Update on NOIRA for Elimination of a Separate Prescriptive Authority License – **Ms. Yeatts**
- Proposed Regulations for Performance of and for Supervision and Direction of Laser Hair Removal - **Ms. Yeatts**
- Report on 2018 General Assembly – **Ms. Yeatts**

Policy Forum: Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director
- Virginia's Nurse Practitioner Workforce: 2017

New Business
- Board of Nursing Executive Director Report – **Ms. Douglas**

10:00 A.M. **Agency Subordinate Recommendation** - Joint Boards Members Only
- Margaret Hockeborn, RN, LNP (176146)
- Michael St. John, RN, LNP (179566 and 182879)
- Patricia O'Neal-Sears, RN, LNP (169335)

Consideration of Consent Order - Joint Boards Members Only
- Jennifer Anne Sargent, LNP (180285 and 180965)

Adjourn

1:00 P.M – Disciplinary Proceedings begin

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
October 11, 2017

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., October 7, 2017 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT:
Louise Hershkowitz, CRNA. MSHA; Chair
Marie Gerardo, MS, RN, ANP-BC
Kevin O'Connor, MD
Kenneth Walker, MD

MEMBERS ABSENT:
Lori Conklin, MD
Rebecca Poston, PhD, RN, CPNP

ADVISORY COMMITTEE MEMBERS PRESENT:
Kevin E. Brigle, RN, NP
Wendy Dotson, CNM, MSN
Sarah E. Hobgood, MD
Thokozeni Lipato, MD
Stuart F. Mackler, MD

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Jodi P. Power, RN, JD; Senior Deputy Executive Director; Board of Nursing – **joined at 9:40 A.M.**
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General; Board Counsel
David Brown, DC; Director; Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine – **joined at 9:15 A.M.**

IN THE AUDIENCE:
W. Scott Johnson, Medical Society of Virginia (MSV)
Mary Duggan, American Association of Nurse Practitioners (AANP)
Sarah Heisler, Virginia Hospital and Healthcare Association (VHHA)
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)

INTRODUCTIONS: Committee members, Advisory Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM:
Ms. Hershkowitz called the meeting to order and established the quorum was present.

ANNOUNCMENT: Ms. Hershkowitz welcomed and introduced Dr. Hills as the Deputy Executive Director for Advanced Practice for the Board of Nursing.

Ms. Hershkowitz welcomed Dr. O'Connor to the Committee of the Joint Boards of Nursing and Medicine. She added that Dr. O'Connor replaced Dr. Reynolds. She hopes that Dr. O'Connor will enjoy being on the Committee. She stated her appreciation of Dr. Reynolds for his service.

Ms. Hershkowitz also welcomed Dr. Lapito as the Physician member on the Advisory Committee to the Committee of the Joint Boards of Nursing and Medicine. Dr. Lapito shared his background information with the Committee.

Ms. Douglas noted that Dr. Poston recently resigned her appointment at the Board of Nursing. She added that Dr. Hahn, Board of Nursing President, will appoint a new member to replace Dr. Poston on the Committee of the Joint Boards of Nursing and Medicine. Ms. Hershkowitz thanked Dr. Poston for her service.

REVIEW OF MINUTES: The minutes of June 7 Special Conference Committee and Business Meeting, were reviewed. Ms. Gerardo moved to accept all the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT: Mary Duggan, American Association of Nurse Practitioners (AANP), asked for clarification regarding "*tramadol*" on page 3 of the June 7 Business Meeting minutes where it stated "While "*tramadol*" is an opioid type of drug, it was determined that it will be kept in 18VAC90-40-160(C), 18VAC90-40-190(D), and 18VAC90-40-270(D)".

Ms. Hershkowitz thanked Ms. Duggan for her comment and added the Committee will take into consideration her comment.

DIALOGUE WITH AGENCY DIRECTOR: Dr. Brown reported the following on the two opioid bills that were passed by the 2017 General Assembly:

- Electronic prescription of opioids will begin July 1, 2020 and the Workgroup was established and convened to look at New York Board's model. The Workgroup concluded the following:
  - Acknowledged the crisis of opioid abuse
  - Technology is a big issue since less than 10% of practitioners use electronic prescribing
  - Agreed with the effective date of 2020
  - Identified exemptions for people who are not required to prescribe electronically
- The Secretary of Health and Human Resources convened a workgroup that includes experts to establish common curriculum for training health care providers in the safe prescribing and appropriate use of opioids and pain management. The initial meeting was held on May 19, 2017 and

Subcommittees were established in the areas of pain management, recognition and treatment of addiction, and developing essential curricula. The next step is to establish a Workgroup of non-prescribers by the end of October 2017.

- Early Prescription Monitoring Program (PMP) data has shown a downward trend of numbers of opioid prescribed since regulations for prescribing opioid for pain management went into effect in March 2017.

Dr. Lipato noted that there are no valid pain assessment tools available to clinicians that measure a patient's functionality instead of or in addition to the pain scale. Dr. Brown stated that more current pain assessment tools are needed in order to get prescribers away from using pain scale alone when developing pain management plans of care.

Dr. O'Connor asked how pain medications are tracked in the PMP. Dr. Brown said that PMP has in place a system to track numbers of prescriptions filled. Dr. Brown added that currently Veterinarians are not required to report to PMP when prescribing opioids, but they do report when dispensing opioids; however, the Board of Veterinary Medicine did implement a guideline aimed at decreasing the prescribing of opioids.

OLD BUSINESS:

Regulatory Update:

Ms. Yeatts reviewed the chart of regulatory actions, as provided in written handout, noting that the comment period for NOIRA for supervision and direction of laser hair removal will end November 1, 2017. She added that comments have already been received. She stated that the regulations for nurse practitioners will need to be amended to define "direction and supervision" and the next task is to convene a Committee with all three professions to establish proposed language.

Ms. Hershkowitz asked what the three professions are. Ms. Yeatts said Physicians, Physician Assistants, and Nurse Practitioners.

NOIRA for Eliminating of a Separate Prescriptive Authority License:

Ms. Yeatts stated that the Boards of Nursing (BON) and Medicine have discussed the elimination of separate license for prescriptive authority for nurse practitioners. She added that there is no provision in the Code to require a separate license. She noted that the languages of both regulations (Regulations Governing the Licensure of Nurse Practitioners and Regulations for Prescriptive Authority for Licensed Nurse Practitioners) will be combined. She said that the action to implement elimination must be regulatory and begin with a Notice of Intended Regulatory Action (NOIRA).

Ms. Hershkowitz asked Ms. Douglas to provide background information regarding this action. Ms. Douglas reminded members of Ms. Willinger written report submitted at a prior meeting and noted that administratively, this is less burdensome and more efficient for applicants. Additionally, Ms. Douglas added

that the two separate licenses created confusion for the public. Ms. Douglas noted that the Committee did not see any disadvantage for this action.

Dr. O'Connor moved to recommend to the BON and BOM the adoption of a NOIRA to begin regulatory process for elimination of a separate prescriptive authority license. The motion was seconded and passed unanimously.

NEW BUSINESS:

Board of Nursing Executive Director Report:

Ms. Douglas reported the following:

- New APRN Compact has been developed and three States (South Dakota, Wyoming, and Idaho) have adopted. Virginia current laws and regulations are a barrier to Virginia joining.
- Veteran Affairs - NCSBN is doing work with Veteran's Affairs Administration regarding expanding the scope of practice of APRNs and Board's access to information necessary for investigations.
- The New Enhanced Nurse Licensure Compact (eNLC) for RN's and LPN's only - went into effect on July 20, 2017 and is scheduled to be implemented on January 19, 2018. The eNLC establishes uniform licensure requirements and no Multi-State Privilege (MSP) license is issued if an individual does not meet these requirements. Additionally, a MSP license from another compact state can be the basis for an NP license.

ePrescribing Workgroup Update

Ms. Douglas stated that this was provided by Dr. Brown earlier.

BHP Report

Ms. Douglas highlighted actions taken by the BHP at its last meeting noting that the Board accepted the recommendation of the Regulatory Research Committee to not license Certified Anesthesiology Assistants (CAAs.)

Resignation of Cathy A. Harrison, DNAP, MSN, CRNA, Committee of the Joint Boards Advisory

Ms. Douglas noted that Dr. Harrison was with the Committee for a short time. She added that Dr. Harrison was hired by DHP as Investigator. Ms. Hershkowitz thanked Dr. Harrison for her service.

Appointment of Joint Boards CRNA Advisory Committee Member – Recommendation of Colonel Janet Setnor from VANA:

Ms. Hershkowitz stated that Colonel Setnor's Biography and CV are presented for the Committee consideration and action for the CRNA position on the Advisory Committee to replace Dr. Harrison.

Dr. Walker moved to accept the appointment of Colonel Setnor for the CRNA position on the Advisory Committee. The motion was seconded and passed.

2018 Committee of the Joint Boards of Nursing and Medicine Dates

Ms. Hershkowitz stated that Ms. Vu provided the 2018 Committee Dates handout for information only. Ms. Douglas reminded the Committee Members to hold those dates either for meetings or hearings.

Dr. Walker asked how Dr. Hills' position fits within the Board of Nursing. Ms. Douglas stated that the previous Deputy Executive Director's position had been vacant for a year. Ms. Douglas said that she reviewed the structure and organization of the Board and decided to focus the position with someone who is knowledgeable about advanced practice. Ms. Douglas noted that Dr. Hills is a lead staff person related to discipline for nurse practitioners and a point of contact for external inquiry about nurse practitioners. Ms. Douglas added that Dr. Hills will also be involved in probable review for nursing cases and will oversee the Compliance Division. Dr. Hills shared her background information with the Committee.

Ms. Dodson informed the Committee that there are few Midwife Programs for a non-nurse with Certified Midwife (CM) degrees in the United States, not Certified Nursing Midwife (CNM) degrees. She added that this group has inquired about the practicing of CMs in Virginia without CNM degree. She asked if the Committee would like for them to present at the Committee's meeting in December. She clarified that this group was not the Certified Professional Midwifes (CPM's) regulated by the Board of Medicine.

Ms. Yeatts stated that the Code of VA would have to be changed to regulate a new profession. Ms. Yeatts said that Ms. Dodson may wish to contact BHP which is an advisory Board to the Department as it conducts studies on the need for regulation of professions. Ms. Douglas added that the contact person at BHP is Dr. Carter.

Dr. Brown reminded the Committee regarding the public comment about "*tramadol*". Ms. Hershkowitz asked Ms. Yeatts to clarify further. Ms. Yeatts noted that the minutes referencing "*tramadol"* were in error and suggested to amend the minutes to read "***While tramadol is an opioid type of drug, it was determined that it will be kept in 18VAC90-40-160(C), 18VAC90-40-190(D), and 18VAC90-40-270(D)***." Ms. Gerardo moved to amend the June 7 Business Meeting minutes as suggested by Ms. Yeatts. The motion was seconded and passed unanimously.

Members of the Advisory Committee, Dr. Brown, Ms. Yeatts left the meeting at 9:50 AM.

RECOMMENDATIONS AND CONSENT ORDER FOR CONSIDERATION

CLOSED MEETING: Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:50 A.M. for the purpose of

deliberation to consider Agency Subordinate recommendations and Consent Order. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Hills, Ms. Power, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 10:20 P.M.

Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Nicole Renee Cofer, LNP 0024-168302

Dr. O'Connor moved to accept the Agency Subordinate recommendation to reprimand Nicole Renee Cofer and to indefinitely suspend her license to practice as a nurse practitioner in the Commonwealth of Virginia. The suspension shall be stayed upon proof of Ms. Cofer's re-entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Heather Kiser Duty, LNP 0024-000084 and Authorization to Prescribe 0017-136873

Dr. O'Connor moved to modify the Agency Subordinate recommendation to indefinitely suspend the license Heather Kiser Duty to practice as a nurse practitioner and the Authorization to Prescribe in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Paul M. Colton, LNP 0024-170972 and Authorization to Prescribe 0017-141527

Ms. Gerardo moved to accept the consent order of reinstatement the license of Paul M. Colton to practice as a nurse practitioner in the Commonwealth of Virginia without restriction. The motion was seconded and passed unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 10:25 A.M.

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Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING MINUTES
October 11, 2017

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:30 A.M., October 11, 2017 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

CHAIR: Louise Hershkowitz, CRNA, MSHA; Chair

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE MEMBERS PRESENT:
Marie Gerardo, MS, RN, ANP-BC, Board of Nursing, Joint Board Member
Kevin O'Connor, MD, Board of Medicine, Joint Board Member
Kenneth Walker, MD, Board of Medicine, Joint Board Member

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Jodi P. Power, RN, JD; Senior Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Darlene Graham, Senior Discipline Specialist; Board of Nursing

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General; Board Counsel

ESTABLISMENT OF A QUORUM: With four members of the Committee of the Joint Boards present, a quorum was established.

FORMAL HEARING: **Jason A. Panek, LNP 00024-172801, Authorization to Prescribe 0017-142329**
Mr. Panek appeared and was accompanied by Andre Hakes, Esquire.

David Kazzie, Adjudication Specialist, and Julia Bennett, Assistant Attorney General, represented the Commonwealth. Ms. Mitchell was legal counsel for the Committee of Joint Boards and Board of Nursing. Theresa Pata, court reporter from Crane Snead and Associates, recorded the proceedings.

Kevin Pultz, Senior Investigator, Department of Health Professions, Patient A, Maura Hogan, Senior Group Leader, Discovery School, Anthony Taylor, Investigator, Buckingham County Sheriff's Office, and Matthew Browning, Program Director, Discovery School, were present and testified.

Dianne Johnson, RMA, Discovery School, testified via telephone.

RECESS: The Committee recessed at 1:43 P.M.

RECONVENTION: The Committee reconvened at 2:15 P.M.

RECESS: The Committee recessed at 3:00 P.M.

RECONVENTION: The Committee reconvened at 3:10 P.M.

CLOSED MEETING: Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 3:58 P.M., for the purpose to reach a decision in the matter of Mr. Panek. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Hills, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:21 P.M.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine and panel of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine dismiss the case against Jason A. Panek, LNP and impose no sanction for lack of clear and convincing evidence of a violation of law or regulation governing the practice. The motion was seconded and carried unanimously.

ADJOURNMENT: The meeting was adjourned at 4:23 P.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

VIRGINIA BOARD OF NURSING
SPECIAL CONFERENCE COMMITTEE OF THE BOARD OF NURSING AND THE
COMMITTEE OF THE JOINT BOARD OF NURSING AND MEDICINE
MINUTES
October 11, 2017

TIME AND PLACE: The meeting of the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine was convened at 4:35 P.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA, Chairperson
Marie Gerardo, MS, RN, ANP-BC
Dr. Kevin O'Connor, MD

STAFF PRESENT:
Jay P. Douglas, Executive Director, Board of Nursing
Robin Hills, DNP, WHNP, Deputy Director, Board of Nursing
Anne Joseph, Deputy Director, Administrative Proceedings Division

CONFERENCES SCHEDULED: **Sandra Rosado, RN, LNP, Reinstatement Applicant 0001-213307; 0024-167930**

Ms. Rosado appeared, accompanied by Carole Schriefer, Esquire, legal counsel.

CLOSED MEETING: Ms. Gerardo moved that the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 5:22 P.M. for the purpose of deliberation to reach a decision in the matter of Ms. Rosado. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Hills, and Ms. Joseph attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 5:34 P.M.

Ms. Gerardo moved that the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved to issue an Order to approve the application for reinstatement of Ms. Rosado's license to practice professional nursing in Virginia. Ms. Rosado will be issued a valid in Virginia only license.

The motion was seconded and carried unanimously.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Ms. Rosado unless a written request to the Board for a formal hearing on the allegations made against her is received from Ms. Rosado within such time. If service of the order is made by mail, 3 additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ACTION: Dr. O'Connor moved to issue an Order to approve the application for reinstatement of Ms. Rosado's license to practice as a nurse practitioner in Virginia. Ms. Rosado will be issued an unrestricted license.

