COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
AND ADVISORY COMMITTEE OF THE JOINT BOARDS

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

BUSINESS MEETING AGENDA
February 13, 2019 at 9:00 A.M. in Board Room 2

Call To Order – Marie Gerardo, CRNA, MS, RN, ANP-BC; Chair

Establishment of Quorum

Announcement

- NCSBN APRN Rountable Meeting is scheduled for April 9, 2019 in Rosemont, IL – Ms. Hershkowitz, Ms. Douglas and Dr. Hills will attend
- NCSBN APRN Compact Consensus Meeting is scheduled for April 10, 2019 in Rosemont, IL – Ms. Hershkowitz and Ms. Douglas will attend

A. Review of Minutes
A1. October 10, 2018 Business Meeting
A2. October 10, 2018 Informal Conference

Public Comment

Dialogue with Agency Director – Dr. Brown

B. Legislation/Regulations – Ms. Yeatts
B1. Regulatory Update
B2. Consideration of Comments received for NOIRA Autonomous Practice and Adoption of Proposed Regulations to Replace Emergency Regulations
B3. General Assembly 2019 Report

Policy Forum: Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director

- Virginia's Licensed Nurse Practitioner Workforce: 2018
- Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

C. New Business
Board of Nursing Executive Director Report – **Ms. Douglas (verbal)**
Review of Guidance Documents – Cover Memo
C1. 90-33: Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR Orders)
C2. 90-53: Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases

- Status of Implementation HB793 Autonomous Practice Process – **Ms. Willinger**

Next Meeting – Wednesday, April 10, 2019, at 9:00 A.M in Board Room 2

Adjourn

10:30 A.M – Disciplinary Proceeding begins – Joint Boards Members ONLY

A1

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
October 10, 2018

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:00 A.M., October 10, 2018 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
Joyce A. Hahn, PhD, RN. NEA-BC, FNAP
Kevin O'Connor, MD
Kenneth Walker, MD

MEMBERS ABSENT: Lori Conklin, MD

ADVISORY COMMITTEE MEMBERS PRESENT:
Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
Stuart F. Mackler, MD
Janet L. Setnor, CRNA

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT:
Erin Barrett, Assistant Attorney General; Board Counsel
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE:
Sarah Heisler, Virginia Hospital and Healthcare Association (VHHA)
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Mary Duggan, American Association of Nurse Practitioners (AANP)
Tyler Cox, Medial Society of Virginia (MSV)
Gerald Canaan, II,Esq.
Michael Goodman, Esq.
Pat Dewey, Board of Nursing Discipline Case Manager
Joseph Corley, Board of Nursing Licensing Staff

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

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

ANNOUNCMENT: Ms. Douglas noted the following announcement:

- Joseph Corley has accepted the Nurse Practitioner Licensing Application Compliance Specialist position. Today is his first day.
- Pat Dewey has accepted the Discipline Case Manager RN for the Nurse Aide, Medication Aide and Massage Therapy Programs position. Ms. Dewey was transferred from Enforcement Division.
- Rebecca Poston, PhD, Rn, CPNP, former Board of Nursing member, has accepted the P-14 Agency Subordinate/Probable Cause Review position.

REVIEW OF MINUTES: The minutes of April 11, 2018 Business Meeting and Formal Hearing, and the May 17, 2018 Regulatory Advisory Ad Hoc Committee Meeting were reviewed. Ms. Gerardo moved to accept all of the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT: There was no public comment received.

DIALOGUE WITH AGENCY DIRECTOR: Dr. Brown or Dr. Allison-Bryan were not available to attend the meeting, there was no report provided.

OLD BUSINESS:

Regulatory Update:

Ms. Yeatts provided the chart of regulatory actions as of October 10, 2018 in place of the chart provided in the Agenda noting the following:

- The Emergency Action on Regulations for Autonomous Practice for Certain Nurse Practitioners (HB793) has been adopted by Board of Nursing and Board of Medicine with one amendment relating to the definition of the equivalent of five years of full-time clinical practice. The regulations are currently at the Department of Planning Budget for review.
- The Proposed Regulations for Performance of and for Supervision and Direction of Laser Hair Removal – HB2119 was passed by the 2017 General Assembly and was effective as of July 1, 2017. The regulations for nurse practitioners (18VAC90-30) will need to be amended to define "direction and supervision." Board of Nursing and Medicine adopted the proposed regulations as recommended. The comment period for the proposed regulations will begin on October 29, 2018 and end on December 28, 2018. The public hearing for the proposed regulations will be conducted during the Board of Nursing business meeting on November 13, 2018.
- The Proposed Regulations to Eliminate Separate License for Prescriptive Authority (18VAC90-40) was adopted by the Board of Nursing on September 18, 2018. The Board of Medicine will act on it on October 18, 2018.

- The Emergency Regulations on Prescribing of Opioids for Nurse Practitioners (18VAC90-30 and 40) will expire on November 7, 2018 and the Board cannot adopt final regulations for at least 15 days after the close of comment period on September 9, 2018. A request was filed to extend the emergency regulations for another six months to allow completion of the promulgation of replacement regulations. The extension was granted and the new expiration date is May 6, 2019. Two comments were received regarding the final proposed regulations as provided in the handout. Ms. Yeatts noted the following amendments to the final proposed regulations:

❖ Evaluation of the patient for acute pain shall exclude sickle cell patients.
❖ Tramadol is defined as an atypical opioid.
❖ The urine drug screens will be conducted randomly at the discretion of the practitioner at least once a year.
❖ Nurse practitioners who have obtained a SAMHSA waiver and have been authorized by the Boards for autonomous practice can prescribe buprenorphine for opioid addiction without practice agreement.

Ms. Yeatts said that the final regulations are presented for the Committee's action. Ms. Yeatts added that the Board of Medicine will consider the final regulations on October 18, 2018 and the Board of Nursing will consider on November 13, 2018.

Dr. O'Connor moved to recommend the final proposed regulations to the Boards of Medicine and Nursing for adoption as presented. The motion was seconded and passed unanimously.

NEW BUSINESS:

Environmental Scan:

Ms. Hershkowitz asked the Advisory Committee members to share with the Committee of the Joint Boards any updates or trends in their practice environments.

Mr. Coles said that he has heard positive feedback regarding nurse practitioner regulations.

Mr. Bridge agreed with Mr. Coles.

Ms. Dodson said that there is high demand of certified nurse midwives (CNMs) in obstetric care. Ms. Dodson added that the American College of Nurse-Midwives (ACNM) will hold a Conference in Washington DC and they are looking for speakers. Ms. Hershkowitz asked for the date of the Conference. Ms. Dodson said she will find out and pass it on.

Dr. Mackler suggested that nurse practitioners examine the impact on salaries when nurse practitioners are granted authorization for autonomous practice.

Ms. Setnor shared there continue to be reimbursement/billing issues for Certified Registered Nurse Anesthetists (CRNAs) who provide services for Anthem participants.

Ms. Hershkowitz thanked all Advisory Committee Members for the information.

Board of Nursing Executive Director Report:

- **Development of attestation forms and process** – Ms. Douglas deferred this matter to Ms. Willinger
- **Communication to nurse practitioners regarding HB793** – Ms. Douglas stated that Boards of Medicine and Nursing sent out notification via email. Information was also included in Board of Medicine "Board Briefs." Board of Nursing staff continue to receive many calls regarding autonomous practice on daily basis.
- **Frequently asked questions to staff** – Ms. Douglas commented that many questions indicate that people need to be more familiar with laws and regulations. She noted that some questions received from nurse practitioners require collaboration between Boards of Medicine, Pharmacy and Nursing.
- **DHP Paperless License Initiative** - Ms. Douglas stated that DHP Paperless Committee has finalized its work and starting in 2019, all 13 Boards will no longer issue hard paper licenses, certifications, registrations, and permits upon renewal. She added that a final hard copy will be issued that contains no expiration date during the next renewal. Wall Certificates will continue to be issued and new licensees will receive a hard copy license with no expiration date indicated. She noted that this is a huge cost saving for DHP and will reduce the risk of fraud. Ms. Douglas said that verification of current licensure status may be obtained via License Lookup serving as primary source verification. Licensees who wish to obtain paper license can do so by paying duplicate fee.
- **NBCSN APRN Compact Update** – Ms. Douglas said that at the July NCSBN Board of Directors meeting, the board decided to establish a task force to revisit the APRN Compact due to some conflicts between state laws and compact language. The task force will have recommendations by the next NCSBN Mid-Year meeting. Ms. Douglas stated that NCSBN is also making plans to convene a forum of board of nursing regulators to discuss inconsistencies and challenges of the APRN Consensus Model. Ms. Douglas added that David Benton, NCSBN CEO, met with the Federal Trade Commission's office of Policy Planning to continue NCSBN efforts in educating staff and commissioners on issues related to APRN scope of practice.