The motion was seconded and carried unanimously.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Ms. Rosado unless a written request to the Board for a formal hearing on the allegations made against her is received from Ms. Rosado within such time. If service of the order is made by mail, 3 additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ADJOURNMENT: The meeting was adjourned at 5:35 P.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Agenda Item: **Regulatory Actions - Chart of Regulatory Actions**

Staff Note: Attached is a chart with the status of regulations for the Board as of January 23, 2018

[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Supervision and direction of laser hair removal [Action 4863] NOIRA - *Register Date: 10/2/17* *Joint Boards to recommend proposed regulations 2/7/28* *Board of Medicine to adopt 2/15/18* *Board of Nursing to adopt 3/27/18*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Elimination of separate license for prescriptive authority [Action 4958] NOIRA - *At Secretary's Office for 48 days*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Prescribing of opioids [Action 4797] Proposed - *At Secretary's Office for 53 days*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Correction of section relating to practice agreements [Action 4883] Fast-Track - *Register Date: 12/25/17* *Effective: 2/8/28*

Agenda Item:

Proposed regulations for performance of and for supervision and direction of laser hair removal

Included in the agenda package:

A copy of HB2119
Copies of comments on the Notice of Intended Regulatory Action
Copy of minutes of Regulatory Advisory Panel (RAP)
Copy of Proposed Regulations as recommended by the RAP

Staff note:

Since the statutory language requires laser hair removal by a *properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or a physician assistant,* regulations for doctors of medicine and osteopathy, physician assistants and nurse practitioners need to be amended to define "direction and supervision" in this context and provide guidance about the practitioner responsibility relative to a "properly trained."

Action:

Recommendation of proposed regulations to implement HB2119 as recommended by the RAP and as identical to regulations adopted by Board of Medicine for physician and physician assistants.

VIRGINIA ACTS OF ASSEMBLY -- 2017 SESSION

CHAPTER 390

An Act to amend and reenact § 54.1-700 of the Code of Virginia and to amend the Code of Virginia by adding in Article 6 of Chapter 29 of Title 54.1 a section numbered 54.1-2973.1, relating to the practice of laser hair removal.

[H 2119]

Approved March 13, 2017

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-700 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Article 6 of Chapter 29 of Title 54.1 a section numbered 54.1-2973.1 as follows:

§ 54.1-700. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Barber" means any person who shaves, shapes or trims the beard; cuts, singes, shampoos or dyes the hair or applies lotions thereto; applies, treats or massages the face, neck or scalp with oils, creams, lotions, cosmetics, antiseptics, powders, clays or other preparations in connection with shaving, cutting or trimming the hair or beard, and practices barbering for compensation and when such services are not performed for the treatment of disease.

"Barbering" means any one or any combination of the following acts, when done on the human body for compensation and not for the treatment of disease, shaving, shaping and trimming the beard; cutting, singeing, shampooing or dyeing the hair or applying lotions thereto; applications, treatment or massages of the face, neck or scalp with oils, creams, lotions, cosmetics, antiseptics, powders, clays, or other preparations in connection with shaving, cutting or trimming the hair or a beard. The term "barbering" shall not apply to the acts described hereinabove when performed by any person in his home if such service is not offered to the public.

"Barber instructor" means any person who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of barbering.

"Barbershop" means any establishment or place of business within which the practice of barbering is engaged in or carried on by one or more barbers.

"Board" means the Board for Barbers and Cosmetology.

"Body-piercer" means any person who for remuneration penetrates the skin of a person to make a hole, mark, or scar, generally permanent in nature.

"Body-piercing" means the act of penetrating the skin of a person to make a hole, mark, or scar, generally permanent in nature.

"Body-piercing salon" means any place in which a fee is charged for the act of penetrating the skin of a person to make a hole, mark, or scar, generally permanent in nature.

"Body-piercing school" means a place or establishment licensed by the Board to accept and train students in body-piercing.

"Cosmetologist" means any person who administers cosmetic treatments; manicures or pedicures the nails of any person; arranges, dresses, curls, waves, cleanses, cuts, shapes, singes, waxes, tweezes, shaves, bleaches, colors, relaxes, straightens, or performs similar work, upon human hair, or a wig or hairpiece, by any means, including hands or mechanical or electrical apparatus or appliances unless such acts as adjusting, combing, or brushing prestyled wigs or hairpieces do not alter the prestyled nature of the wig or hairpiece, and practices cosmetology for compensation.

"Cosmetology" includes, but is not limited to, the following practices: administering cosmetic treatments; manicuring or pedicuring the nails of any person; arranging, dressing, curling, waving, cleansing, cutting, shaping, singeing, waxing, tweezing, shaving, bleaching, coloring, relaxing, straightening, or similar work, upon human hair, or a wig or hairpiece, by any means, including hands or mechanical or electrical apparatus or appliances, but shall not include hair braiding or such acts as adjusting, combing, or brushing prestyled wigs or hairpieces when such acts do not alter the prestyled nature of the wig or hairpiece.

"Cosmetology instructor" means a person who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of cosmetology.

"Cosmetology salon" means any commercial establishment, residence, vehicle or other establishment, place or event wherein cosmetology is offered or practiced on a regular basis for compensation and may include the training of apprentices under regulations of the Board.

"Esthetician" means a person who engages in the practice of esthetics for compensation.

"Esthetics" includes, but is not limited to, the following practices of administering cosmetic treatments to enhance or improve the appearance of the skin: cleansing, toning, performing effleurage or other related movements, stimulating, exfoliating, or performing any other similar procedure on the skin of the human body or scalp by means of cosmetic preparations, treatments, *or* any nonlaser device, *whether by* electrical, mechanical, or manual *means*, for care of the skin; applying make-up or eyelashes to any person, tinting or perming eyelashes and eyebrows, and lightening hair on the body except the scalp; and removing unwanted hair from the body of any person by the use of *any nonlaser device, by* tweezing, *or by use of* chemical, or mechanical means. However, "esthetics" is not a healing art and shall not include any practice, activity, or treatment that constitutes the practice of medicine, osteopathic medicine, or chiropractic. The terms "healing arts," "practice of medicine," "practice of osteopathic medicine," and "practice of chiropractic" shall mean the same as those terms are defined in § 54.1-2900.

"Esthetics instructor" means a licensed esthetician who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of esthetics.

"Esthetics spa" means any commercial establishment, residence, vehicle, or other establishment, place, or event wherein esthetics is offered or practiced on a regular basis for compensation under regulations of the Board.

"Master esthetician" means a licensed esthetician who, in addition to the practice of esthetics, offers to the public for compensation, without the use of laser technology, lymphatic drainage, chemical exfoliation, or microdermabrasion, and who has met such additional requirements as determined by the Board to practice lymphatic drainage, chemical exfoliation with products other than Schedules II through VI controlled substances as defined in the Drug Control Act (§ 54.1-3400 et seq.), and microdermabrasion of the epidermis.

"Nail care" means manicuring or pedicuring natural nails or performing artificial nail services.

"Nail salon" means any commercial establishment, residence, vehicle or other establishment, place or event wherein nail care is offered or practiced on a regular basis for compensation and may include the training of apprentices under regulations of the Board.

"Nail school" means a place or establishment licensed by the board to accept and train students in nail care.

"Nail technician" means any person who for compensation manicures or pedicures natural nails, or who performs artificial nail services for compensation, or any combination thereof.

"Nail technician instructor" means a licensed nail technician who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of nail care.

"Physical (wax) depilatory" means the wax depilatory product or substance used to remove superfluous hair.

"School of cosmetology" means a place or establishment licensed by the Board to accept and train students and which offers a cosmetology curriculum approved by the Board.

"School of esthetics" means a place or establishment licensed by the Board to accept and train students and which offers an esthetics curriculum approved by the Board.

"Tattoo parlor" means any place in which tattooing is offered or practiced.

"Tattoo school" means a place or establishment licensed by the Board to accept and train students in tattooing.

"Tattooer" means any person who for remuneration practices tattooing.

"Tattooing" means the placing of designs, letters, scrolls, figures, symbols or any other marks upon or under the skin of any person with ink or any other substance, resulting in the permanent coloration of the skin, including permanent make-up or permanent jewelry, by the aid of needles or any other instrument designed to touch or puncture the skin.

"Wax technician" means any person licensed by the Board who removes hair from the hair follicle using a physical (wax) depilatory or by tweezing.

"Wax technician instructor" means a licensed wax technician who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of waxing.

"Waxing" means the temporary removal of superfluous hair from the hair follicle on any area of the human body through the use of a physical (wax) depilatory or by tweezing.

"Waxing salon" means any commercial establishment, residence, vehicle or other establishment, place or event wherein waxing is offered or practiced on a regular basis for compensation and may include the training of apprentices under regulations of the Board.

"Waxing school" means a place or establishment licensed by the Board to accept and train students in waxing.

§ 54.1-2973.1. Practice of laser hair removal.

The practice of laser hair removal shall be performed by a properly trained person licensed to practice medicine or osteopathic medicine or a physician assistant as authorized pursuant to § 54.1-2952 or a nurse practitioner as authorized pursuant to § 54.1-2957 or by a properly trained

person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or a physician assistant as authorized pursuant to § 54.1-2952 or a nurse practitioner as authorized pursuant to § 54.1-2957 who may delegate such practice in accordance with subdivision A 6 of § 54.1-2901.

VIRGINIA BOARD OF MEDICINE
Regulatory Advisory Panel on Laser Hair Minutes

Monday, November 20, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER:	The meeting convened at 10:08 a.m.
EMERGENCY EGRESS:	Dr. Piness read the Emergency Egress Procedures
MEMBERS PRESENT:	Jane Piness, MD, Chair James Robinson, MD Sara Villalona, PA Pat Selig, PhD, FNP-BC
MEMBERS ABSENT:	None
STAFF PRESENT:	Jennifer Deschenes, JD, Deputy Executive Director, Discipline Alan Heaberlin, Deputy Director, Licensure Colanthia Morton Opher, Operations Manager Elaine Yeatts, DHP Senior Policy Analyst Deirdre Brown, Administrative Assistant
OTHERS PRESENT:	Scott Johnson, JD, Medical Society of VA James Pickral, VSPS Julie Galloway, MSV Chris Nolen, McGuire Woods/ International Aesthetics and Laser Association

MEETING SUMMARY

The meeting began with introductions from the Panel members and board staff, after which the floor opened for public comment.

James Pickral speaking on behalf of the Virginia Society of Plastic Surgeons highlighted the Society's definition of direct supervision and offered to be a resource to the Board.

Chris Nolen with International Aesthetics and Laser Association asked the Panel for a reasonable approach when defining direction and supervision so that it allows for some flexibility. He also commented that training on laser hair removal topics such as those recommended in Guidance Document 85-7 would be useful to the practitioner.

VIRGINIA BOARD OF MEDICINE
Regulatory Advisory Panel on Laser Hair Minutes

Monday, November 20, 2017 Department of Health Professions Henrico, VA

Ms. Yeatts informed the members that the use of a Regulatory Advisory Panel was a relatively new creation comprised of a group of experts that can represent the issue and professions involved. She stated that this Panel's primary purpose was to develop draft regulations that will direct the practitioners about their responsibility of overseeing the practice of laser hair removal. These proposed regulations will then be provided to the respective boards. Ms. Yeatts then read the statute below:

§ 54.1-2973.1. Practice of laser hair removal.

The practice of laser hair removal shall be performed by a properly trained person licensed to practice medicine or osteopathic medicine or a physician assistant as authorized pursuant to § 54.1-2952 or a nurse practitioner as authorized pursuant to § 54.1-2957 or by a properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or a physician assistant as authorized pursuant to § 54.1-2952 or a nurse practitioner as authorized pursuant to § 54.1-2957 who may delegate such practice in accordance with subdivision A 6 of § 54.1-2901.

Ms. Yeatts went on to explain that historically there has been some confusion as to whether the Department of Professional and Occupational Regulation (DPOR) or DHP was responsible for the practice of laser hair removal. While esthetics falls under DPOR, and includes hair removal by devices other than laser, hair removal with a laser falls under DHP. Ms. Yeatts noted that the Panel is tasked with not only ensuring that the physician, physician assistant, and nurse practitioner is properly trained, but that they are trained enough to oversee those non-licensed individuals that are providing laser hair services.

Ms. Yeatts referred to the written comments received and noted that several suggested that the patient be evaluated by a physician prior to receiving treatment.

The Panel then discussed the definition of "direction and supervision".

Dr. Robinson advised that his office was one of the first facilities to offer laser hair removal services in the area many years ago. He said that once the equipment was set up in the office, the company sent an instructor to provide staff training on how to properly operate the equipment. He also noted that he does see every patient before they receive treatment, but is not sure what occurs in a non-physician setting.

Dr. Piness stated that she also had a 3-day course on the equipment, and commented it is like programming a computer with 5 settings. The operator must take into consideration factors like

skin type, hair color, etc., so there is some judgement that needs to be exercised before treatment occurs.

Dr. Robinson added that supervision should be looked at from a practical standpoint, and then from the public consumer's perspective. As laser hair removal is a popular procedure, the process should not be onerous.

Ms. Villalona said that she has been working in laser hair for over 15 years. She stated that the machine is not difficult to use, with proper training and knowledge of skin types suitable for laser hair removal the patient should experience no discomfort or issues.

Dr. Selig asked Dr. Robinson for clarification on his laser hair process. Dr. Robinson advised that he personally meets with all new patients and provides the starting setting. Dr. Selig then stated that if the decision is for the physician to see every patient before treatment, it may be seen as a new burden and she is not sure that it's essential to the practice.

Dr. Piness said that technically the person supervising should know how to operate the equipment. She then pointed to North Carolina's Q&A about who may operate the laser during a laser hair removal procedure. The response is "A physician may operate lasers that are used for hair and tattoo removal, if the physician is trained and qualified to use that particular laser. And, any individual designated by a physician as having adequate training and experience may operate a medical laser while working under a physician's supervision. A supervising physician should assure herself/himself that a non-physician is adequately trained, competent and experienced to use a medical laser safely before the physician delegates this task to the non-physician."

Ms. Yeatts added the there is a comfort level of the process among the licensed professions, but the concern is for those not overseen by a physician.

Ms. Villalona agrees with public protection and said that individuals that have been burned from laser hair removal were not treated at a physician, PA or NP practice, but at a spa and she suggested that a physician perform the initial consultation.

After a 15-minute break, the meeting reconvened and the following draft regulations were developed:

VIRGINIA BOARD OF MEDICINE
Regulatory Advisory Panel on Laser Hair Minutes

Monday, November 20, 2017 Department of Health Professions Henrico, VA

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Ms. Yeatts advised that board staff will send a copy to each of the panel members for their review, comments or additional suggestions. After which, it will be presented on the agenda of the Executive Committee in December.

With no other business to conduct, the meeting adjourned at 11:45 a.m.

Jane Piness, MD
Chairperson

Jennifer Deschenes, JD, MS
Deputy Executive Director

Colanthia M. Opher
Operations Manager

Alex Thiersch, Director
alex@americanmedspa.org
312.981.0991

November 1, 2017

william.harp@dhp.virginia.gov
William L. Harp, M.D.
Executive Director, Board of Medicine
9960 Mayland Drive, Suite 300,
Richmond, VA 23233-1463

jay.douglas@dhp.virginia.gov
Jay P. Douglas, R.N.
Executive Director, Board of Nursing
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

Re: Comments on NOIRA for supervision and direction for laser hair removal

To Whom It May Concern:

The American Med Spa Association (AmSpa) is the primary national trade group for medical spas, laser centers, and non-invasive medical aesthetic centers in the United States. It is comprised of more than 850 members consisting of free-standing medical spas, laser centers, franchises, plastic surgeons, dermatologists, and other aesthetic professionals.

AmSpa, headquartered in Chicago, was created to provide compliance, legal and business resources to the non-invasive aesthetic industry. Its main product offering is a state-by-state summary of the regulations governing medial spas and aesthetic centers, including the regulations governing lasers, light-based devices, and laser hair removal. Currently, AmSpa has information on the current aesthetic regulations for 32 of the 50 states. More information can be found at http://www.americanmedspa.org/page/state_regulations.

AmSpa is supported by a national healthcare law firm, ByrdAdatto, which is based in Dallas. The attorneys at ByrdAdatto provide AmSpa with access to research, guidance, and legal support to accurately advise its membership on relevant regulatory issues facing the industry in all 50 states.

AmSpa has also recently begun working closely with the International Aesthetic & Laser Association (IALA), who is jointly submitting an Impact Statement to the State of Virginia, in reviewing state-based aesthetic regulations and providing guidance to states looking to develop or refine existing guidelines.

Accordingly, AmSpa is in a unique position to provide guidance and information to states like Virginia as they attempt to develop, refine, and define the regulations governing light-based devices used for hair removal, skin-tightening, and other aesthetic purposes. We would be happy to provide information any resources to this state of Virginia, including current regulations recognized by other jurisdictions, trends, statistical data and information about new technology.