NCSBN APRN issues report – Dr. Hills attended the NCSBN APRN Knowledge conference call on August 9, 2018 and reported the following:

1. Ebola is back in the Republic of the Congo
2. Emergency NP certification

--AANP Certification Board in collaboration with the American Academy of Emergency Nurse Practitioners has developed an Emergency specialty exam which will be available only to Family Nurse Practitioners
--Great need for any provider in rural parts of the country is a driver
--The rationale for those in Favor: FNP training includes the skill to stabilize the unstable patient and because 85% of ER visits are primary care
--The rationale for those Against: (Adult-Gero Acute Care NPs) - FNPs are not prepared for the Acute Care patient and providing acute care is outside the scope of the original FNP population focus
--The APRN Consensus Model will be challenged by this issue so M Cahill/NCSBN will take this issue to LACE meeting in early October

3. State Boards asked if aware of "Nurse Anesthesiologists" title for CRNAs – 5 states said yes
   --Driver behind this is that anesthetist assistants use "anesthetist" title and is confusing
4. Task Force is being created on APRN Compact
   --Main issue: states with transition to practice *[Includes Virginia]*

NP Licensing Report – Ms. Willinger reported the following:

- **Development of attestation forms and process** – attestation process will be similar to current process for nurse practitioners to add a specialty and treated as an application that will be submitted as a paper application. Draft attestation form (application) has been circulated internally and was drafted to be consistent with the law and proposed emergency regulations.
- **Data clean up** – data cleanup for nurse practitioner license/education information activities completed by summer intern. The purpose of this project is to get the nurse practitioner license data ready to upload to NURSYS available via "Quick Confirm". There are 26 states currently uploading APRN license data through NURSYS quick confirm.
- **Certification availability in NURSYS** – Board staff have worked with IT staff to create a place in Nursing licensing system to accurately record nurse practitioner national certification information to include certifying agency, certification number, expiration date and one place to record license (specialty) categories. New drop down features to record certification and specialty information will prepare accurate data for future inclusion in NURSYS for APRNs.

Ms. Hershkowitz requested Board staff to provide the draft application for autonomous practice for review by the Committee of the Joint Boards of Nursing and Medicine at a future meeting. Ms. Douglas emphasized that the Joint Boards role is not to approve application content, however, feedback from the Committee of the Joint Boards and the Advisory Members would be appreciated once the form has been in use for a few months.

RECESS: The Board recessed at 11:05 AM

The Advisory Committee Members left the meeting at 11:05 A.M.

RECONVENTION: The Board reconvened at 11:20 AM

Agency Subordinate Recommendations Consideration

Judith Tapsell Thompson Gore, LNP 0024-047673; Prescriptive Authority 0017-136820
Michael Goodman, Esquire, appeared on behalf of Ms. Gore.

CLOSED MEETING: Dr. Hahn moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:26 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Gore. Additionally, Dr. Hahn moved that Ms. Douglas, Dr. Hills, Ms. Willinger, Ms. Vu and Ms. Barrett, Board counsel, 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 Committee of the Joint Boards of Nursing and Medicine reconvened in open session at 11:34 A.M.

Dr. Hahn moved that 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.

Dr. O'Connor moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to indefinitely suspend the license of Judith Tapsell Thompson Gore to practice as a nurse practitioner and her authorization to prescribe in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded and carried unanimously.

Ms. Gerardo and Dr. Hills left the meeting at 11:35 A.M.

Ann Alexandrer Leggett, LNP 0024-170036; Prescriptive Authority 0017-141424
Ms. Leggett appeared and was accompanied by Gerald Canaan, II, Esquire.

CLOSED MEETING: Dr. Hahn moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:36 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Leggett. Additionally, Dr. Hahn moved that Ms.

Douglas, Ms. Willinger, Ms. Vu and Ms. Barrett, Board counsel, 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 Committee of the Joint Boards of Nursing and Medicine reconvened in open session at 11:47 A.M.

Dr. Hahn moved that 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.

Dr. O'Connor moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate to reprimand Ann Alexander Leggett, to require Ms. Leggett to complete 12 hours of face-to-face Board approved continuing education/CME on prescribing within six months from the date of entry of the Order, and to provide evidence of review of current regulations regarding prescriptive authority and prescribing of opioids. The motion was seconded and carried unanimously.

Ms. Gerardo rejoined the meeting at 11:55 A.M.

Lea E. Lineberry, LNP **0024-170356; Prescriptive Authority 007-141075**
Ms. Lineberry did not appear.

CLOSED MEETING: Dr. Hahn moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:56 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Lineberry. Additionally, Dr. Hahn moved that Ms. Douglas, Ms. Willinger, Ms. Vu and Ms. Barrett, Board counsel, 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 Committee of the Joint Boards of Nursing and Medicine reconvened in open session at 12:10 P.M.

Dr. Hahn moved that 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.

Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate to place Lea E. Lineberry on probation for not less than one year with terms to include:

- Ms. Lineberry ensures that the collaborating physician review 10 randomly selected patient records per quarter and provides a report to the Boards;
- Ms. Lineberry completes 12 hours face-to-face continuing education/CME on the management of common pediatric condition and 6 hours of face-to-face continuing education/CME on documentation;
- Ms. Lineberry provides self-reports; and
- Ms. Lineberry provides collaborating physician and employer with a copy of the Board Order

The motion was seconded and carried unanimously.

Consent Order Consideration

Anya Williams Howard, LNP 0024-167523
Prescriptive Authority 0017-138951

Dr. Hahn moved to accept the consent order to indefinitely suspend the license of Anya Williams Howard to practice as a nurse practitioner and authorization to prescribe in the Commonwealth of Virginia from the date of entry of the Order. The suspension is stayed contingent upon Ms. Howard's continued compliance with all terms and conditions of the Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 12:14 P.M.

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

A2

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
SPECIAL CONFERENCE COMMITTEE MINUTES
October 10, 2018

TIME AND PLACE: The meeting of the Special Conference Committee of the Joint Boards of Nursing and Medicine was convened at 1:13 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
Dr. Joyce Hahn, PhD, RN, NEA-BC, FNAP
Dr. Kenneth Walker, MD

STAFF PRESENT: Robin Hills, DNP, WHNP, Deputy Director, Board of Nursing
David Kazzie, Adjudication Specialist, Administrative Proceedings Division

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division

CONFERENCES SCHEDULED: **Heather Duty, LNP Reinstatement Applicant**

Ms. Duty appeared, accompanied by Elizabeth Heddleston, Esquire, legal counsel, and Heman Marshall, Esquire, legal counsel.

CLOSED MEETING: Dr. Hahn moved that the Special Conference 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 2:00 P.M. for the purpose of deliberation to reach a decision in the matter of Ms. Duty. Additionally, Dr. Hahn moved that Dr. Hills and Mr. Kazzie 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 2:15 P.M.

Dr. Hahn moved that the Special Conference Committee of the Joint Boards of Nursing and Medicine certifies 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: Dr. Walker moved to issue an Order to reinstate the licenses of Ms. Duty to practice as a nurse practitioner, with prescriptive authority, in the Commonwealth of Virginia.

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. Duty unless a written request to the Board for a formal hearing on the allegations made against her is received from Ms. Duty 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 2:20 P.M.

Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director

B1

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of February 5, 2019

Chapter		Action / Stage Information
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Autonomous practice [Action 5132]
		Emergency/NOIRA - *Register Date: 1/7/19* *Effective: 1/7/19* *Comment on NOIRA until 2/6/19*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Supervision and direction of laser hair removal [Action 4863]
		Proposed - *Register Date: 10/29/18* *Comment closed: 12/2/18* Nursing adopted final: 1/29/19 Medicine to adopt final: 2/14/19
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Elimination of separate license for prescriptive authority [Action 4958]
		Proposed – *At Secretary's Office for 19 days*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Prescribing of opioids [Action 4797]
		Final - *At Secretary's Office for 60 days*

B2

Agenda Item: Regulatory – Recommendation on Adoption of proposed regulations for autonomous practice for nurse practitioners

Enclosed are:

Copy of emergency regulations currently in effect
Comment period on NOIRA to replace emergency regulations –closed 2/6/19

Staff note:

There was no comment on the NOIRA as of 2/5/19; any public comment will be provided at the meeting.
Emergency regulation became effective 1/7/19 – remains in effect for 18 months and must be replaced with permanent regulation

Committee action:

Recommend adoption of proposed regulations identical to emergency regulations or other action

Virginia.gov Agencies | Governor

Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 – 30]**

Action: Autonomous practice

Action 5132 / Stage 8395

Emergency/NOIRA Stage

Edit Stage | Go to RIS Project | Request Emergency Extension

Documents		
Emergency Text	9/28/2018 1:32 pm	Sync Text with RIS
Agency Statement	9/21/2018 (modified 10/15/2018)	Upload / Replace
Attorney General Certification	10/4/2018	
Governor's Approval Memo	12/18/2018	
Registrar Transmittal	12/19/2018	

Status	
Public Hearing	Will be held at the proposed stage
Emergency Authority	2.2-4011
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 9/21/2018 Review Completed: 10/4/2018 Result: Certified
DPB Review	Submitted on 10/4/2018 Policy Analyst: Cari Corr Review Completed: 10/17/2018 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 11/14/2018
Governor's Review	Review Completed: 12/18/2018 Result: Approved
Virginia Registrar	Submitted on 12/19/2018

	The Virginia Register of Regulations Publication Date: 1/7/2019 **Volume: 35 Issue: 10**
Comment Period	**In Progress!** **Ends 2/6/2019** **Currently 0 comments**
Effective Date	1/7/2019
Expiration Date	6/6/2020

Contact Information	
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This person is the primary contact for this chapter.
This stage was created by Elaine J. Yeatts on 09/21/2018
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Project 5512 - Emergency/NOIRA

BOARDS OF NURSING AND MEDICINE

Autonomous practice

Part I

General Provisions

18VAC90-30-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Approved program" means a nurse practitioner education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and ~~which~~ that hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which a nurse practitioner is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

"Boards" means the Virginia Board of Nursing and the Virginia Board of Medicine.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia.

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or nurse practitioners, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team ~~physician(s)~~ physician and the licensed nurse ~~practitioner(s)~~ practitioner that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse ~~practitioner(s)~~ practitioner in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

18VAC90-30-20. Delegation of authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter, to grant authorization for autonomous practice to those persons who have met the qualifications of 18VAC90-30-86, and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-30-105. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of nurse practitioners shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of nurse practitioners are:

1. Application	$125
2. Biennial licensure renewal	$80
3. Late renewal	$25
4. Reinstatement of licensure	$150

5. Verification of licensure to another jurisdiction	$35
6. Duplicate license	$15
7. Duplicate wall certificate	$25
8. Return check charge	$35
9. Reinstatement of suspended or revoked license	$200
10. Autonomous practice attestation	$100

B. For renewal of licensure from July 1, 2017, through June 30, 2019, the following fee shall be in effect:

Biennial renewal	$60

18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as a nurse practitioner shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another U.S. jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;

2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and

3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

C. An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of 18VAC90-30-86.

18VAC90-30-86. Autonomous practice for nurse practitioners other than certified nurse midwives or certified registered nurse anesthetists.

A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as 1,800 hours per year for a total of 9,000 hours.

2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the nurse practitioner and the nurse practitioner's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed; and

3. The period of time and hours of practice during which the patient care team physician practiced with the nurse practitioner under such a practice agreement.

C. The nurse practitioner may submit attestations from more than one patient care team physician with whom the nurse practitioner practiced during the equivalent of five years of practice, but all attestations shall be submitted to the boards at the same time.

D. If a nurse practitioner is licensed and certified in more than one category as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or of other circumstance that inhibits the ability of the nurse practitioner from obtaining an attestation as specified in subsection B of this section, the nurse practitioner may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the nurse practitioner. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of a nurse practitioner in the category for which the nurse practitioner is licensed and certified. The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inability to obtain an attestation from a patient care team physician.

F. A nurse practitioner to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the nurse practitioner has completed the equivalent of five years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the nurse practitioner was previously licensed.

G. A nurse practitioner authorized to practice autonomously shall:

1. Only practice within the scope of the nurse practitioner's clinical and professional training and limits of the nurse practitioner's knowledge and experience and consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-110. Reinstatement of license.

A. A licensed nurse practitioner whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;

2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Provide evidence of current professional competency consisting of:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;

b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or

c. If applicable, current, unrestricted licensure or certification in another jurisdiction.

4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee;

2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia to include:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or

b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act, § 2.2-4000 et seq. of the Code of Virginia.

Part III

Practice of Licensed Nurse Practitioners

18VAC90-30-120. Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives.

A. A nurse practitioner licensed in a category other than certified registered nurse anesthetist or certified nurse midwife shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in 18VAC90-30-90.

C. All nurse practitioners licensed in any category other than certified registered nurse anesthetist or certified nurse midwife shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10 or in accordance with 18VAC90-30-86.

D. The written or electronic practice agreement shall include provisions for:

1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;

2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and

3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:

a. In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;

b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and

c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the nurse practitioner and provided to the boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and

responsibilities; however, the nurse practitioner shall be responsible for providing a copy to the boards upon request.

Part III

Practice Requirements

18VAC90-40-90. Practice agreement.

A. With the ~~exception of~~ exceptions listed in subsection E of this section, a nurse practitioner with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. At any time there are changes in the patient care team physician, authorization to prescribe, or scope of practice, the nurse practitioner shall revise the practice agreement and maintain the revised agreement.

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.

2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.

3. The signature of the patient care team physician who is practicing with the nurse practitioner or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

D. In accordance with § 54.1-2957.01 of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six nurse practitioners with prescriptive authority at any one time.

E. Exceptions.

1. A nurse practitioner licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

2. A nurse practitioner who is licensed in a category other than certified nurse midwife or certified registered nurse anesthetist and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.

B3

Report of 2019 General Assembly

Committee of Joint Boards of Nursing and Medicine

HB 1640 Health carriers; services provided by nurse practitioners.

Chief patron: Ransone

Summary as introduced:
Health carriers; nurse practitioners. Requires health insurers and health service plan providers whose policies or contracts cover services that may be legally performed by licensed nurse practitioners to provide equal coverage for such services when rendered by a licensed nurse practitioner.

02/03/19 House: Read first time
02/04/19 House: Read second time
02/04/19 House: Committee amendment agreed to
02/04/19 House: Engrossed by House as amended HB1640E
02/04/19 House: Printed as engrossed 19100868D-E

HB 1952 Patient care team; podiatrists and physician assistants.

Chief patron: Campbell, J.L.

Summary as introduced:
Patient care team podiatrist definition; physician assistant definition and supervision requirements. Establishes the definition of "patient care team podiatrist" and amends the definition of "physician assistant." The bill modifies the supervision requirements for physician assistants by establishing a patient care team model.

01/25/19 House: Engrossed by House - committee substitute HB1952H1
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 1970 Telemedicine services; payment and coverage of services.

Chief patron: Kilgore

Summary as passed House:

Telemedicine services; coverage. Requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their

coverage of telemedicine services to the full extent that these services are available. The bill defines remote patient monitoring services as the delivery of home health services using telecommunications technology to enhance the delivery of home health care, including monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other condition-specific data; medication adherence monitoring; and interactive video conferencing with or without digital image upload. The bill requires the Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for medically necessary health care services provided through telemedicine services.

02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)
02/04/19 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
02/04/19 House: Reconsideration of passage agreed to by House
02/04/19 House: Passed House BLOCK VOTE (99-Y 0-N)
02/04/19 House: VOTE: BLOCK VOTE PASSAGE #2 (99-Y 0-N)

HB 1971 Health professions and facilities; adverse action in another jurisdiction.

Chief patron: Stolle

Summary as introduced:
Health professions and facilities; adverse action in another jurisdiction. Provides that the mandatory suspension of a license, certificate, or registration of a health professional by the Director of the Department of Health Professions is not required when the license, certificate, or registration of a health professional is revoked, suspended, or surrendered in another jurisdiction based on disciplinary action or mandatory suspension in the Commonwealth. The bill extends the time by which the Board of Pharmacy (Board) is required to hold a hearing after receiving an application for reinstatement from a nonresident pharmacy whose registration has been suspended by the Board based on revocation or suspension in another jurisdiction from not later than its next regular meeting after the expiration of 30 days from receipt of the reinstatement application to not later than its next regular meeting after the expiration of 60 days from receipt of the reinstatement application.

01/25/19 House: Read second time and engrossed
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 2228 Nursing and Psychology, Boards of; health regulatory boards, staggered terms.

Chief patron: Bagby

Summary as introduced:
Composition of the Boards of Nursing and Psychology; health regulatory boards; staggered terms. Alters the composition of the Board of Nursing and replaces the requirement that the

Board of Nursing meet each January with the requirement that it meet at least annually. The bill also removes specific officer titles from the requirement that the Board of Nursing elect officers from its membership. The bill replaces the requirement that a member of the Board of Psychology be licensed as an applied psychologist with the requirement that that position be filled by a member who is licensed in any category of psychology. The bill also provides a mechanism for evenly staggering the terms of members of the following health regulatory boards, without affecting the terms of current members: Board of Nursing, Board of Psychology, Board of Dentistry, Board of Long-Term Care Administrators, Board of Medicine, Board of Veterinary Medicine, Board of Audiology and Speech-Language Pathology, Board of Pharmacy, and Board of Counseling.

01/25/19 House: Read second time and engrossed
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 2557 Drug Control Act; classifies gabapentin as a Schedule V controlled substance.

Chief patron: Pillion

Summary as introduced:
Drug Control Act; Schedule V; gabapentin. Classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern.