Additionally, AmSpa would like to adopt and incorporate the Impact Statement made by IALA as AmSpa's own Impact Statement relative to the current regulations being considered. IALA's statement accurately portrays the current regulatory landscape and offers a sound, reasoned opinion on the issues of supervision as it relates to light-based hair removal treatments.

Please let me know if you have any questions about AmSpa or if you would like further information about how AmSpa can assist in this process.

Sincerely,

Alex Thiersch
Founder/Director
American Med Spa Association (AmSpa)

INTERNATIONAL AESTHETIC & LASER ASSOCIATION

October 31, 2017

Impact Statement of International Aesthetic & Laser Association Regarding the NOIRA for Direction and Supervision of Laser Hair Removal

This Impact Statement is made by the International Aesthetic & Laser Association ("IALA") in relation to the Notice of Intended Regulatory Action related to the direction and supervision of laser hair removal ("NOIRA") submitted by the Virginia Boards of Medicine and Nursing.

1. **IALA Background.** IALA is a non-profit med spa association. Its membership is comprised of over 500 health care professionals, including physicians, nurse practitioners, physician assistants and registered nurses. Many members live in Virginia and own small businesses and will likely be impacted by any changes contemplated under this NOIRA.

2. **Brief Summary of State or Federal Laws Governing the Profession**

   a. **Direction and Supervision.** Approximately forty-eight states provide for general supervision for laser hair removal. General supervision means a supervising practitioner, often a physician or independent nurse practitioner, may be off-site but readily available via telecommunication methods to assist other providers, such as nurse practitioners, physician assistants, or registered nurses. Typically, on-site or direct supervision is required for non-licensed health care providers such as medical assistants, aestheticians or cosmetologists, whereby the supervising practitioner is required to be physically present in the same location where the provider is performing the medical function.

   b. **Training.** Most states mandate that physicians, nurse practitioners, physician assistants or registered nurses may perform laser hair removal with their general medical or nursing background, while some states require that the supervising practitioner have adequate training in the devices used for the procedure. IALA understands the need for additional training and most, if not all, its members have training on the following topics: laser basics, laser settings, treatment policies, and risk management.

3. **Current State Regulatory Oversight of the Profession.** There is currently a Virginia Medical Board Guidance Document ("Guidance Document") for light-based hair removal in physician practices (see attached). According to the Guidance Document, it is within a physician's authority to delegate laser hair removal to "personnel supervised by him," so long as the physician assumes full responsibility for the

provider's actions.[1] The Guidance Document suggests that physicians maintain written policies and procedures that "indicate the level of discretion granted to staff, as well as criteria that necessitate physician involvement."[2] It also suggests these written policies and procedures include training and/or certification for staff involved in laser hair removal treatments, including the initial assessment of the patient, informed consent, energy or fluence setting, management of complications, emergency preparedness and procedures, procedure if treatment results in an adverse reaction, and post-treatment follow-up.[3]

4. **Recommendation.** Based on the current national regulatory landscape and the existing Virginia Guidance Document, Virginia falls in line with the clear majority of states allowing for off-site supervision by a supervising practitioner. Any regulations developed by the two Boards to define the terms "direction and supervision," as used in § 54.1-2973.1, should provide for a general supervision regulatory framework, consistent with the existing Guidance Document, that allows a supervising practitioner to observe standard delegation protocol and scope of practice responsibilities while delegating the practice of laser hair removal to other licensed healthcare practitioners, including registered nurses, without being on-site.

   Moreover, the regulations should require on-site or direct supervision by a healthcare practitioner for non-licensed health care providers such as medical assistants, aestheticians or cosmetologists whereby the supervising practitioner is required to be physically present in the same location where the provider is performing the medical function. Additional training on laser hair removal topics such as those recommended in the 2008 Guidance Document would be useful for the providers.

Respectfully submitted,

International Aesthetic & Laser Association, Inc.

Nicole Strothman, President

1 N. Dale Mabry Hwy, Ste. 1200
Tampa, FL 33609
813-841-7030
nikiesq@gmail.com

[1] Va. Bd. of Med., *Guidance Document for Light-Based Hair Removal in Physician Practices*, http://www.dhp.virginia.gov/medicine/guidelines/85-7Laser.doc (Feb. 21, 2008).
[2] Id.
[3] Id.

November 1, 2017

William L. Harp, MD
Executive Director
Virginia Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Submitted electronically: william.harp@dhp.virginia.gov

Re: 18VAC85-20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic
18VAC85-50, Regulations Governing the Practice of Physician Assistants

Dear Dr. Harp,

On behalf of the undersigned organizations, representing 14,000 dermatologists nationwide, we appreciate the opportunity to provide comments in response to the Virginia Board of Medicine's consideration of amending **18VAC85-20, Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic and 18VAC85-50, Regulations Governing the Practice of Physician Assistants.** We are concerned with weakening supervision and oversight requirements for laser hair removal, which would jeopardize patient safety and disregard adequate and appropriate medical training.

The Safety of Virginia Patients is at Risk
Our organizations believe that allowing "properly trained personnel" who may have no medical experience would jeopardize patient safety and disregard adequate and appropriate medical training.[1, 2] While these lasers are extremely safe and effective when used by medical professionals with appropriate training and oversight, in the wrong hands they can cause painful burns and permanent scarring.

Quality patient care includes evaluating a patient's needs and current condition, selecting an appropriate course of treatment, and providing adequate information and follow-up care. When non-physician practitioners are given legal approval to do the same procedures dermatologists spend years in medical and surgical training to perform, patient safety is seriously compromised. Short term, basic training is in no way equivalent to a physician's training and understanding of a medical procedure and its implications for each patient. Ultimately, patient safety and quality of care are seriously compromised.

Additionally, laser hair removal causes more complications than any other medical laser treatment. According to a study published in *Skin and Aging*, hair reduction was the most commonly treated condition that resulted in complications (46%), followed by laser/light leg vein treatments (21%) and non-facial photorejuvenation (11%).[3] Lower extremities were the most common location of complications (36%), followed by the face (22%) and neck (12%). Physicians performing these procedures have years of training in residencies to medically recognize and address complications, in addition to evaluating the patient to determine the most appropriate treatment. For example, laser hair removal procedures are less effective on individuals with light-colored hair and those with tanned or dark skin may be more susceptible to burning.

With multiple medical laser devices available on the market, and as more devices become available, it is critical to ensure that patient safety remains the primary objective. We feel strongly that cosmetic medical procedures, such as laser hair removal, are more safely performed in a dermatologist's office by the physician or under direct, on-site supervision by the physician. Non-ablative procedures, defined as a medical procedure using a laser, ultrasound, intense pulsed light, cryolipolysis, microwave or radio frequency device that is not expected or intended to remove, burn or vaporize the live epidermal surface of the skin, but may damage the live epidermal surface or underlying tissue if used inappropriately, should only be delegated to non-physicians through the use of a written protocol.[4]

According to a study by Mathew M. Avram, MD, JD, the percentage of medical malpractice lawsuits involving the non-physician use of medical lasers has grown steadily over the past four years, from just 38 percent of lawsuits in 2008 to 78 percent of lawsuits in 2011. According to this same data, 89 percent of laser hair removal-related medical malpractice lawsuits in the year 2011 involved non-physicians performing laser hair removal.[5]

The Use of Medical Lasers is the Practice of Medicine

Any procedure, including hair removal, which utilizes energy-based devices capable of damaging living tissue performed on human beings for cutaneous conditions should be considered as the practice of medicine. Consideration of laser and light-based hair removal as the practice of medicine is consistent with the American Medical Association and the American College of Surgeon's definition of surgery.[6]

Moreover, it is important to consider that in addition to the use of medical lasers themselves, laser hair removal also requires the use of a medical-grade topical anesthetic. In at least two cases, the dispension of this anesthetic without appropriate supervision has resulted in patient deaths. In 2007, and again in 2009, the Food and Drug Administration (FDA) issued public advisories cautioning consumers about this issue. As stated in the advisory:

> *FDA is aware of two instances where women, aged 22 and 25 years old, applied topical anesthetics to their legs to lessen the pain of laser hair removal. These women then wrapped their legs in plastic wrap, as they were instructed, to increase the creams' numbing effect. Both women had seizures, fell into comas, and subsequently died from the toxic effects of the anesthetic drugs. The skin numbing creams used in these two cases were made in pharmacies and contained high amounts of the anesthetic drugs lidocaine and tetracaine. The FDA also has received reports of serious and life-threatening side effects such as irregular heartbeat, seizures*

and coma, and slowed or stopped breathing following the use of these numbing products. These effects happened in both children and adults and when the anesthetic drug was used both for approved and unapproved conditions.[7]

In order to protect the people of Virginia from adverse events and to ensure quality care, **we urge the Virginia Board of Medicine to define "properly trained personnel" and "delegation and supervision" to include the direct, on-site supervision of non-physician providers and to ensure quality care by only allowing adequately trained providers to perform laser hair removal.** Should you have any questions, please contact Kristin Hellquist, ASDSA Director of Advocacy and Practice Affairs, at *khellquist@asds.net* or at (847) 956-9144.

Sincerely,

Henry W. Lim, MD, FAAD, President
American Academy of Dermatology Association

Lisa M. Donofrio, MD, President
American Society for Dermatologic Surgery Association

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[1] ASDSA *Position Statement on Delegation*. http://asdsa.asds.net/uploadedFiles/ASDSA/Policymakers/ASDSA%20-%20Regulation%20of%20Physician%20Assistants%20Position%20Statement(1).pdf

[2] *AAD Position Statement on the Practice of Dermatology – Protecting Patient Safety Quality Care.* https://www.aad.org/Forms/Policies/Uploads/PS/PS-Practice%20of%20Dermatology-Protecting%20Preserving%20Patient%20Safety%20Quality%20Care.pdf

[3] Narurkar, V. 2005, September. "Complications from Laser Procedures Performed by Non-Physicians." *Skin & Aging*. Volume 13 - Issue 9: 70 – 71.

[4] *Safe Laser and Energy-Based Device Act*. Retrieved Nov. 1, 2017. http://asdsa.asds.net/uploadedFiles/Safe%20Laser%20and%20Energy-Based%20Device%20Act.pdf

[5] Jalian HR, Jalian, CA, Avram M. Increased risk of litigation associated with laser surgery by nonphysician operators. JAMA Dermatol 2014; 150(4):407-11.

[6] Definition of surgery (2007). Retrieved Nov. 1, 2017. https://policysearch.ama-assn.org/policyfinder/detail/surgery?uri=%2FAMADoc%2FHOD.xml-0-4317.xml

[7] Food and Drug Administration. 2007, February 6. "Public Health Advisory: Life-Threatening Side Effects with the Use of Skin Products Containing Numbing Ingredients for Cosmetic Procedures." Retrieved from: https://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm054718.htm

AMERICAN SOCIETY OF PLASTIC SURGEONS
THE PLASTIC SURGERY FOUNDATION

Executive Office
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847-228-9900 • Fax: 847-228-9131 • www.plasticsurgery.org

October 23, 2017

The Honorable William L. Harp, MD, *Executive Director*
The Honorable Kevin O'Connor, MD, *President*
Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

RE: Recommendations for regulatory implementation of 2017 House Bill 2119

Dear Members of the Virginia Board of Medicine:

On behalf of the American Society of Plastic Surgeons (ASPS) I would like to submit comments to assist the Board in crafting regulations to implement 2017 House Bill 2119. ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94 percent of all board-certified plastic surgeons in the United States. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

House Bill 2119 restricts the practice of laser hair removal to physicians, physician assistants, nurse practitioners, and properly trained persons under the direction and supervision of one of the aforementioned medical professionals. While ASPS believes that physician assistants and nurse practitioners should perform these procedures under the supervision of a physician, we understand that HB 2119 is a considerable improvement to patient safety and appreciate the commitment of the legislature to improve such standards.

The law requires supervision and appropriate training for persons performing laser hair removal procedures. Due to the fact that these terms are not currently defined under Virginia law, we recommend the following for the Board's consideration:

Supervision

With respect to supervision, ASPS recommends the following supervision standards for physician assistants, nurse practitioners, and properly trained persons: the physician should be immediately available by electronic communication, be no further than fifty (50) miles away, and must be available to physically see the patient within twenty-four (24) hours. These supervision requirements are considerate of the fact that certain physician specialties like plastic surgeons are going to be in-hospital performing surgeries on some days, but also will provide a mechanism to protect the public from medispas with physician supervisors in name only.

Properly Trained

ASPS recommends that physicians be deemed as properly trained due to their existing medical training. For physician assistants and nurse practitioners, we recommend training that includes – at minimum – a formal laser safety course. Additional training in skin physiology, skin types, and device decision-making may be necessary. The paradigm of this additional training should be at the discretion of the supervising physician.

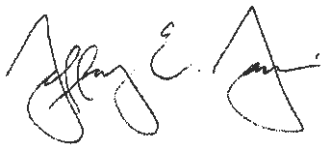
As for the new designation of 'properly trained persons' who lack formal medical education, we recommend certification that includes the following elements:

- Skin physiology and histology;
- Skin type analysis and patient selection;
- Laser and intense light physics and safety;
- Practical application to skin problems treated with medical laser and intense light devices; and
- A number of proctored patient cases (5-10) for each of the devices the individual will be operating.

There are several courses available that incorporate the above and award a certificate upon completion.

Thank you for your consideration of our recommendations. Please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, at phermes@plasticsurgery.org or (847) 228-3331 with any questions or concerns.

Sincerely,



Jeffrey E. Janis, MD, FACS
President, American Society of Plastic Surgeons

Yeatts, Elaine J. (DHP)

From: Henry Wilson <hbwilson1@gmail.com>
Sent: Sunday, May 21, 2017 8:04 PM
To: Harp, William L. (DHP); Yeatts, Elaine J. (DHP)
Subject: House Bill 2119

Dr. William Harp

Executive Director, Board of Medicine

9960 Mayland Drive

Suite 300

Henrico, Virginia 23233

Dr. Harp,

On behalf of the Virginia Society of Plastic Surgeons I would like to offer comments to assist the Board in drafting regulations to implement House Bill 2119.

House Bill 2119 restricts the practice of laser hair removal to physicians, physician assistants, nurse practitioners, and properly trained persons under the direction and supervision of one of the previous three. The legislation mandates both supervision and appropriate training for those performing laser hair removal procedures. As these terms are not defined we would offer the following recommendations for the Board's consideration.

Supervision

The Virginia Society of Plastic Surgeons would recommend that supervision be defined as immediately available to include by electronic or telephonic means but shall not be construed to mean physically present.

Properly Trained

The Virginia Society of Plastic Surgeons would recommend that physicians should be deemed as properly trained due to their existing medical training. For physician assistants and nurse practitioners, we recommend training that will include at a minimum a formal laser safety course. Additional training in skin physiology, skin types, and device decision-making may be necessary and this judgement should rest with their supervising/collaborating physician. For those performing laser hair removal who do not have formal medical education, we would recommend a formal certificate course that includes the following elements:

- Skin physiology and histology
- Skin type analysis and patient selection
- Laser and intense light physics and safety
- Practical application to skin problems treated with medical laser and intense light devices
- A number of proctored patient cases (5-10) for each of the devices the individual will be operating.

There are a number of courses currently available which cover the above and award a certificate upon completion.

In closing, I would like to thank the Board for their consideration. I am happy to answer any questions or to provide additional information.

Sincerely,

Henry Wilson, MD, FACS
President, Virginia Society of Plastic Surgeons

Yeatts, Elaine J. (DHP)

From: Henry Wilson <hbwilson1@gmail.com>
Sent: Friday, November 17, 2017 2:23 PM
To: Harp, William L. (DHP); Yeatts, Elaine J. (DHP)
Subject: HB 2119 Comments--Clarification of Supervision

Dr. William Harp

Executive Director, Board of Medicine

9960 Mayland Drive

Suite 300

Henrico, Virginia 23233

Dr. Harp,

I will not be able to attend the regulatory advisory panel on Monday. My apologies. I would like to clarify our request for having supervision defined as "....immediately available to include by electronic or telephonic means but shall not be construed to mean physically present." There are times when the physician may not be able to be physically present due to offsite patient commitments such as surgery. As you are aware, prior to the passage of HB 2119 there were no requirement for supervision by a physician. The intent of the bill was to prevent improperly trained individuals from performing laser hair removal procedures. We welcome the provisions requiring supervision and proper training. However, we do not want to disrupt the established and safe practice of laser hair removal as performed in physicians' offices currently. We feel that properly trained individuals performing laser hair removal in a physician's office, with a physician available remotely when that physician is out of the office, is an appropriate standard of supervision.