01/25/19 House: Read second time and engrossed
01/28/19 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)
01/28/19 House: VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)
01/29/19 Senate: Constitutional reading dispensed
01/29/19 Senate: Referred to Committee on Education and Health

HB 2559 Electronic transmission of certain prescriptions; exceptions.

Chief patron: Pillion

Summary as passed House:

Electronic transmission of certain prescriptions; exceptions. Provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. The bill requires the licensing health regulatory boards of a prescriber to grant such prescriber a waiver of the electronic prescription requirement for a period not to exceed one year due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber. The bill provides that a dispenser is not required to determine whether one of the exceptions applies when he receives a non-electronic prescription for a controlled substances containing opioids. The bill requires the

Boards of Medicine, Nursing, Dentistry, and Optometry to promulgate regulations to implement the prescriber waivers. Finally, the bill requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

02/04/19 House: Read third time and passed House BLOCK VOTE (97-Y 0-N)
02/04/19 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
02/04/19 House: Reconsideration of passage agreed to by House
02/04/19 House: Passed House BLOCK VOTE (99-Y 0-N)
02/04/19 House: VOTE: BLOCK VOTE PASSAGE #2 (99-Y 0-N)

SB 1439 Death certificates; medical certification, electronic filing.

Chief patron: McClellan

Summary as passed Senate:

Death certificates; medical certification; electronic filing. Requires the completed medical certification portion of a death certificate to be filed electronically with the State Registrar of Vital Records through the Electronic Death Registration System and provides that, except for under certain circumstances, failure to file a medical certification of death electronically through the Electronic Death Registration System shall constitute grounds for disciplinary action by the Board of Medicine. The bill includes a delayed effective date of January 1, 2020, and a phased-in requirement for registration with the Electronic Death Registration System and electronic filing of medical certifications of death for various categories of health care providers. The bill directs the Department of Health to work with stakeholders to educate and encourage physicians, physician assistants, and nurse practitioners to timely register with and utilize the Electronic Death Registration System.

01/22/19 Senate: Read third time and passed Senate (40-Y 0-N)
01/24/19 House: Placed on Calendar
01/24/19 House: Read first time
01/24/19 House: Referred to Committee on Health, Welfare and Institutions
01/24/19 Senate: Impact statement from DPB (SB1439S1)

SB 1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol oil, regulation of pharmaceutical.

Chief patron: Dunnavant

Summary as introduced:
Board of Pharmacy; cannabidiol oil and tetrahydrocannabinol oil; regulation of pharmaceutical processors. Alters the definitions of cannabidiol oil and tetrahydrocannabinol (THC-A) oil to remove the five percent cap on the concentration of THC permitted to be

contained in each oil. The bill allows licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations, which shall require that each dispensed dose of cannabidiol oil or THC-A oil not exceed 10 milligrams and each dispensed package of cannabidiol oil or THC-A oil not exceed 100 milligrams. The bill removes the requirement that a licensed pharmacist provide on-premises supervision of pharmaceutical processors and clarifies who may be employed by pharmaceutical processors and the regulations governing such employees.

01/29/19 Senate: Read third time and passed Senate (40-Y 0-N)
01/30/19 Senate: Impact statement from DPB (SB1557S1)
02/04/19 House: Placed on Calendar
02/04/19 House: Read first time
02/04/19 House: Referred to Committee on Health, Welfare and Institutions

SB 1778 Health regulatory boards; conversion therapy.

Chief patron: Newman

Summary as introduced:
Health regulatory boards; conversion therapy. Directs the Board of Counseling, the Board of Medicine, the Board of Nursing, the Board of Psychology, and the Board of Social Work to each promulgate regulations prohibiting the use of electroshock therapy, aversion therapy, or other physical treatments in the practice of conversion therapy with any person under 18 years of age.

02/04/19 Senate: Reading of substitute waived
02/04/19 Senate: Committee substitute agreed to 19106131D-S1
02/04/19 Senate: Engrossed by Senate - committee substitute SB1778S1
02/04/19 Senate: Constitutional reading dispensed (40-Y 0-N)
02/04/19 Senate: Passed Senate (20-Y 19-N)

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: 2018

Healthcare Workforce Data Center

November 2018

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

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

2,990 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, DC
Director

Barbara Allison-Bryan, MD
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Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson, MSHSA	Christopher Coyle
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Jay P. Douglas, MSM, RN, CSAC, FRE

Contents

The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

Licensees:	10,772
Virginia's Workforce:	8,879
FTEs:	7,912

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:	65%
Satisfied?:	95%

Survey Response Rate

All Licensees:	28%
Renewing Practitioners:	68%

Education

Master's Degree:	76%
Post-Masters Cert.:	8%

Job Turnover

Switched Jobs:	10%
Employed over 2 yrs:	55%

Demographics

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

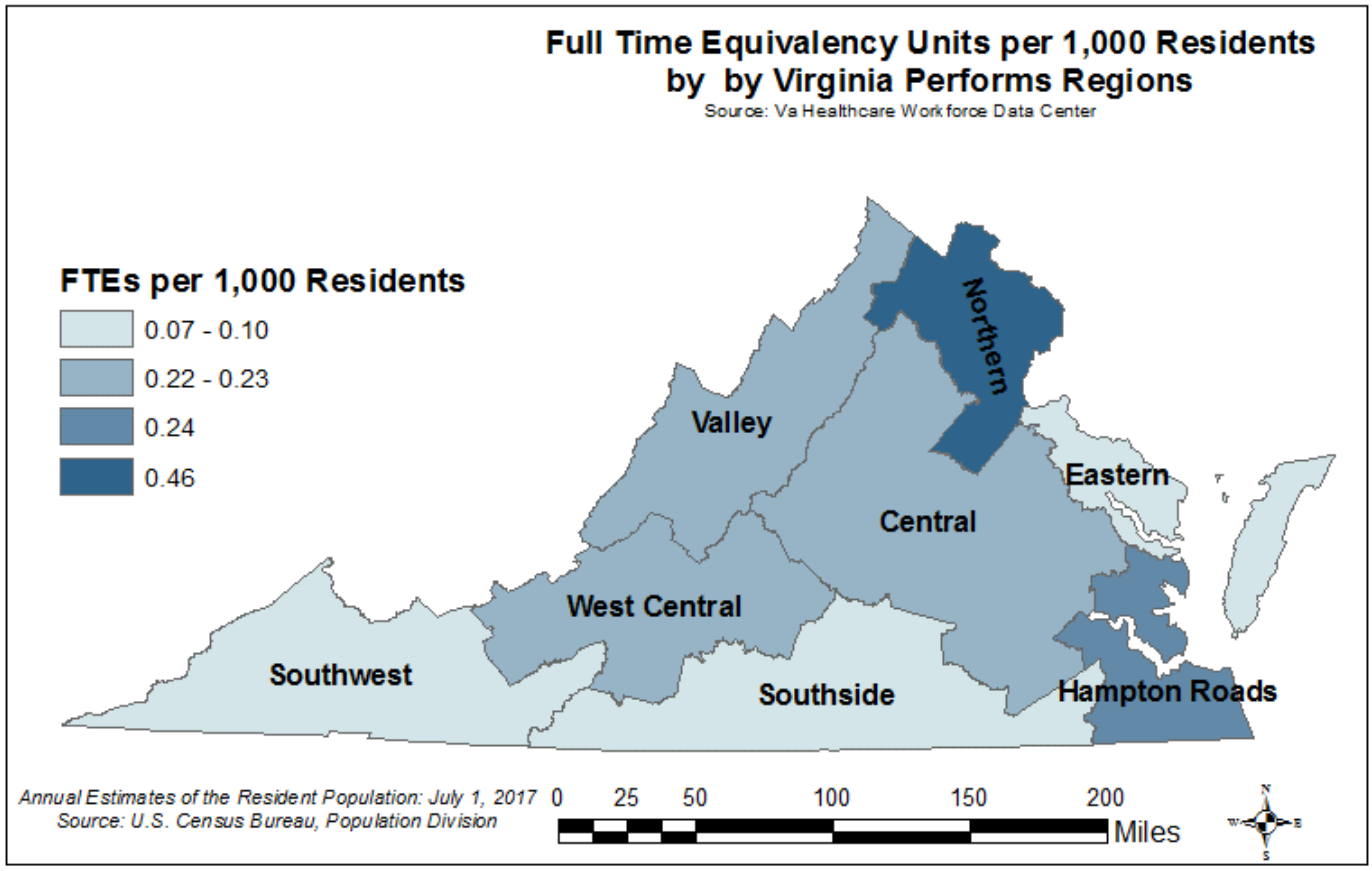
Finances

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

Time Allocation

Patient Care:	90%-99%
Patient Care Role:	88%
Admin. Role:	3%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Results in Brief

Nearly 3,000 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2018 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 28% of the 10,772 NPs who are licensed in the state but 68% of renewing practitioners.

The HWDC estimates that 8,879 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 2017 and September 2018, Virginia's NP workforce provided 7,912 "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 of vacation).

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 39%.

One-third of NPs grew up in a rural area, and 20% 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 three quarters 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 66% of those under the age of 40. The median debt burden for those NPs with educational debt is between $50,000 and $60,000.

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 39%; the number in the state's workforce has grown by 41% and the FTEs provided has increased by 37%. The response rate, however, declined precipitously this year. Compared to 2014 when 79% of renewing NPs responded to the survey, only 68% did in 2018.

The percent female has stayed consistently around 90%. The diversity index which increased significantly from 2014 to 2017, stayed at the same level in 2018. Only the diversity index for NPs under 40 years of age increased to 39% from 38% in 2017 and 34%-35% in prior years. Median age is currently stable 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 and remained at the 2017 level in 2018. The geographical distribution of NPs also has been stable within the state. Only a tenth of NPs reported working in rural areas in all the surveys.

Over the past four years, educational attainment has improved for NPs. In the 2018 survey, the percent of NPs with a doctorate NP increased from 4% in 2014 to 8% currently. The percent with a master's degree declined to 76% from 79% in the 2017 survey. Additionally, the percent with a post-master's certificate is also stable at 8% after declining from 10% in 2014. Not surprisingly, the median debt and the percent carrying debt has also increased. Of all NPs, 46% now carry debt compared to 40% in 2014; median debt is now $50,000-$60,000 from $40,000-$50,000. Retirement expectation, however, has remained relatively stable over the years with 36% to 37% expecting to retire by age 65.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,180	39%
New Licensees	1,063	10%
Non-Renewals	554	5%
Renewal date not in survey period	4,975	46%
All Licensees	**10,772**	**100%**

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 68% of renewing NPs submitted a survey. These represent 28% 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	325	71	18%
30 to 34	1,087	463	30%
35 to 39	1,256	360	22%
40 to 44	987	444	31%
45 to 49	1,074	335	24%
50 to 54	726	413	36%
55 to 59	873	287	25%
60 and Over	1,454	617	30%
Total	**7,782**	**2,990**	**28%**
New Licenses			
Issued After Sept. 2017	954	109	10%
Metro Status			
Non-Metro	603	308	34%
Metro	5,088	2,386	32%
Not in Virginia	2,091	296	12%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number: 10,772
New: 10%
Not Renewed: 5%

Response Rates

All Licensees: 28%
Renewing Practitioners: 68%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	2,990
Response Rate, all licensees	28%
Response Rate, Renewals	68%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted between October 2017 and September 2018 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:	8,879
FTEs:	7,912

Utilization Ratios

Licensees in VA Workforce:	82%
Licensees per FTE:	1.36
Workers per FTE:	1.12

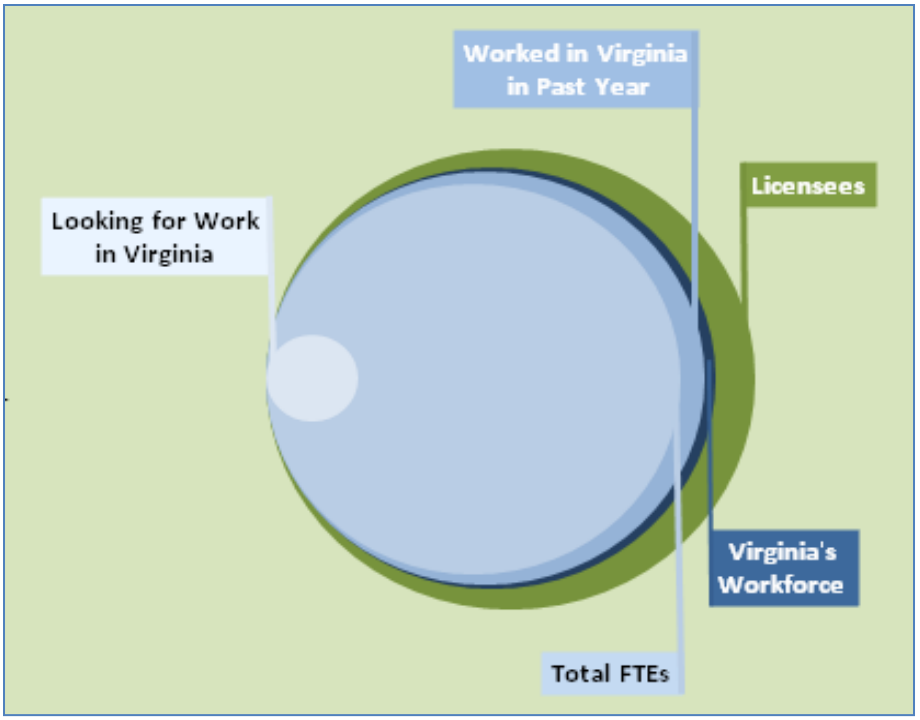
Source: Va. Healthcare Workforce Data Center

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	8,690	98%
Looking for Work in Virginia	189	2%
Virginia's Workforce	**8,879**	**100%**
Total FTEs	**7,912**	
Licensees	**10,772**	

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	34	10%	306	90%	340	4%
30 to 34	78	6%	1,196	94%	1,274	16%
35 to 39	124	10%	1,098	90%	1,223	15%
40 to 44	144	13%	959	87%	1,103	14%
45 to 49	129	13%	853	87%	983	12%
50 to 54	116	14%	717	86%	833	10%
55 to 59	72	9%	709	91%	781	10%
60 +	125	8%	1,355	92%	1,480	18%
Total	**823**	**10%**	**7,193**	**90%**	**8,016**	**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:	39%

Source: Va. Healthcare Workforce Data Center

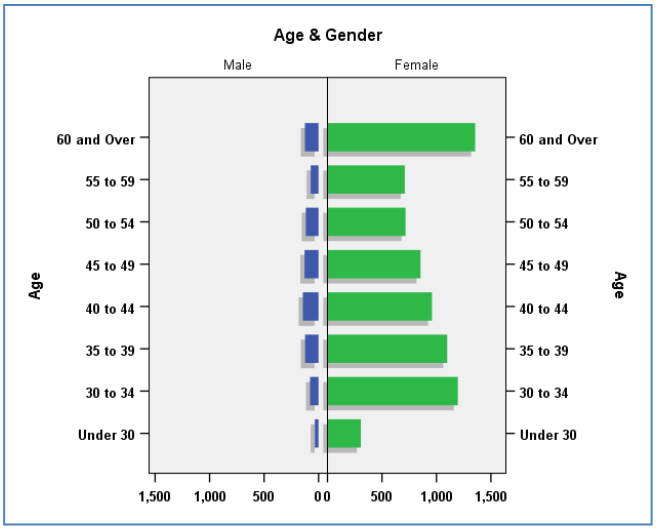
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	62%	6,481	81%	2,185	77%
Black	19%	742	9%	273	10%
Asian	6%	340	4%	146	5%
Other Race	<1%	102	1%	48	2%
Two or more races	3%	156	2%	71	3%
Hispanic	9%	188	2%	103	4%
Total	**100%**	**8,010**	**100%**	**2,825**	**100%**

* 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, 2017.

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 39%, 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

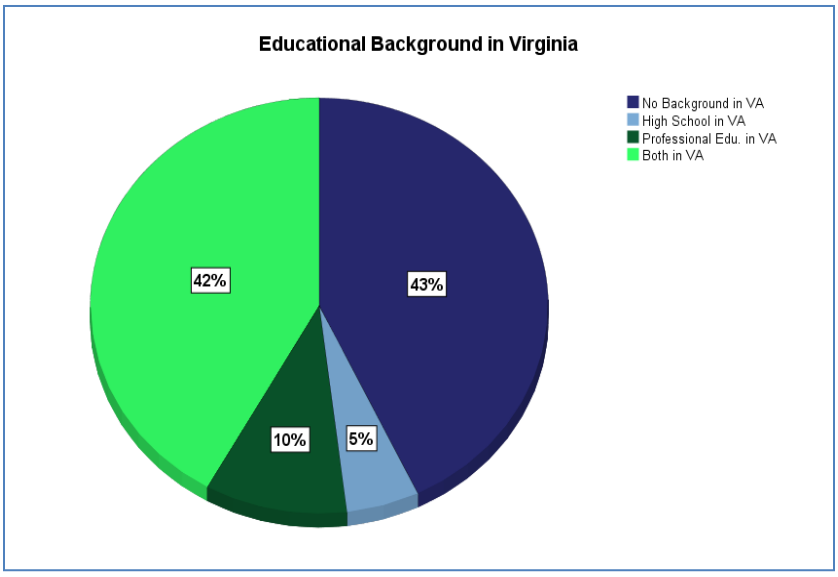
% Rural to Non-Metro:	22%
% Urban/Suburban to Non-Metro:	5%

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+	23%	62%	15%
2	Metro, 250,000 to 1 million	53%	34%	13%
3	Metro, 250,000 or less	45%	46%	9%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adjacent	67%	26%	7%
6	Urban pop, 2,500-19,999, Metro adjacent	65%	25%	10%
7	Urban pop, 2,500-19,999, non adjacent	80%	11%	9%
8	Rural, Metro adj	58%	27%	16%
9	Rural, non adjacent	57%	32%	12%
	Overall	**33%**	**53%**	**14%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

33% of all NPs grew up in self-described rural areas, and 20% of these professionals currently work in non-Metro counties. Overall, 10% of all NPs currently work in non-Metro counties.

Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	3,714	Virginia	4,110	Virginia	4,470
2	New York	417	New York	416	Washington, D.C.	641
3	Pennsylvania	407	Pennsylvania	375	Tennessee	334
4	Outside of U.S./Canada	365	North Carolina	235	Pennsylvania	282
5	Maryland	250	Tennessee	221	North Carolina	208
6	Ohio	212	Maryland	214	New York	205
7	North Carolina	201	Florida	213	Maryland	155
8	Florida	193	West Virginia	196	Florida	149
9	West Virginia	193	Washington, D.C.	195	Minnesota	136
10	New Jersey	150	Outside of U.S./Canada	135	Alabama	117

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	1,617	Virginia	1,854	Virginia	1,750
2	Outside of U.S./Canada	189	Pennsylvania	162	Washington, D.C.	342
3	Pennsylvania	176	New York	129	Tennessee	196
4	New York	129	Tennessee	126	Pennsylvania	118
5	North Carolina	121	West Virginia	109	Minnesota	106
6	West Virginia	103	North Carolina	107	Alabama	90
7	Florida	98	Florida	102	North Carolina	89
8	Maryland	93	Maryland	71	Florida	76
9	Ohio	74	Outside of U.S./Canada	70	Maryland	70
10	Michigan	73	Washington, D.C.	69	West Virginia	60

Source: Va. Healthcare Workforce Data Center

18% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. 92% of these licensees worked at some point in the past year, including 88% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	1,892
% of Licensees:	18%
Federal/Military:	21%
Va. Border State/DC:	30%

Source: Va. Healthcare Workforce Data Center

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	296	4%
Master's Degree	5,988	76%
Post-Masters Cert.	653	8%
Doctorate of NP	654	8%
Other Doctorate	261	3%
Post-Ph.D. Cert.	3	0%
Total	**7,854**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

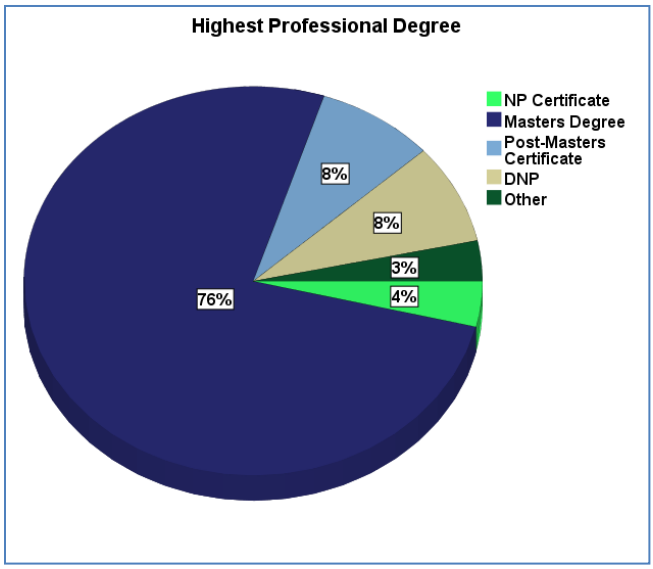
Education

Master's Degree: 76%
Post-Masters Cert.: 8%

Educational Debt

Carry debt: 46%
Under age 40 w/ debt: 66%
Median debt: $50k-$60k

Source: Va. Healthcare Workforce Data Center



More than three-quarters of all NPs hold a Master's degree as their highest professional degree. 46% of NPs carry education debt, including 66% 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	3,805	54%	820	34%
$10,000 or less	284	4%	101	4%
$10,000-$19,999	300	4%	138	6%
$20,000-$29,999	306	4%	110	5%
$30,000-$39,999	260	4%	95	4%
$40,000-$49,999	255	4%	125	5%
$50,000-$59,999	256	4%	149	6%
$60,000-$69,999	277	4%	135	6%
$70,000-$79,999	201	3%	118	5%
$80,000-$89,999	225	3%	126	5%
$90,000-$99,999	134	2%	65	3%
$100,000-$109,999	134	2%	76	3%
$110,000-$119,999	96	1%	48	2%
$120,000 or more	524	7%	292	12%
Total	**7,057**	**100%**	**2,399**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health:	27%
RN Anesthetist:	18%
Acute Care/ER:	8%

Credentials

ANCC – Family NP:	23%
AANPCP – Family NP:	18%
ANCC – Adult NP:	4%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,080	27%
Certified Registered Nurse Anesthetist	1,409	18%
Acute Care/Emergency Room	618	8%
Pediatrics	596	8%
Adult Health	573	7%
OB/GYN - Women's Health	331	4%
Psychiatric/Mental Health	331	4%
Surgical	240	3%
Geriatrics/Gerontology	207	3%
Certified Nurse Midwife	165	3%
Neonatal Care	159	2%
Gastroenterology	111	2%
Occupational/Industrial Health	37	1%
Pain Management	32	0%
Other	951	9%
Total	**7,839**	**100%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	%
ANCC: Family NP	2,082	23%
AANPCP: Family NP	1,631	18%
ANCC: Adult NP	334	4%
ANCC: Acute Care NP	317	4%
NCC: Women's Health Care NP	277	3%
ANCC: Adult-Gerontology Acute Care NP	203	2%
ANCC: Family Psychiatric-Mental Health NP	166	2%
NCC: Neonatal NP	164	2%
ANCC: Pediatric NP	153	2%
ANCC: Adult-Gerontology Primary Care NP	119	1%
ANCC: Adult Psychiatric-Mental Health NP	112	1%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	105	1%
AANPCP: Adult NP	95	1%
All Other Credentials	68	1%
At Least One Credential	**5,545**	**68%**

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 18% had a primary specialty as a Certified RN Anesthetist. 68% 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: 65%
2 or More Positions: 18%

Weekly Hours:

40 to 49: 49%
60 or more: 6%
Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	0	0%
Employed in a nursing- related capacity	7,617	96%
Employed, NOT in a nursing-related capacity	29	<1%
Not working, reason unknown	0	0%
Involuntarily unemployed	16	<1%
Voluntarily unemployed	194	2%
Retired	66	1%
Total	**7,922**	**100%**

Source: Va. Healthcare Workforce Data Center

96% of NPs are currently employed in their profession. 65% of NPs hold one full-time job, while 18% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while just 6% work at least 60 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	210	3%
1 to 9 hours	101	1%
10 to 19 hours	260	3%
20 to 29 hours	525	7%
30 to 39 hours	1,422	19%
40 to 49 hours	3,759	49%
50 to 59 hours	904	12%
60 to 69 hours	324	4%
70 to 79 hours	94	1%
80 or more hours	76	1%
Total	**7,676**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	210	3%
One Part-Time Position	1,137	15%
Two Part-Time Positions	243	3%
One Full-Time Position	5,006	65%
One Full-Time Position & One Part-Time Position	1,003	13%
Two Full-Time Positions	11	0%
More than Two Positions	145	2%
Total	**7,755**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	48	1%
Less than $40,000	262	3%
$40,000-$49,999	109	2%
$50,000-$59,999	174	3%
$60,000-$69,999	201	3%
$70,000-$79,999	375	6%
$80,000-$89,999	670	11%
$90,000-$99,999	1,002	16%
$100,000-$109,999	880	14%
$110,000-$119,999	626	10%
$120,000 or more	1,839	30%
Total	**6,186**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $100k-$110k

Benefits

Retirement: 76%

Health Insurance: 66%

Satisfaction

Satisfied: 95%

Very Satisfied: 66%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	5,077	66%
Somewhat Satisfied	2,276	29%
Somewhat Dissatisfied	299	4%
Very Dissatisfied	73	1%
Total	**7,725**	**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, 76% also had access to a retirement plan and 66% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Signing/Retention Bonus	1,052	14%	16%
Dental Insurance	4,550	60%	65%
Health Insurance	4,701	62%	66%
Paid Leave	5,172	68%	73%
Group Life Insurance	3,875	51%	55%
Retirement	5,335	70%	76%
Receive at least one benefit	**6,044**	**79%**	**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?	125	1%
Experience Voluntary Unemployment?	383	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	172	2%
Work two or more positions at the same time?	1,634	18%
Switch employers or practices?	857	10%
Experienced at least 1	**2,673**	**30%**