Thank you for your further consideration. Please let me know if you have any questions.

Henry Wilson, MD, FACS
President, Virginia Society of Plastic Surgeons

Project 5221 - NOIRA

BOARD OF NURSING

Supervision and direction of laser hair removal

18VAC90-30-124. Direction and supervision of laser hair removal.

A. A nurse practitioner, as authorized pursuant to § 54.1-2957, may perform or supervise the performance of laser hair removal upon completion of training in the following:

1. Skin physiology and histology;

2. Skin type and appropriate patient selection;

3. Laser safety;

4. Operation of laser device or devices to be used;

5. Recognition of potential complications and response to any actual complication resulting from a laser hair removal treatment; and

6. A minimum number of 10 proctored patient cases with demonstrated competency in treating various skin types.

B. Nurse practitioners who have been performing laser hair removal prior to (the effective date of this regulation) are not required to complete training specified in subsection A.

C. A nurse practitioner who delegates the practice of laser hair removal and provides supervision for such practice shall ensure the supervised person has completed the training required in subsection A.

D. A nurse practitioner who performs laser hair removal or who supervises others in the practice shall receive ongoing training as necessary to maintain competency in new techniques

and laser devices. The nurse practitioner shall ensure that persons he supervises also receive ongoing training to maintain competency.

E. A nurse practitioner may delegate laser hair removal to a properly trained person under his direction and supervision. Direction and supervision shall mean that the nurse practitioner is readily available at the time laser hair removal is being performed. The supervising nurse practitioner is not required to be physically present, but is required to see and evaluate a patient for whom the treatment has resulted in complications prior to the continuance of laser hair removal treatment.

F. Prescribing of medication shall be in accordance with § 54.1-3303 of the Code of Virginia.

Virginia's Licensed Nurse Practitioner Workforce: 2017

Healthcare Workforce Data Center

November 2017

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

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

3,273 Licensed Nurse Practitioners voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, D.C.
Director

Lisa R. Hahn, MPA
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, Ph.D.	Yetty Shobo, PhD	Laura Jackson	Christopher Coyle
Executive Director	*Deputy Director*	*Operations Manager*	*Research Assistant*

Virginia Board of Nursing

President

President

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP
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The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

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FTEs:	7,323

Background

Rural Childhood:	33%
HS Degree in VA:	45%
Prof. Degree in VA:	51%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	66%
Satisfied?:	95%

Survey Response Rate

All Licensees:	33%
Renewing Practitioners:	81%

Education

Master's Degree:	79%
Post-Masters Cert.:	8%

Job Turnover

Switched Jobs:	10%
Employed over 2 yrs:	58%

Demographics

Female:	90%
Diversity Index:	33%
Median Age:	46

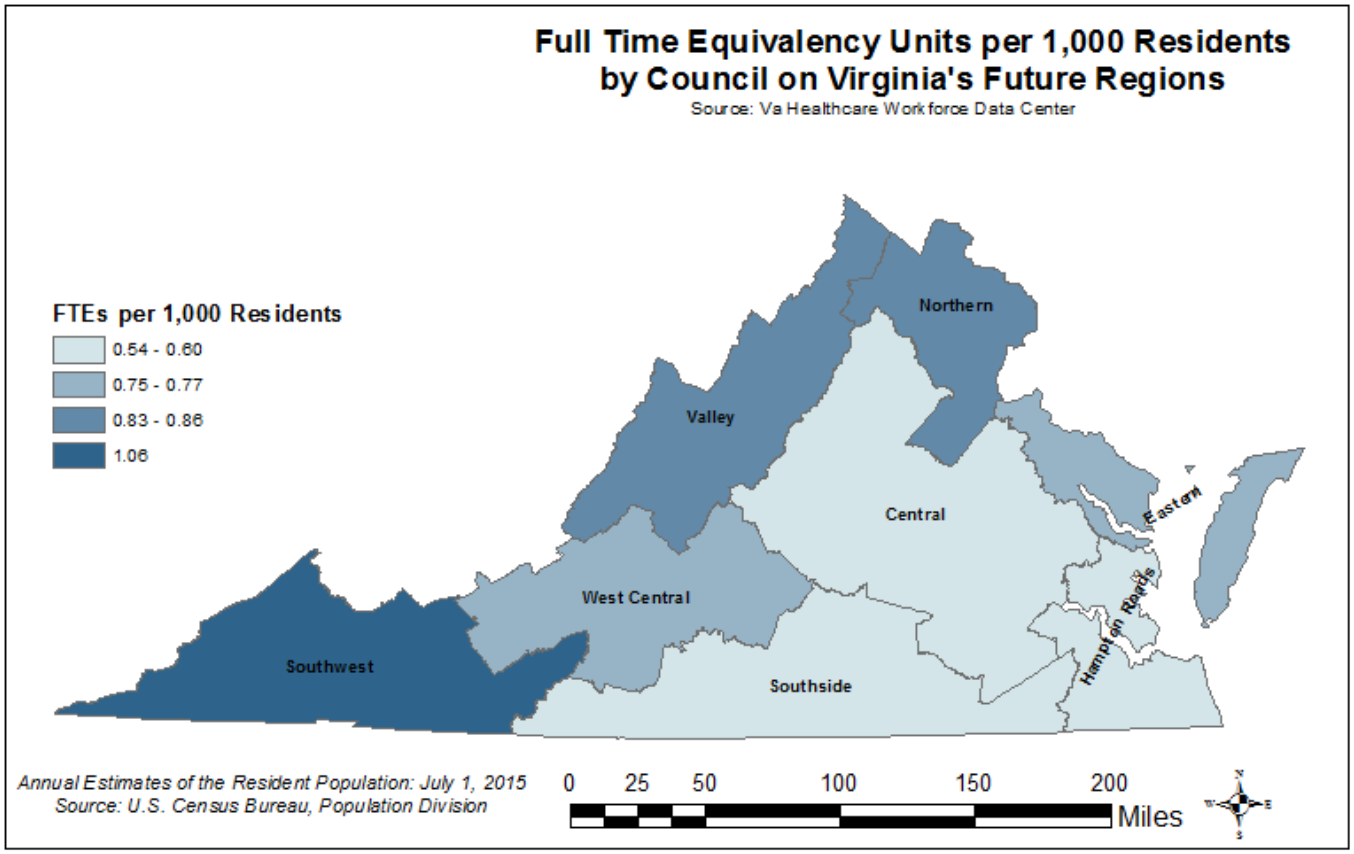
Finances

Median Income:	$100k-$110k
Health Benefits:	66%
Under 40 w/ Ed debt:	69%

Time Allocation

Patient Care:	90%-99%
Patient Care Role:	89%
Admin. Role:	2%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Results in Brief

3,273 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2017 Licensed Nurse Practitioner Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all NPs have access to the survey in any given year. Thus, these survey respondents represent just 33% of the 10,038 NPs who are licensed in the state but 81% of renewing practitioners.

The HWDC estimates that 8,215 NPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NP at some point in the future. Between October 2016 and September 2017, Virginia's NP workforce provided 7,323 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

Nine out 10 NPs are female, while the median age of all NPs is 46. In a random encounter between two NPs, there is a 33% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's NP workforce considerably less diverse than the state's overall population, where there is a 56% chance that two randomly chosen people would be of different races or ethnicities. Among NPs who are under the age of 40, however, the diversity index increases to 38%.

One-third of NPs grew up in a rural area, and 22% of these professionals currently work in non-Metro areas of the state. Overall, 10% of NPs work in rural areas. Meanwhile, 45% of Virginia's NPs graduated from high school in Virginia, and 51% of NPs earned their initial professional degree in the state. In total, 56% of Virginia's NP workforce has some educational background in the state.

About 80% of all NPs hold a Master's degree as their highest professional degree, while another 8% have a post-Masters certificate. Nearly half of all NPs currently carry educational debt, including 69% of those under the age of 40. The median debt burden for those NPs with educational debt is between $50,000 and $60,000.

96% of NPs are currently employed in the profession, and less than 1% of NPs are currently unemployed. Nearly two-thirds of all NPs hold one full-time position, while 16% hold two or more positions simultaneously. 49% of NPs work between 40 and 49 hours per week, while just 5% of NPs work at least 60 hours per week. Meanwhile, 58% of NPs have been at their primary work location for more than two years, and just 1% of NPs have experienced involuntary unemployment at some point in the past year.

The median annual income for NPs is between $100,000 and $110,000. In addition, 85% of wage or salaried NPs receive at least one employer-sponsored benefit, including 64% who receive health insurance. 95% of NPs are satisfied with their current employment situation, including 65% who indicate they are "very satisfied".

One-quarter of NPs have worked at two or more locations in the past year, while 23% of NPs currently do so. 84% of NPs work in the private sector, including 51% who work at a for-profit institution. The inpatient department of hospitals is the most common working establishment type for Virginia's NPs.

A typical NP spends nearly all of her time treating patients, although a typical NP also spends a small amount of time undertaking administrative and educational activities. 89% of NPs serve a patient care role, meaning that at least 60% of their time is spent in patient care activities.

36% of NPs expect to retire by the age of 65. Just 5% of the current workforce expect to retire in the next two years, while half of the current workforce expect to retire by 2042. Over the next two years, only 4% of NPs plan on leaving either the state or the profession. Meanwhile, 8% of NPs plan on increasing patient care activities over the next two years, and 12% expect to pursue additional educational opportunities.

Summary of Trends

Several significant changes have occurred in the NP workforce in the past four years. The number of licensed NPs in the state has grown by 30%; the number in the state's workforce has grown by a similar proportion whereas the FTEs provided has grown by only 27%.

Although the percent female has stayed consistently around 90%, the diversity index has increased considerably in the past year. The diversity index for the entire NP population which had ranged between 28% and 29% between 2014 and 2016 has now increased to 33% in 2017. Similarly, the diversity index for NPs under 40 years of age is now 38% compared to the 34%-35% of the previous three years. Median age also keeps dropping. It is currently at 46 years from 48 years in 2014.

The percent of NPs working in Virginia has barely changed over the years. The percent of licensed NPs working in Virginia increased from 81% in 2014 to 82% in 2017. The geographical distribution of NPs also has been pretty stable within the state. Only a tenth of NPs reported working in rural areas in all the surveys. Only the percent who grew up in non-metro areas and currently work in non-metro areas increased from 20% in 2014 to 22% in the 2017 survey.

Over the past four years, educational attainment has improved for NPs. In the 2017 survey, 79% reported having a master's degree compared to 75% in the 2014 survey. Additionally, the percent of NPs with a doctorate NP increased from 4% to 6% in the time period. The percent with a post-master's certificate, however, dropped from 10% to 8% in the same period. There are some changes in the specialty reported as well. Whereas RN Anesthetists was the most common specialty reported by 24% of NPs in 2014, it was the second most common in 2017, reported by only 19% of NPs. By contrast most NPs now report family health as their specialty; 28% did in 2017 compared to 23% in 2014 when it was the second most common specialty.

The higher educational attainment of the NPs appears to be reflected in the higher proportion of NPs who now report having education debt. In 2017, 48% of all NPs had an education debt compared to 40% in 2014. The change in NPs under age 40 reporting an education debt was less drastic; 68% of NPs under age 40 reported having an education debt in 2014 and this percent increased to 69% in 2017. The median education debt reported has also increased from $40,000-$50,000 in 2014 to $50,000-$60,000 in 2017. Those reporting more than $120,000 in education debt have also increased from 4% to 8% of all NPs and from 10% to 14% of NPs under age 40.

The income reported by NPs has also increased in the same period. The median income was $90,000-$100,000 in the previous three years but has now increased to $100,000-$110,000 in 2017. Additionally, 21% earned more than $120,000 in 2014 whereas 31% earned the same in 2017.

The employment prospects of NPs have not dimmed in the past four years. About 96% are still employed in the profession and involuntary unemployment remains at below 1%. Hospital inpatient departments remain the most common work establishment reported by NPs, followed by primary care clinics over the past four years. Distribution across the public and private sector also remained unchanged over time. Job satisfaction remains high at 95% in the past four years and percent of wage or salaried staff receiving at least one benefit from employer only inched up from 84% in 2014 to 85% in 2017.

Retirement intentions have not changed significantly in the past four years for NPs. The percent intending to retire by age 65 declined slightly from 37% in 2014 to 36% in 2017. Further, whereas a quarter intended to retire within 10 years of the 2014 survey, only 21% of NPs had the same intentions in 2017. The percent intending to decrease participation in the NP workforce for various reasons did not change but the percent with plans to increase participation changed over the years. In 2017, 8% plan to increase patient care hours instead of 10% in 2014. Furthermore, 11% and 12% plan to increase teaching and pursue additional education, respectively, instead of 12% and 14% in 2014.

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	3,676	37%
New Licensees	1,226	12%
Non-Renewals	514	5%
Renewal date not in survey period	4,622	46%
All Licensees	**10,038**	**100%**

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 81% of renewing NPs submitted a survey. These represent 33% of NPs who held a license at some point during the licensing period.

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	332	74	18%
30 to 34	940	445	32%
35 to 39	1,045	401	28%
40 to 44	797	491	38%
45 to 49	909	397	30%
50 to 54	690	421	38%
55 to 59	769	353	31%
60 and Over	1,283	691	35%
Total	**6,765**	**3,273**	**33%**
New Licenses			
Issued After Sept. 2016	1,138	88	7%
Metro Status			
Non-Metro	523	312	37%
Metro	4,406	2,662	38%
Not in Virginia	1,836	299	14%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number: 10,038
New: 12%
Not Renewed: 5%

Response Rates

All Licensees: 33%
Renewing Practitioners: 81%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	3,273
Response Rate, all licensees	33%
Response Rate, Renewals	81%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted between October 2016 and September 2017 on the birth month of each renewing practitioner.
2. **Target Population:** All NPs who held a Virginia license at some point during the survey time period.
3. **Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time

At a Glance:

Workforce

Virginia's NP Workforce:	8,215
FTEs:	7,323

Utilization Ratios

Licensees in VA Workforce:	82%
Licensees per FTE:	1.37
Workers per FTE:	1.12

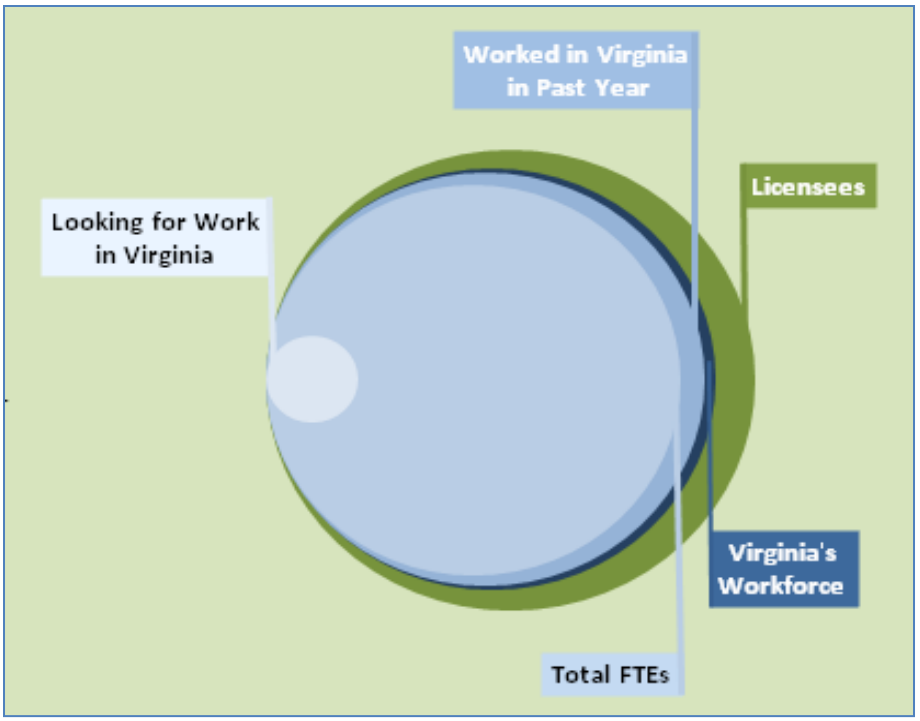
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	8,070	98%
Looking for Work in Virginia	145	2%
Virginia's Workforce	**8,215**	**100%**
Total FTEs	**7,323**	
Licensees	**10,038**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	24	7%	330	93%	354	5%
30 to 34	67	6%	1,087	94%	1,154	15%
35 to 39	121	11%	1,010	89%	1,131	15%
40 to 44	133	14%	827	86%	960	13%
45 to 49	63	7%	860	93%	922	12%
50 to 54	100	12%	731	88%	831	11%
55 to 59	91	11%	720	89%	811	11%
60 +	155	12%	1,165	88%	1,319	18%
Total	**754**	**10%**	**6,729**	**90%**	**7,483**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	90%
% Under 40 Female:	92%

Age

Median Age:	46
% Under 40:	35%
% 55+:	28%

Diversity

Diversity Index:	33%
Under 40 Div. Index:	38%

Source: Va. Healthcare Workforce Data Center

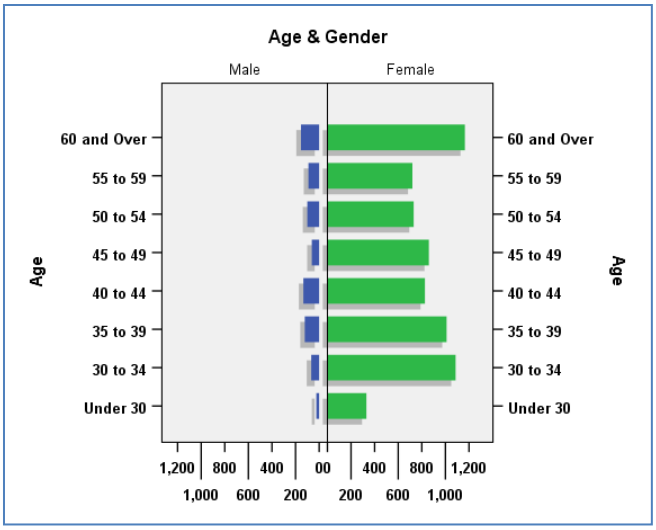
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	63%	6,083	81%	2,032	78%
Black	19%	647	9%	235	9%
Asian	6%	357	5%	183	7%
Other Race	0%	116	2%	37	1%
Two or more races	3%	124	2%	58	2%
Hispanic	9%	165	2%	75	3%
Total	**100%**	**7,492**	**100%**	**2,619**	**100%**

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NPs, there is a 33% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 56% chance for Virginia's population as a whole.

35% of NPs are under the age of 40. 92% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 38%, which is higher than the diversity index among Virginia's overall NP workforce.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	13%
Rural Childhood:	33%

Virginia Background

HS in Virginia:	45%
Prof. Ed. in VA:	51%
HS or Prof. Ed. in VA:	56%
Initial NP Degree in VA:	58%

Location Choice

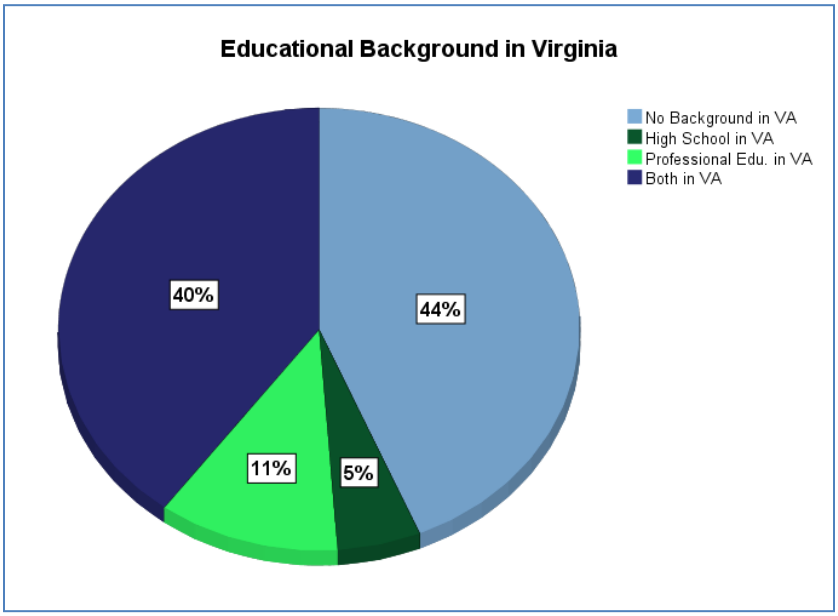
% Rural to Non-Metro:	22%
% Urban/Suburban to Non-Metro:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	22%	63%	15%
2	Metro, 250,000 to 1 million	56%	36%	8%
3	Metro, 250,000 or less	47%	44%	9%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	64%	23%	13%
6	Urban pop, 2,500-19,999, Metro adj	57%	36%	7%
7	Urban pop, 2,500-19,999, nonadj	82%	13%	5%
8	Rural, Metro adj	70%	30%	0%
9	Rural, nonadj	61%	39%	0%
	Overall	**33%**	**54%**	**13%**

Source: Va. Healthcare Workforce Data Center



33% of all NPs grew up in self-described rural areas, and 22% of these professionals currently work in non-Metro counties. Overall, 10% of all NPs currently work in non-Metro counties.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	3,343	Virginia	3,781	Virginia	4,251
2	Outside of U.S./Canada	428	New York	403	Washington, D.C.	474
3	Pennsylvania	404	Pennsylvania	383	Pennsylvania	325
4	New York	397	West Virginia	260	Tennessee	229
5	West Virginia	279	Maryland	214	New York	209
6	Maryland	227	Tennessee	190	North Carolina	194
7	Florida	207	Florida	189	West Virginia	169
8	New Jersey	205	North Carolina	187	Maryland	135
9	Ohio	190	Ohio	177	Florida	135
10	North Carolina	155	Massachusetts	126	Ohio	123

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	1,563	Virginia	1,779	Virginia	1,740
2	Outside of U.S./Canada	243	Pennsylvania	171	Washington, D.C.	227
3	West Virginia	174	New York	161	Pennsylvania	175
4	Pennsylvania	170	West Virginia	149	Tennessee	124
5	New York	126	Tennessee	107	West Virginia	107
6	Florida	103	Maryland	102	North Carolina	90
7	New Jersey	86	Florida	96	Ohio	75
8	Ohio	77	Ohio	84	Florida	73
9	Illinois	67	North Carolina	59	Maryland	72
10	Maryland	66	Outside of U.S./Canada	55	Minnesota	65

Source: Va. Healthcare Workforce Data Center

18% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. 90% of these licensees worked at some point in the past year, including 87% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	1,843
% of Licensees:	18%
Federal/Military:	18%
Va. Border State/DC:	25%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	305	4%
Master's Degree	5,817	79%
Post-Masters Cert.	599	8%
Doctorate of NP	451	6%
Other Doctorate	213	3%
Post-Ph.D. Cert.	2	0%
Total	**7,388**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

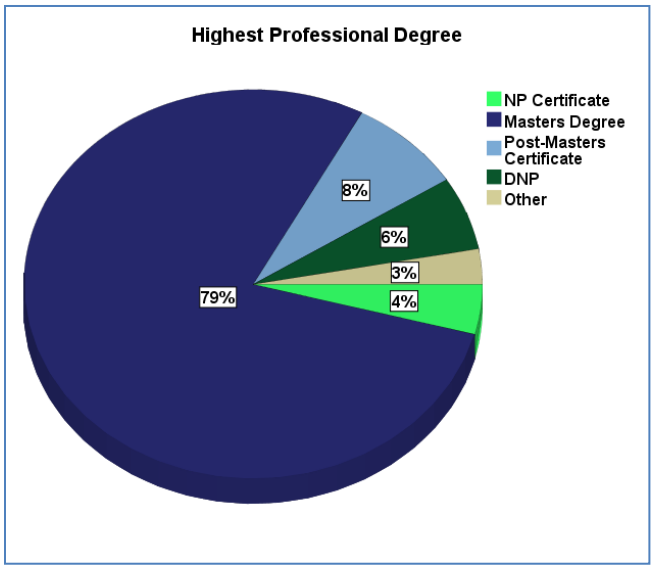
Education

Master's Degree: 79%
Post-Masters Cert.: 8%

Educational Debt

Carry debt: 48%
Under age 40 w/ debt: 69%
Median debt: $50k-$60k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three-quarters of all NPs hold a Master's degree as their highest professional degree. 48% of NPs carry education debt, including 69% of those under the age of 40. The median debt burden among NPs with educational debt is between $50,000 and $60,000.

Educational Debt				
Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	3,495	52%	727	31%
$10,000 or less	313	5%	152	7%
$10,000-$19,999	259	4%	117	5%
$20,000-$29,999	290	4%	96	4%
$30,000-$39,999	254	4%	121	5%
$40,000-$49,999	264	4%	130	6%
$50,000-$59,999	297	4%	143	6%
$60,000-$69,999	180	3%	105	4%
$70,000-$79,999	224	3%	100	4%
$80,000-$89,999	207	3%	100	4%
$90,000-$99,999	175	3%	102	4%
$100,000-$109,999	162	2%	90	4%
$110,000-$119,999	83	1%	31	1%
$120,000 or more	511	8%	322	14%
Total	**6,714**	**100%**	**2,336**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health:	28%
RN Anesthetist:	19%
Acute Care/ER:	9%

Credentials

ANCC – Family NP:	22%
AANPCP – Family NP:	18%
ANCC – Adult NP:	5%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,056	28%
Certified Registered Nurse Anesthetist	1,414	19%
Acute Care/Emergency Room	626	9%
Pediatrics	526	7%
Adult Health	472	6%
OB/GYN - Women's Health	332	5%
Psychiatric/Mental Health	262	4%
Surgical	231	3%
Geriatrics/Gerontology	178	2%
Certified Nurse Midwife	166	2%
Medical Specialties (Not Listed)	144	2%
Neonatal Care	110	2%
Gastroenterology	69	1%
Pain Management	41	1%
Other	670	9%
Total	**7,297**	**100%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	%
ANCC: Family NP	1,775	22%
AANPCP: Family NP	1,503	18%
ANCC: Adult NP	409	5%
NCC: Women's Health Care NP	327	4%
ANCC: Acute Care NP	246	3%
ANCC: Adult-Gerontology Acute Care NP	238	3%
ANCC: Pediatric NP	132	2%
NCC: Neonatal NP	109	1%
ANCC: Adult-Gerontology Primary Care NP	104	1%
AANPCP: Adult NP	103	1%
ANCC: Adult Psychiatric-Mental Health NP	101	1%
ANCC: Family Psychiatric-Mental Health NP	101	1%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	57	1%
All Other Credentials	84	1%
At Least One Credential	**5,002**	**61%**

Source: Va. Healthcare Workforce Data Center

Nearly a quarter of all NPs had a primary specialty in family health, while another 19% had a primary specialty as a Certified RN Anesthetist. 61% of all NPs also held at least one credential. ANCC: Family NP was the most common credential held by Virginia's NP workforce.

At a Glance:

Employment

Employed in Profession: 96%
Involuntarily Unemployed: <1%

Positions Held

1 Full-time: 66%
2 or More Positions: 16%

Weekly Hours:

40 to 49: 49%
60 or more: 5%
Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	0%
Employed in a nursing- related capacity	7,096	96%
Employed, NOT in a nursing-related capacity	47	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	24	<1%
Voluntarily unemployed	170	2%
Retired	59	1%
Total	**7,399**	**100%**

Source: Va. Healthcare Workforce Data Center

96% of NPs are currently employed in their profession. 66% of NPs hold one full-time job, while 16% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while just 5% work at least 60 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	194	3%
1 to 9 hours	112	2%
10 to 19 hours	204	3%
20 to 29 hours	588	8%
30 to 39 hours	1,353	19%
40 to 49 hours	3,517	49%
50 to 59 hours	892	12%
60 to 69 hours	228	3%
70 to 79 hours	47	1%
80 or more hours	65	1%
Total	**7,200**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	194	3%
One Part-Time Position	1,056	15%
Two Part-Time Positions	276	4%
One Full-Time Position	4,813	66%
One Full-Time Position & One Part-Time Position	802	11%
Two Full-Time Positions	16	0%
More than Two Positions	89	1%
Total	**7,246**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	59	1%
Less than $40,000	257	5%
$40,000-$49,999	152	3%
$50,000-$59,999	231	5%
$60,000-$69,999	258	5%
$70,000-$79,999	376	7%
$80,000-$89,999	638	12%
$90,000-$99,999	933	18%
$100,000-$109,999	858	17%
$110,000-$119,999	516	10%
$120,000 or more	1,608	31%
Total	**5,886**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $100k-$110k

Benefits

Retirement: 74%

Health Insurance: 66%

Satisfaction

Satisfied: 95%

Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,647	65%
Somewhat Satisfied	2,174	30%
Somewhat Dissatisfied	301	4%
Very Dissatisfied	88	1%
Total	**7,210**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical NP had an annual income of between $100,000 and $110,000. Among NPs who received either a wage or salary as compensation at the primary work location, 74% also had access to a retirement plan and 66% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Signing/Retention Bonus	991	14%	15%
Dental Insurance	4,101	58%	60%
Health Insurance	4,495	63%	66%
Paid Leave	4,956	70%	74%
Group Life Insurance	3,695	52%	55%
Retirement	5,074	72%	74%
Receive at least one benefit	**5,815**	**82%**	**85%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	**#**	**%**
Experience Involuntary Unemployment?	57	1%
Experience Voluntary Unemployment?	389	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	197	2%
Work two or more positions at the same time?	1,365	17%
Switch employers or practices?	799	10%
Experienced at least 1	**2,366**	**29%**

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 3.9% during the same period.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	121	2%	129	7%
Less than 6 Months	668	10%	250	14%
6 Months to 1 Year	732	10%	196	11%
1 to 2 Years	1,445	21%	384	21%
3 to 5 Years	1,614	23%	407	23%
6 to 10 Years	988	14%	258	14%
More than 10 Years	1,455	21%	166	9%
Subtotal	**7,023**	**100%**	**1,789**	**100%**
Did not have location	164		6,377	
Item Missing	1,028		48	
Total	**8,215**		**8,215**	

Source: Va. Healthcare Workforce Data Center

66% of NPs receive a salary at their primary work location, while 30% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 5%

Turnover & Tenure

Switched Jobs: 10%
New Location: 26%
Over 2 years: 58%
Over 2 yrs, 2nd location: 46%

Employment Type

Salary: 66%
Hourly Wage: 30%

Source: Va. Healthcare Workforce Data Center

58% of NPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	**#**	**%**
Salary/ Commission	3,739	66%
Hourly Wage	1,682	30%
By Contract	173	3%
Business/ Practice Income	0	0%
Unpaid	36	1%
Subtotal	**5,630**	**100%**
Missing location	164	
Item missing	2,274	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The average non-seasonally adjusted monthly unemployment rate was 3.9% in October 2016 to September 2017, the period of the survey. The low of the period was 3.6% in September 2017 and the high was 4.2% in January 2017. The data for September 2017 was preliminary.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	72%
Lowest Region:	1%

Locations

2 or more (Past Year):	25%
2 or more (Now*):	23%

Source: Va. Healthcare Workforce Data Center

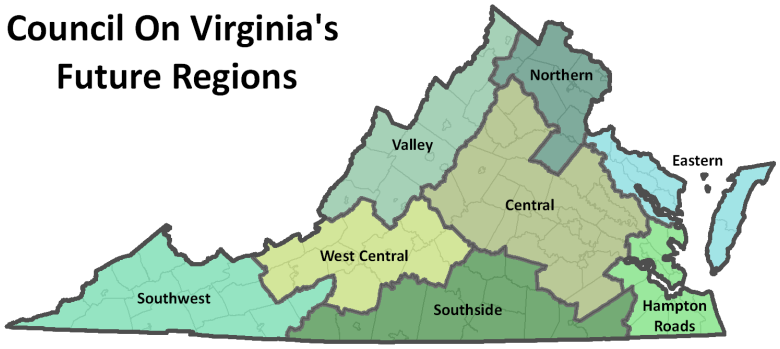
Central Virginia is the COVF region that has the largest number of NPs in the state, while Eastern Virginia has the fewest number of NPs in Virginia.