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 3.2% during the same period.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	123	2%	109	6%
Less than 6 Months	733	10%	194	10%
6 Months to 1 Year	762	10%	237	13%
1 to 2 Years	1,760	23%	354	19%
3 to 5 Years	1,610	21%	441	24%
6 to 10 Years	1,051	14%	273	15%
More than 10 Years	1,516	20%	245	13%
Subtotal	**7,556**	**100%**	**1,852**	**100%**
Did not have location	192		6,972	
Item Missing	1,130		55	
Total	**8,879**		**8,879**	

Source: Va. Healthcare Workforce Data Center

70% of NPs receive a salary at their primary work location, while 26% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 10%
New Location: 25%
Over 2 years: 55%
Over 2 yrs, 2nd location: 52%

Employment Type

Salary: 70%
Hourly Wage: 26%

Source: Va. Healthcare Workforce Data Center

55% 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	4,192	70%
Hourly Wage	1,532	26%
By Contract	234	4%
Business/ Practice Income	0	0%
Unpaid	44	1%
Subtotal	**6,001**	**100%**
Missing location	192	
Item missing	2,545	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 3.4% in October 2017 to 3.1% in August 2018. At the time of publication, the unemployment rate for August 2018 was still preliminary, while the unemployment rate for September 2018 had still not been reported.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	73%
Lowest Region:	1%

Locations

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

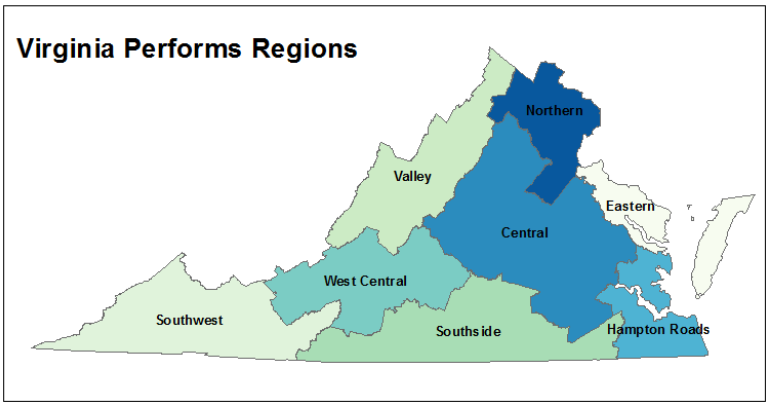
Source: Va. Healthcare Workforce Data Center

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				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,021	27%	371	20%
Eastern	91	1%	14	1%
Hampton Roads	1,517	20%	371	20%
Northern	1,928	26%	448	24%
Southside	230	3%	71	4%
Southwest	414	6%	102	5%
Valley	428	6%	104	6%
West Central	763	10%	190	10%
Virginia Border State/DC	80	1%	48	3%
Other US State	47	1%	149	8%
Outside of the US	2	0%	3	0%
Total	**7,521**	**100%**	**1,871**	**100%**
Item Missing	1,166		37	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	189	2%	273	4%
1	5,632	73%	5,685	74%
2	1,060	14%	1,028	13%
3	609	8%	578	7%
4	116	1%	74	1%
5	48	1%	35	0%
6 or More	72	1%	53	1%
Total	**7,726**	**100%**	**7,726**	**100%**

*At the time of survey completion (Oct. 2017 - Sept. 2018, 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	3,721	52%	1,107	62%
Non-Profit	2,385	33%	489	27%
State/Local Government	594	8%	147	8%
Veterans Administration	162	2%	10	1%
U.S. Military	191	3%	19	1%
Other Federal Government	83	1%	8	0%
Total	**7,136**	**100%**	**1,780**	**100%**
Did not have location	192		6,972	
Item Missing	1,552		126	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

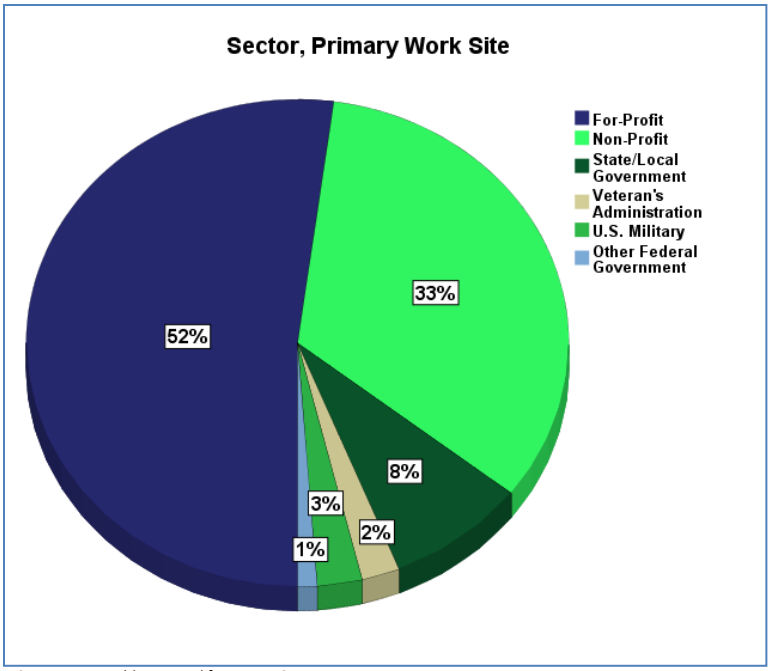
For Profit: 52%
Federal: 6%

Top Establishments

Hospital, Inpatient: 20%
Clinic, Primary Care: 17%
Private practice (Group): 9%

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 52% in for-profit establishments. Meanwhile, 8% of NPs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	2,574	29%
Remote Health, Caring for Patients in Virginia	600	7%
Remote Health, Caring for Patients Outside of Virginia	175	2%
Use at least one	**2,891**	**33%**

Source: Va. Healthcare Workforce Data Center

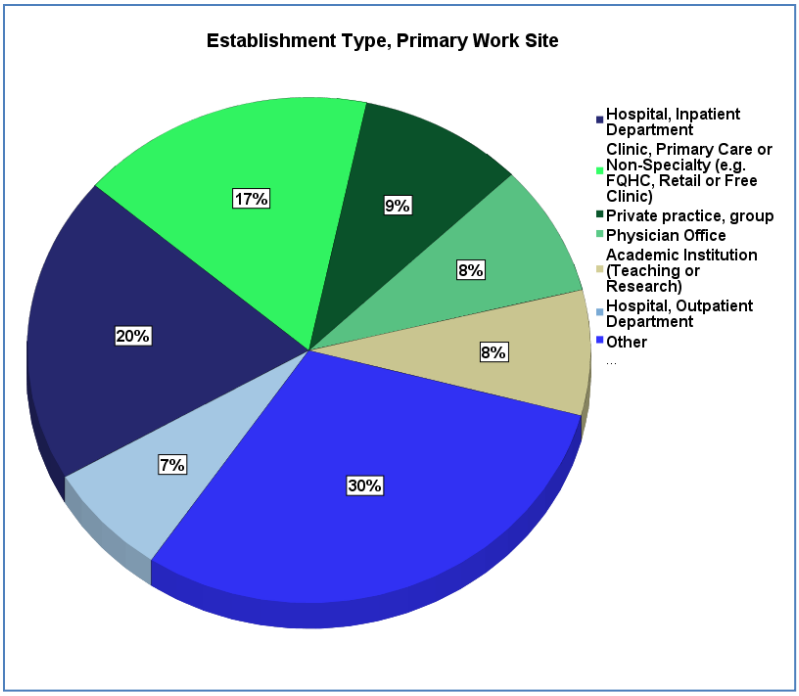
Close to a third of the state NP workforce use EHRs. 7% also provide remote health care for Virginia patients.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1,343	20%	291	17%
Clinic, Primary Care or Non-Specialty	1,164	17%	234	13%
Private practice, group	649	9%	101	6%
Physician Office	573	8%	78	4%
Academic Institution (Teaching or Research)	548	8%	149	9%
Hospital, Outpatient Department	477	7%	86	5%
Ambulatory/Outpatient Surgical Unit	332	5%	170	10%
Hospital, Emergency Department	219	3%	105	6%
Clinic, Non-Surgical Specialty	205	3%	31	2%
Private practice, solo	154	2%	30	2%
Mental Health, or Substance Abuse, Outpatient Center	144	2%	35	2%
Long Term Care Facility, Nursing Home	129	2%	48	3%
School (providing care to students)	66	1%	21	1%
Other Practice Setting	842	12%	369	21%
Total	6,845	100%	1,748	100%
Did Not Have a Location	192		6,972	

Source: Va. Healthcare Workforce Data Center

The single largest employer of Virginia's NPs is the inpatient department of hospitals, where 20% of all NPs have their primary work location. Primary care/non-specialty clinics, group private practices, physicians' offices, and academic institutions were also common primary establishment types for Virginia's NP workforce.