A Closer Look:

Regional Distribution of Work Locations				
COVF Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,912	27%	367	20%
Eastern	86	1%	18	1%
Hampton Roads	1,295	18%	355	20%
Northern	1,854	26%	407	22%
Southside	204	3%	49	3%
Southwest	383	5%	168	9%
Valley	479	7%	106	6%
West Central	646	9%	150	8%
Virginia Border State/DC	68	1%	46	3%
Other US State	121	2%	134	7%
Outside of the US	0	0%	11	1%
Total	**7,048**	**100%**	**1,810**	**100%**
Item Missing	1,003		28	

Source: Va. Healthcare Workforce Data Center

Council On Virginia's Future Regions



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	145	2%	231	3%
1	5,207	73%	5,264	73%
2	991	14%	963	13%
3	650	9%	596	8%
4	45	1%	46	1%
5	61	1%	26	0%
6 or More	71	1%	43	1%
Total	**7,170**	**100%**	**7,170**	**100%**

*At the time of survey completion (Oct. 2016 - Sept. 2017, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

73% of all NPs had just one work location during the past year, while 25% of NPs had multiple work locations.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,438	51%	958	56%
Non-Profit	2,189	33%	504	29%
State/Local Government	602	9%	173	10%
Veterans Administration	186	3%	13	1%
U.S. Military	219	3%	49	3%
Other Federal Government	76	1%	20	1%
Total	**6,710**	**100%**	**1,717**	**100%**
Did not have location	164		6,377	
Item Missing	1,341		121	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

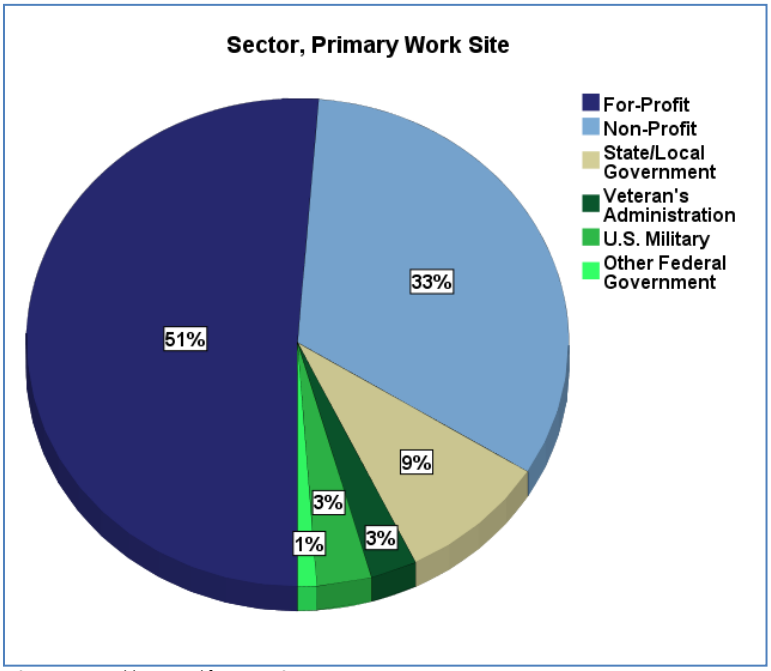
For Profit:	51%
Federal:	7%

Top Establishments

Hospital, Inpatient:	21%
Clinic, Primary Care:	18%
Physician Office:	9%

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 51% in for-profit establishments. Meanwhile, 8% of NPs work for state or local governments, and 7% work for the federal government.



Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	2,491	30%
Remote Health, Caring for Patients in Virginia	628	8%
Remote Health, Caring for Patients Outside of Virginia	174	2%
Use at least one	**2,766**	**34%**

Source: Va. Healthcare Workforce Data Center

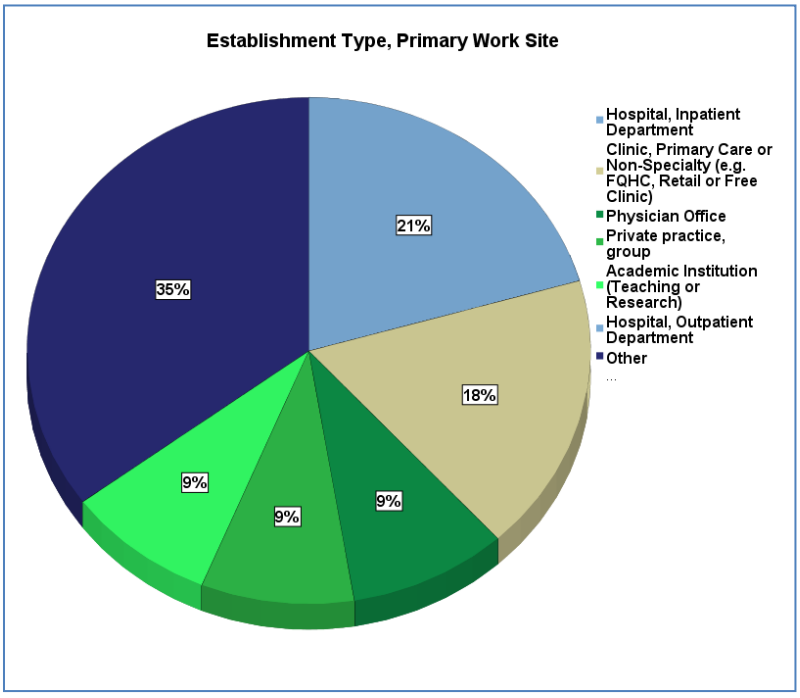
Close to a third of the state NP workforce use EHRs. 8% also provide remote health care for Virginia patients.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1326	21%	313	19%
Clinic, Primary Care or Non-Specialty	1146	18%	242	15%
Physician Office	589	9%	69	4%
Private practice, group	568	9%	79	5%
Academic Institution (Teaching or Research)	558	9%	140	9%
Hospital, Outpatient Department	510	8%	82	5%
Ambulatory/Outpatient Surgical Unit	268	4%	101	6%
Clinic, Non-Surgical Specialty	191	3%	57	3%
Hospital, Emergency Department	143	2%	56	3%
Long Term Care Facility, Nursing Home	134	2%	54	3%
Private practice, solo	109	2%	26	2%
Mental Health, or Substance Abuse, Outpatient Center	87	1%	40	2%
Public Health Agency	63	1%	23	1%
Other Practice Setting	765	12%	356	22%
Total	**6,457**	**100%**	**1,638**	**100%**
Did Not Have a Location	164		6,377	

Source: Va. Healthcare Workforce Data Center

The single largest employer of Virginia's NPs is the inpatient department of hospitals, where 21% of all NPs have their primary work location. Primary care/non-specialty clinics, physicians' offices, group private practices, and academic institutions were also common primary establishment types for Virginia's NP workforce.

Among those NPs who also have a secondary work location, 19% work at the inpatient department of a hospital and 15% work in a primary care/non-specialty clinic.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	90%-99%
Administration:	1%-9%
Education:	1%-9%

Roles

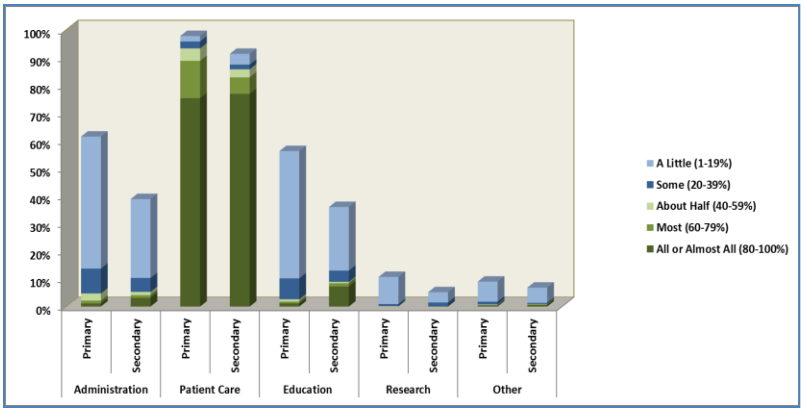
Patient Care:	89%
Administration:	2%
Education:	2%

Patient Care NPs

Median Admin Time:	1%-9%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

A typical NP spends most of her time on patient care activities, with most of the remaining time split between administrative and educational tasks. 89% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation										
Time Spent	**Admin.**		**Patient Care**		**Education**		**Research**		**Other**	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	1%	3%	75%	77%	1%	7%	0%	0%	0%	1%
Most (60-79%)	1%	1%	13%	6%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	3%	1%	4%	3%	1%	0%	0%	0%	0%	0%
Some (20-39%)	9%	5%	2%	2%	8%	4%	1%	1%	1%	0%
A Little (1-20%)	48%	29%	2%	4%	46%	23%	10%	4%	7%	5%
None (0%)	39%	61%	2%	9%	44%	64%	89%	95%	91%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
Under age 50	73	1%	-	-
50 to 54	152	2%	3	0%
55 to 59	434	7%	78	3%
60 to 64	1,701	26%	547	21%
65 to 69	2,572	40%	1,143	44%
70 to 74	935	14%	491	19%
75 to 79	201	3%	95	4%
80 or over	54	1%	34	1%
I do not intend to retire	342	5%	182	7%
Total	**6,463**	**100%**	**2,572**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs

Under 65: 36%
Under 60: 10%

NPs 50 and over

Under 65: 24%
Under 60: 3%

Time until Retirement

Within 2 years: 5%
Within 10 years: 21%
Half the workforce: By 2042

Source: Va. Healthcare Workforce Data Center

36% of NPs expect to retire by the age of 65, while 24% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 40% of all NPs expect to retire in their late 60s, and 23% of all NPs expect to work until at least age 70, including 5% who do not expect to retire at all.

Within the next two years, only 4% of Virginia's NPs plan on leaving either the profession or the state. Meanwhile, 8% of NPs plan on increasing patient care hours, and 12% plan on pursuing additional educational opportunities.

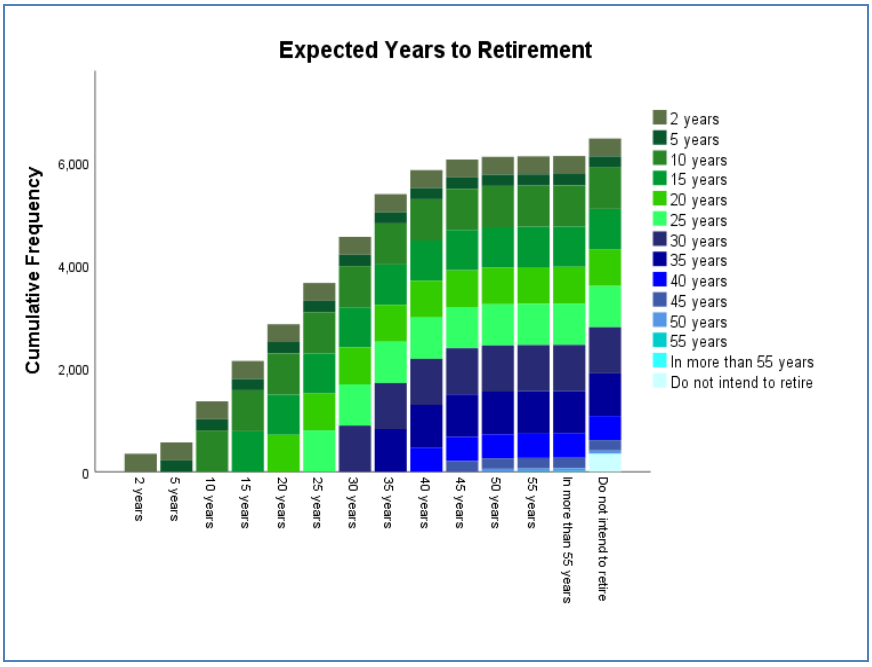
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	53	1%
Leave Virginia	206	3%
Decrease Patient Care Hours	743	9%
Decrease Teaching Hours	69	1%
Increase Participation		
Increase Patient Care Hours	678	8%
Increase Teaching Hours	939	11%
Pursue Additional Education	1,013	12%
Return to Virginia's Workforce	52	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 5% of NPs expect to retire in the next two years, while 21% expect to retire in the next 10 years. More than half of the current NP workforce expects to retire by 2042.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	347	5%	5%
5 years	220	3%	9%
10 years	799	12%	21%
15 years	782	12%	33%
20 years	713	11%	44%
25 years	801	12%	57%
30 years	894	14%	70%
35 years	827	13%	83%
40 years	469	7%	91%
45 years	203	3%	94%
50 years	54	1%	95%
55 years	7	0%	95%
In more than 55 years	5	0%	95%
Do not intend to retire	342	5%	100%
Total	**6,463**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2027. Retirements will peak at 14% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2057.

At a Glance:

FTEs

Total:	7,323
FTEs/1,000 Residents:	0.87
Average:	0. 91

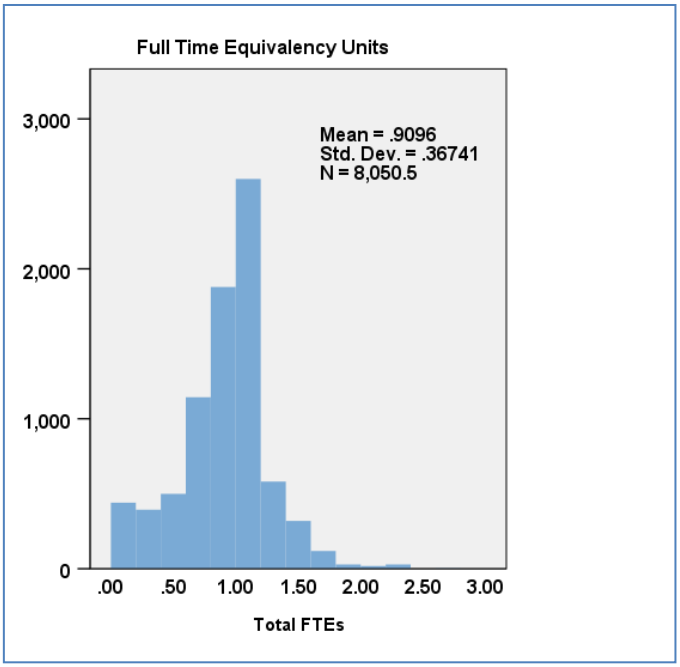
Age & Gender Effect

Age, Partial Eta^2:	Negligible
Gender, Partial Eta^2:	Negligible

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

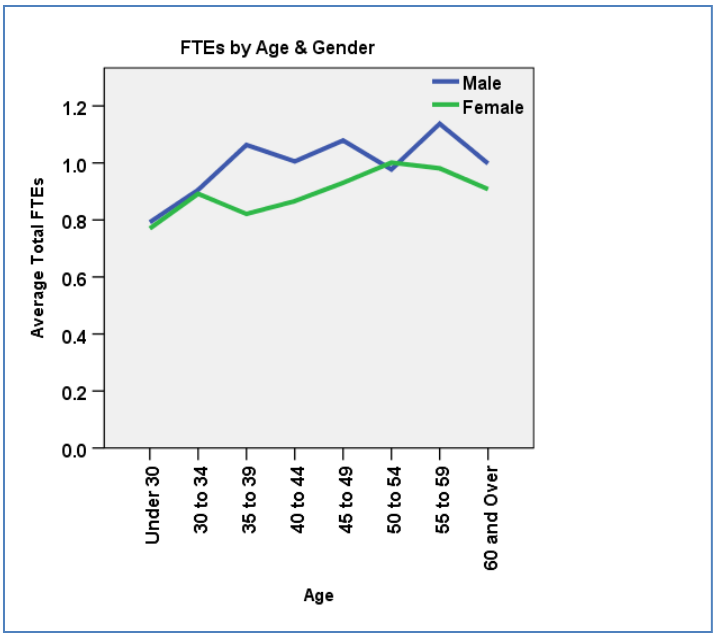


Source: Va. Healthcare Workforce Data Center

The typical (median) NP provided 0.91 FTEs, or approximately 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.[2]

Full-Time Equivalency Units		
Age	**Average Age**	**Median**
Under 30	0.77	0.77
30 to 34	0.89	0.91
35 to 39	0.84	0.88
40 to 44	0.87	0.88
45 to 49	0.93	0.91
50 to 54	1.01	1.08
55 to 59	1.01	1.10
60 and Over	0.91	0.88
Gender		
Male	1.02	1.09
Female	0. 91	0.90

Source: Va. Healthcare Workforce Data Center

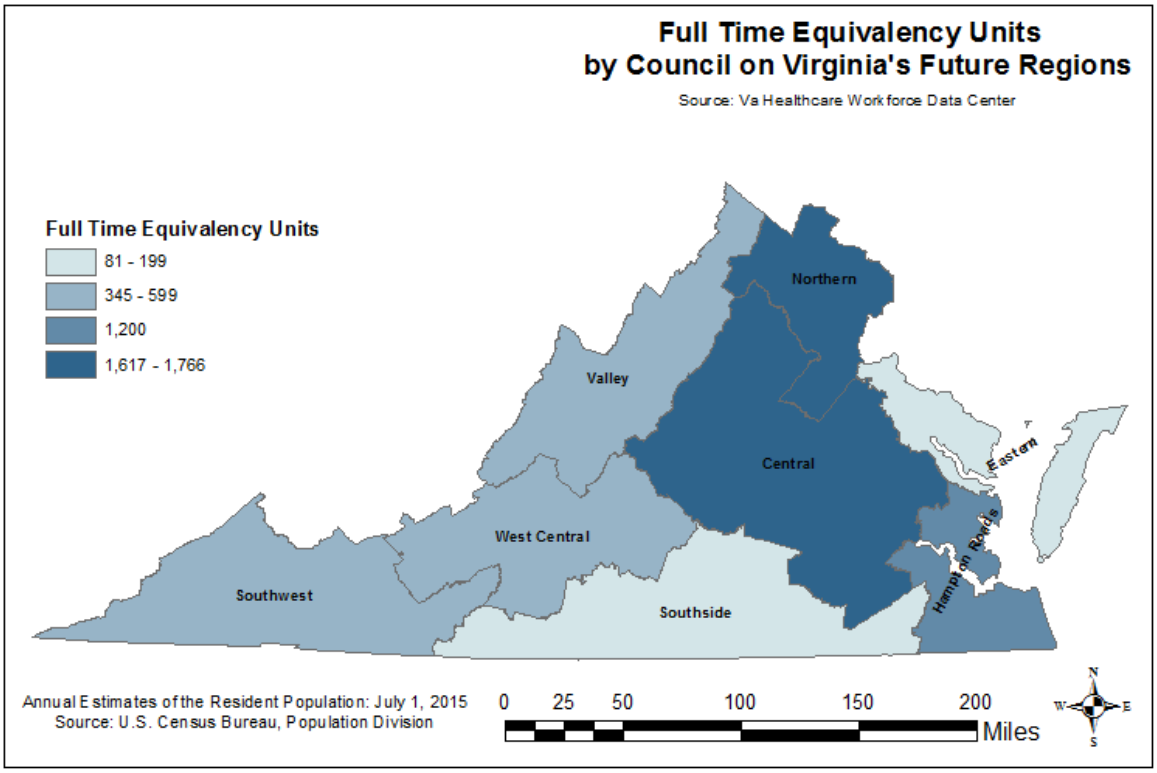


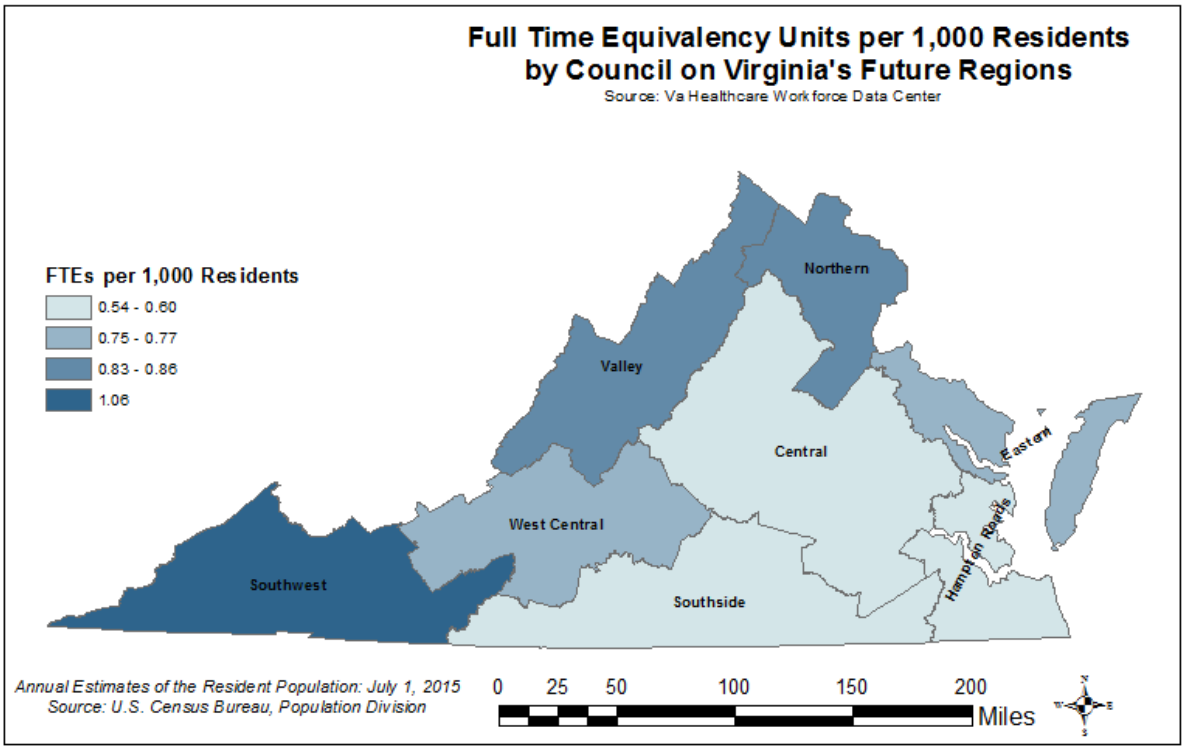
Source: Va. Healthcare Workforce Data Center

[2] Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)

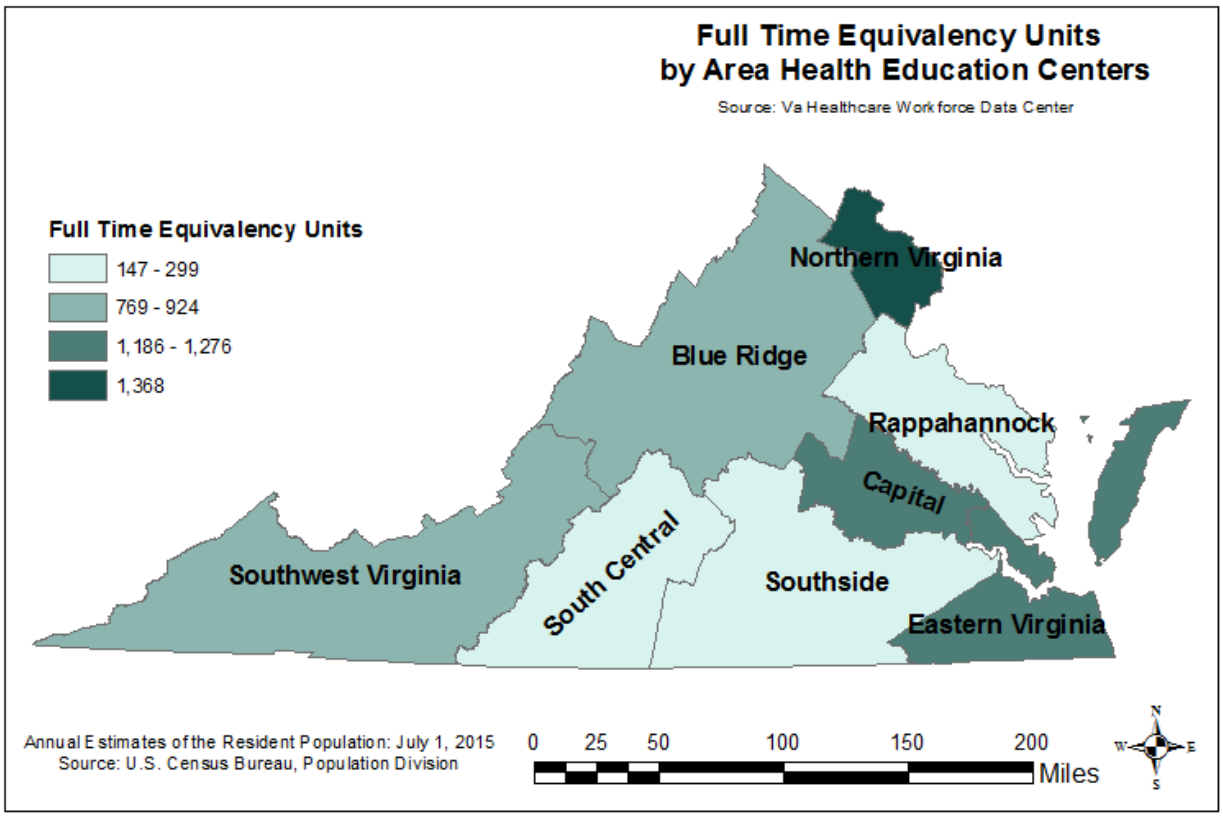
Maps

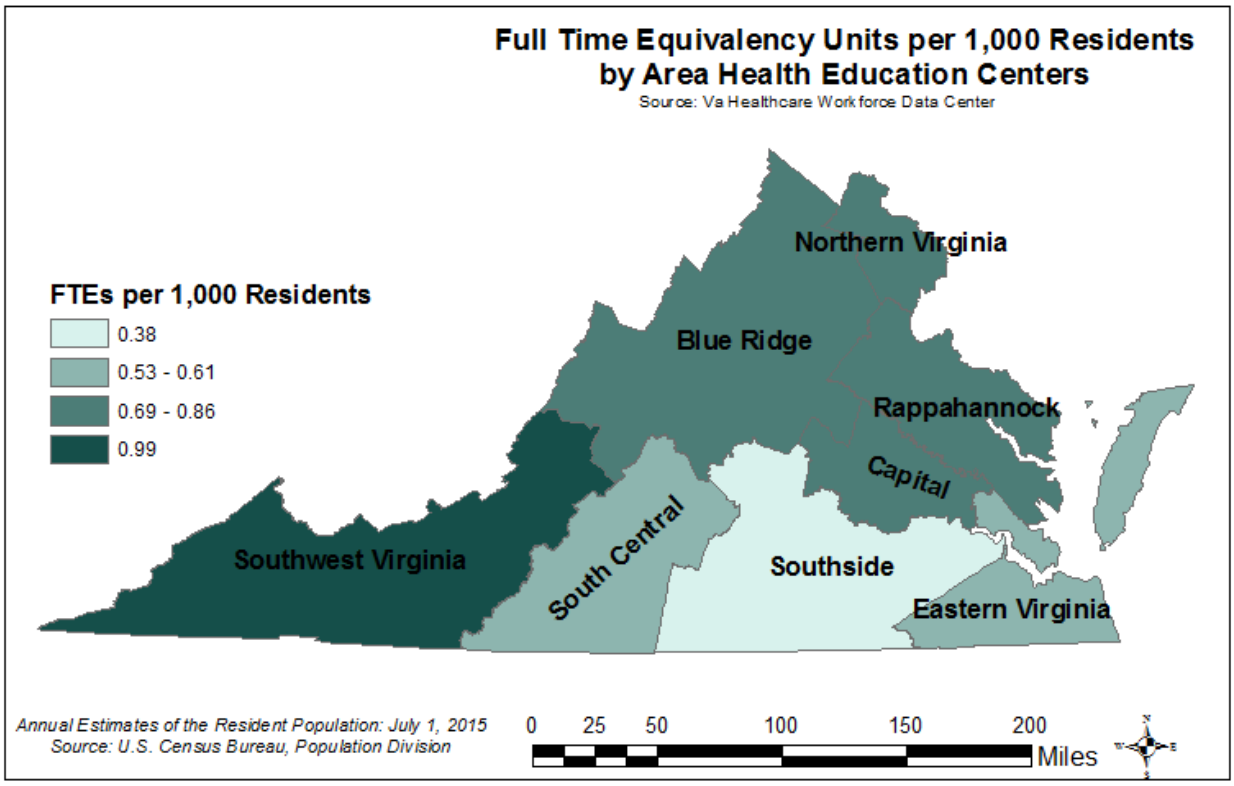
Council on Virginia's Future Regions



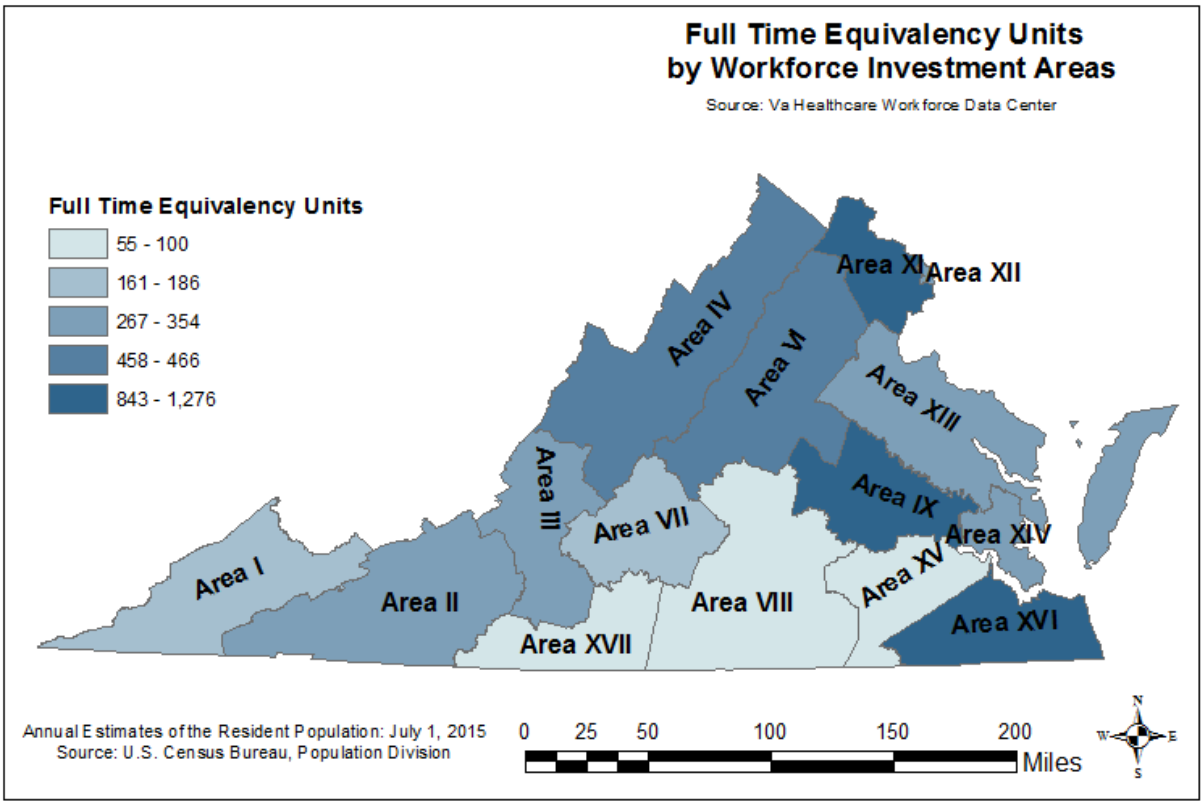


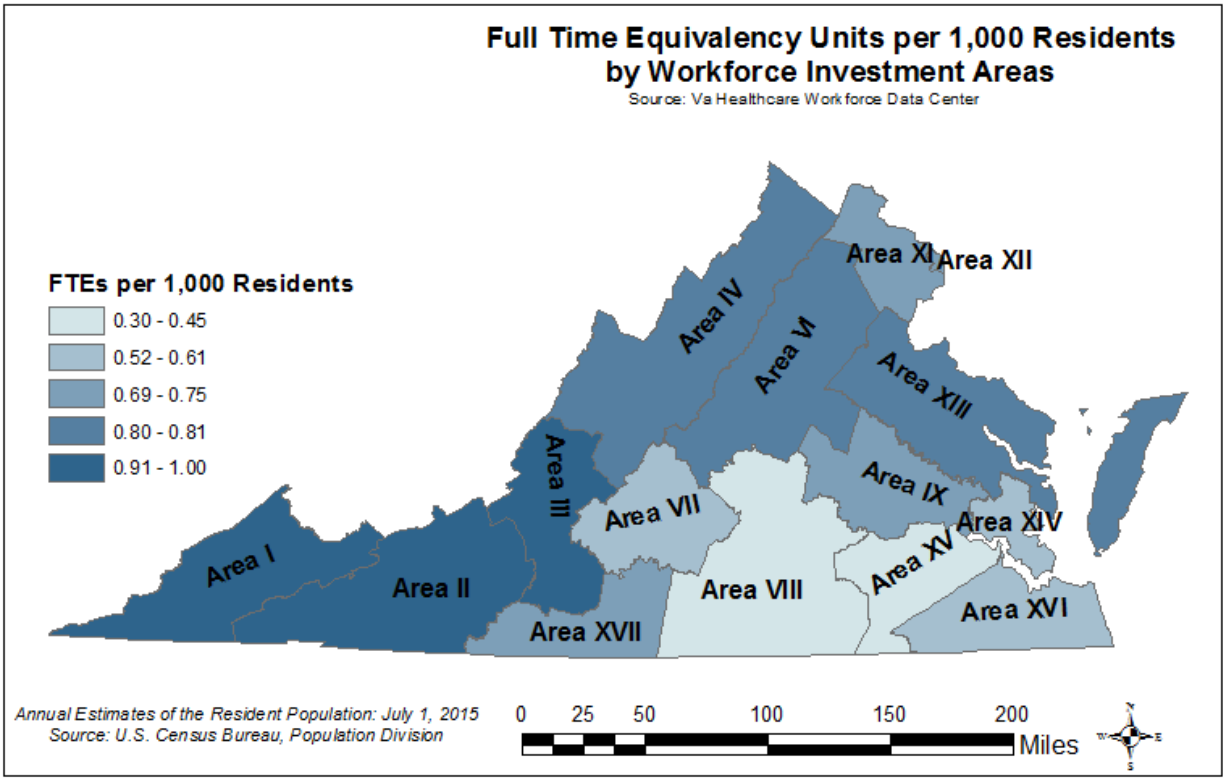
Area Health Education Center Regions

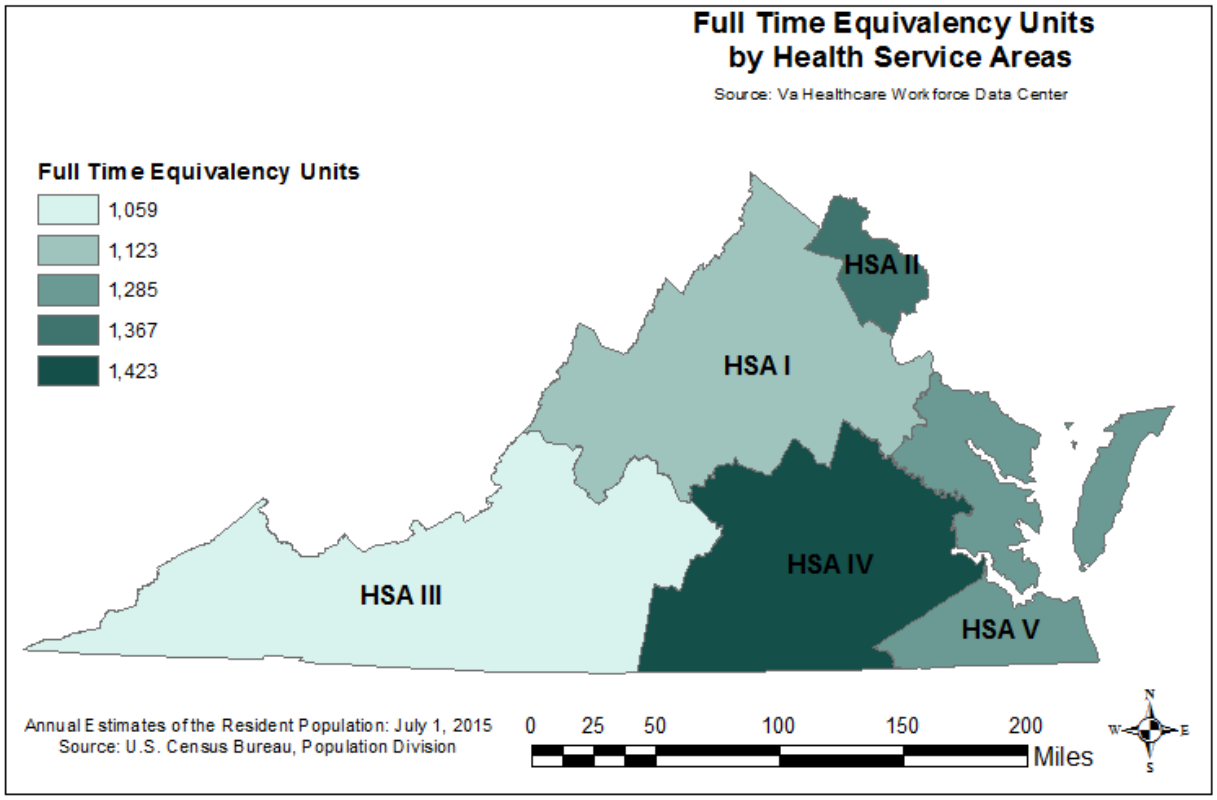


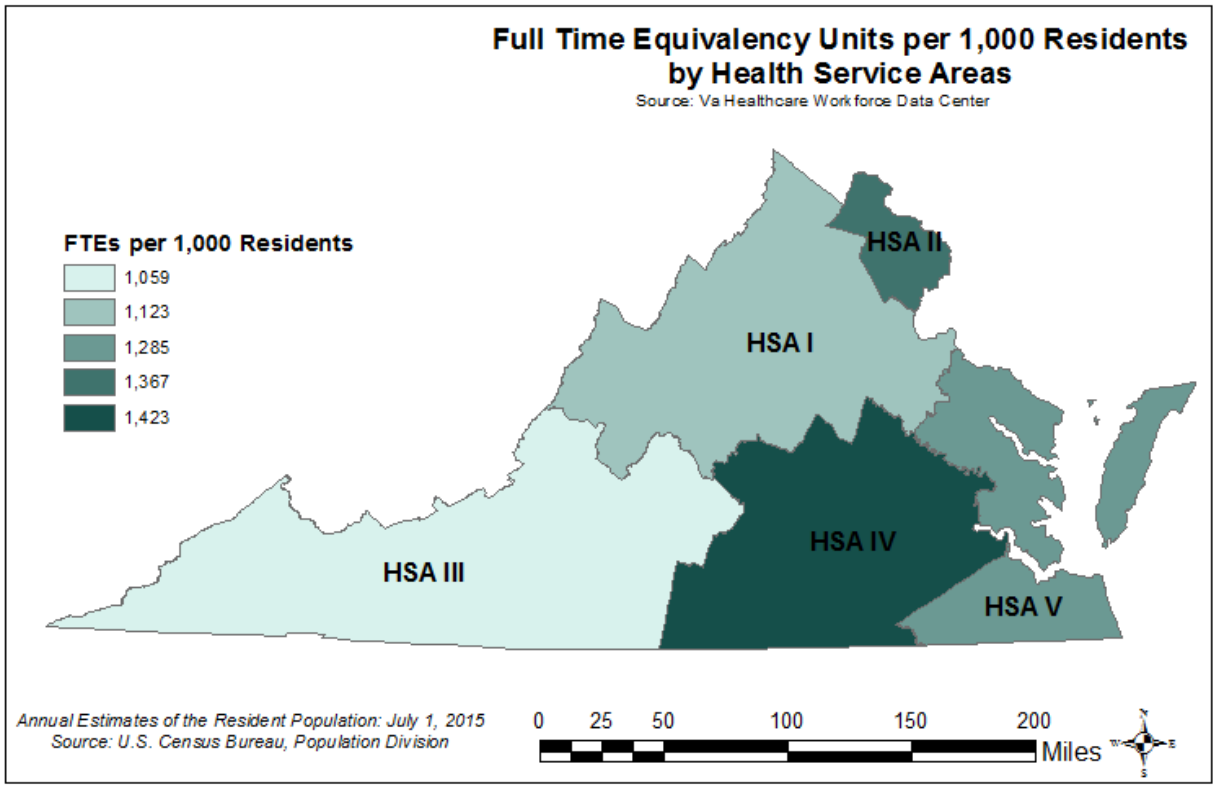


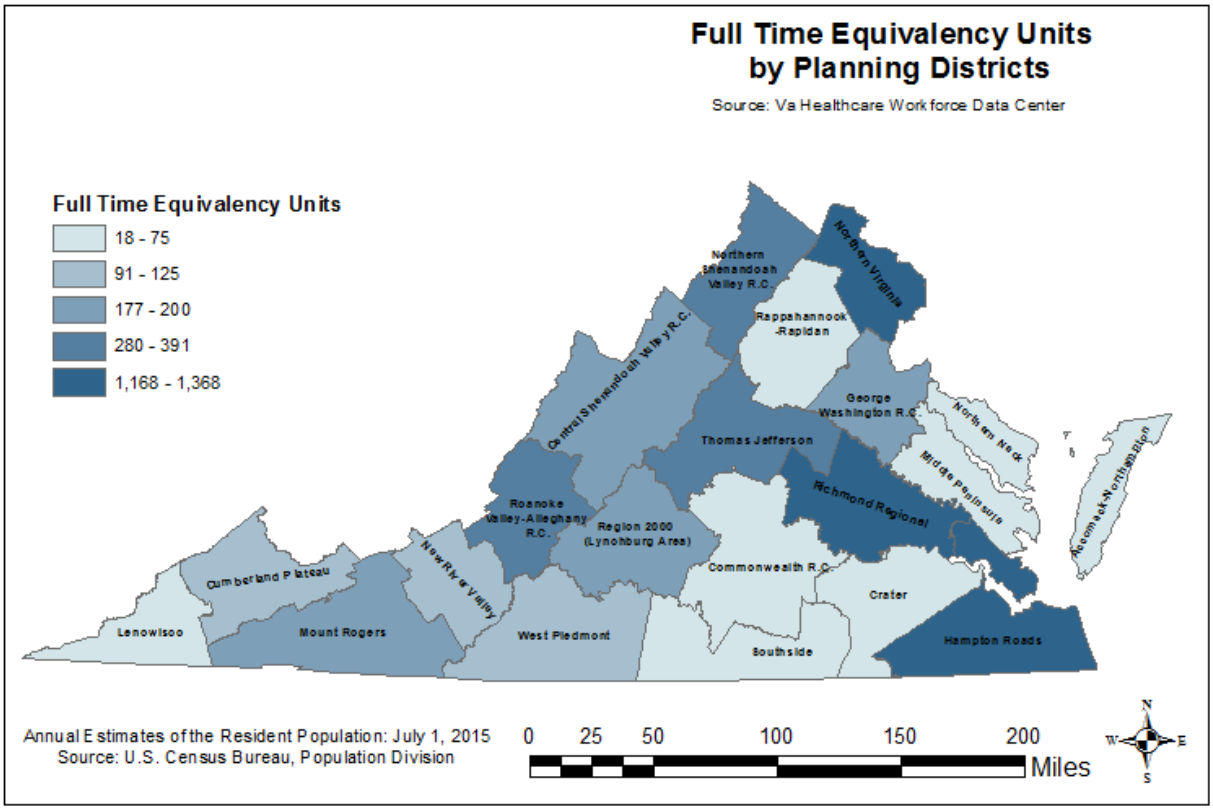
Workforce Investment Areas

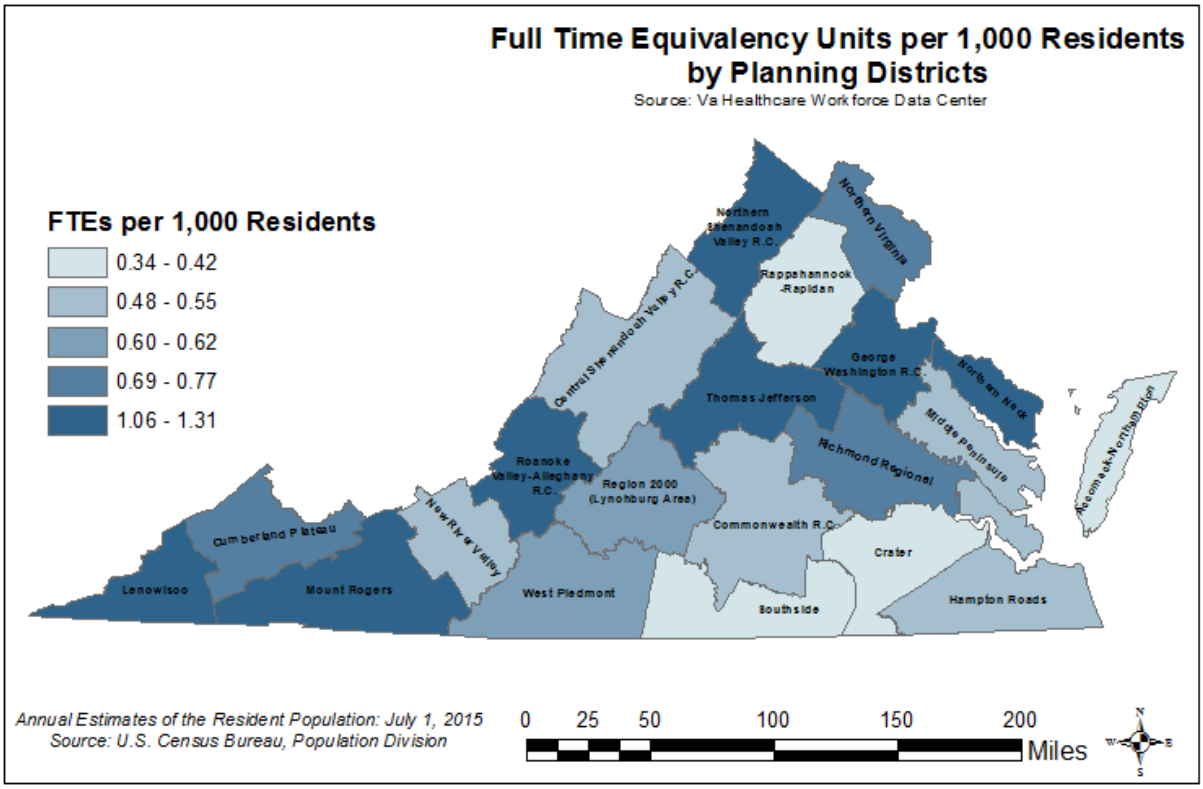





Full Time Equivalency Units
by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
1,059
1,123
1,285
1,367
1,423
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Health Service Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
1,059
1,123
1,285
1,367
1,423
HSA II
HSA I
HSA IV
HSA III
HSA V
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units
by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
18 - 75
91 - 125
177 - 200
280 - 391
1,168 - 1,368
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Northern Neck
Thomas Jefferson
Middle Peninsula
Richmond Regional
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.34 - 0.42
0.48 - 0.55
0.60 - 0.62
0.69 - 0.77
1.06 - 1.31
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Northern Neck
Thomas Jefferson
Middle Peninsula
Richmond Regional
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Hampton Roads
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	5,449	37.55%	2.663245357	2.277951	4.764357
Metro, 250,000 to 1 million	685	37.37%	2.67578125	2.288673	4.786783
Metro, 250,000 or less	934	38.54%	2.594444444	2.219104	4.641277
Urban pop 20,000+, Metro adj	125	35.20%	2.840909091	2.429912	3.340258
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	260	40.00%	2.5	2.138322	4.472323
Urban pop, 2,500-19,999, nonadj	224	37.95%	2.635294118	2.254043	4.714354
Rural, Metro adj	148	33.78%	2.96	2.531774	3.480282
Rural, nonadj	78	37.18%	2.689655172	2.30054	4.811602
Virginia border state/DC	1,190	9.58%	10.43859649	8.928434	18.67391
Other US State	945	19.58%	5.108108108	4.369113	9.138043

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	406	18.23%	5.486486486	4.472322741	18.67390899
30 to 34	1,385	32.13%	3.112359551	2.537047422	10.59328573
35 to 39	1,446	27.73%	3.605985037	2.939427433	12.27339875
40 to 44	1,288	38.12%	2.623217923	2.13832244	8.928434047
45 to 49	1,306	30.40%	3.289672544	2.681584538	11.19679158
50 to 54	1,111	37.89%	2.638954869	2.15115045	8.981996616
55 to 59	1,122	31.46%	3.178470255	2.590937723	10.81830137
60 and Over	1,974	35.01%	2.856729378	2.328669868	9.723218045

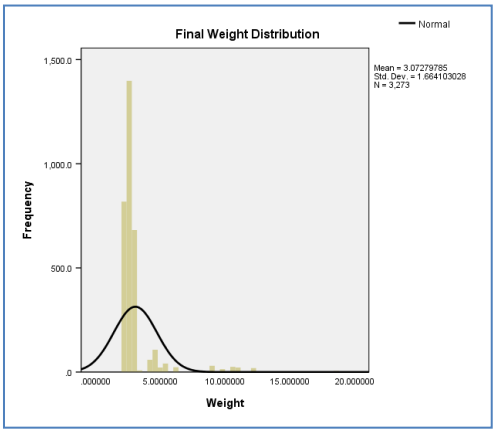
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate
= Final Weight.

Overall Response Rate: 0.32606



Source: Va. Healthcare Workforce Data Center