Among those NPs who also have a secondary work location, 17% work at the inpatient department of a hospital and 13% 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

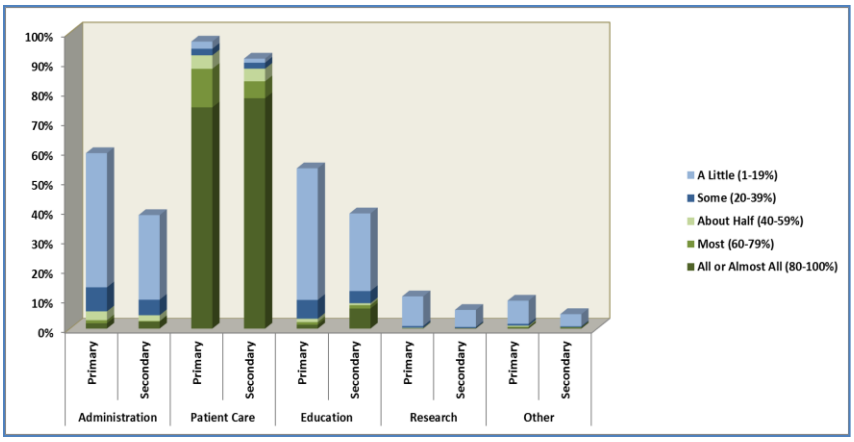
Patient Care:	88%
Administration:	3%
Education:	2%

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. 88% 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%)	2%	2%	75%	78%	1%	7%	0%	0%	0%	0%
Most (60-79%)	1%	0%	13%	6%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	3%	2%	5%	4%	1%	1%	0%	0%	0%	0%
Some (20-39%)	8%	5%	2%	2%	6%	4%	1%	0%	1%	0%
A Little (1-20%)	45%	29%	2%	1%	44%	26%	10%	6%	8%	4%
None (0%)	41%	62%	3%	9%	46%	61%	89%	94%	91%	95%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
Under age 50	87	1%	0	0%
50 to 54	147	2%	12	0%
55 to 59	591	9%	95	4%
60 to 64	1,582	24%	520	20%
65 to 69	2,694	40%	1,234	46%
70 to 74	937	14%	501	19%
75 to 79	190	3%	104	4%
80 or over	78	1%	39	1%
I do not intend to retire	361	5%	154	6%
Total	**6,667**	**100%**	**2,659**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs

Under 65: 36%
Under 60: 12%

NPs 50 and over

Under 65: 24%
Under 60: 4%

Time until Retirement

Within 2 years: 6%
Within 10 years: 22%
Half the workforce: By 2043

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 11% plan on pursuing additional educational opportunities.

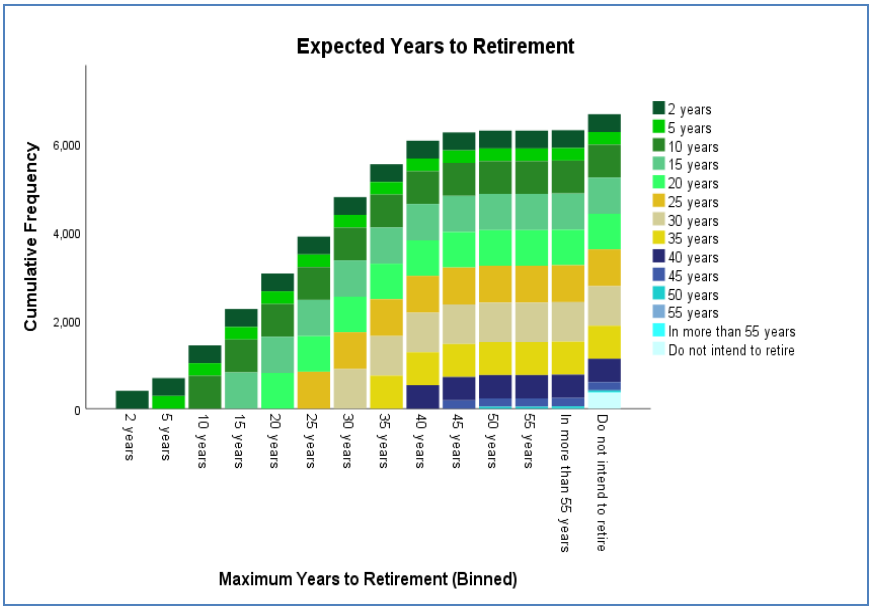
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	77	1%
Leave Virginia	292	3%
Decrease Patient Care Hours	766	9%
Decrease Teaching Hours	91	1%
Increase Participation		
Increase Patient Care Hours	739	8%
Increase Teaching Hours	1,045	12%
Pursue Additional Education	1,012	11%
Return to Virginia's Workforce	50	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 6% of NPs expect to retire in the next two years, while 22% expect to retire in the next 10 years. More than half of the current NP workforce expects to retire by 2043.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	404	6%	6%
5 years	287	4%	10%
10 years	743	11%	22%
15 years	820	12%	34%
20 years	805	12%	46%
25 years	836	13%	58%
30 years	894	13%	72%
35 years	747	11%	83%
40 years	530	8%	91%
45 years	187	3%	94%
50 years	42	1%	94%
55 years	0	0%	94%
In more than 55 years	10	0%	95%
Do not intend to retire	361	5%	100%
Total	**6,666**	**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 2028. Retirements will peak at 13% of the current workforce around 2043 before declining to under 10% of the current workforce again around 2058.

At a Glance:

FTEs

Total:	7,912
FTEs/1,000 Residents:	0.94
Average:	0.91

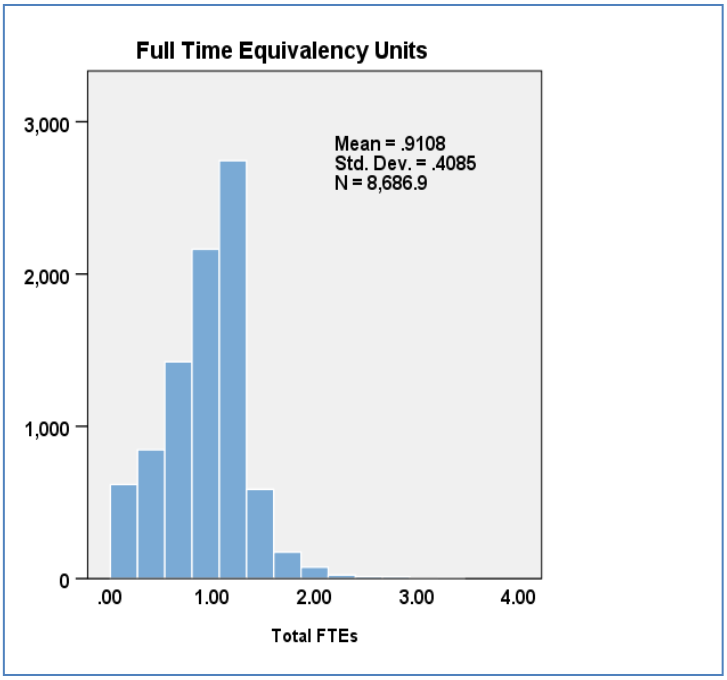
Age & Gender Effect

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:

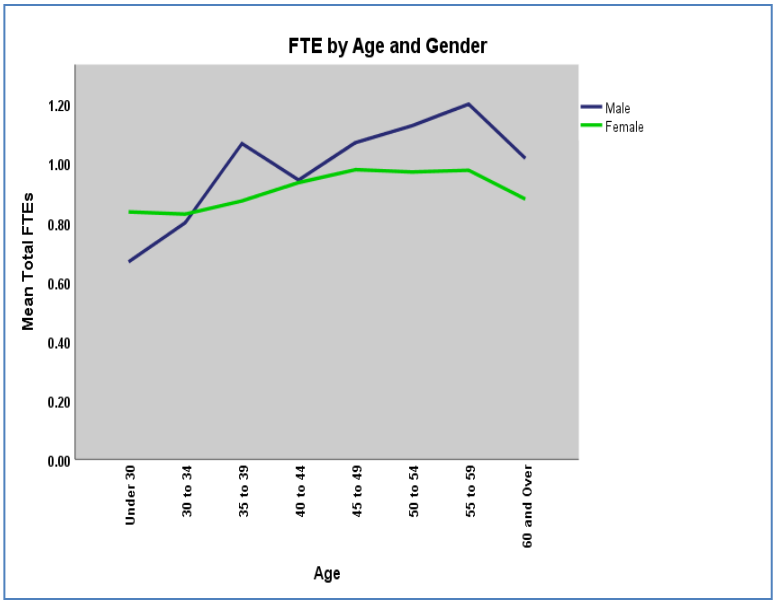


Source: Va. Healthcare Workforce Data Center

The typical (median) NP provided 0.97 FTEs, or approximately 39 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	0.81	0.90
30 to 34	0.80	0.88
35 to 39	0.92	1.06
40 to 44	0.93	0.91
45 to 49	1.01	1.09
50 to 54	1.00	1.02
55 to 59	0.94	0.91
60 and Over	0.87	0.88
Gender		
Male	1.02	1.08
Female	0. 91	0.96

Source: Va. Healthcare Workforce Data Center

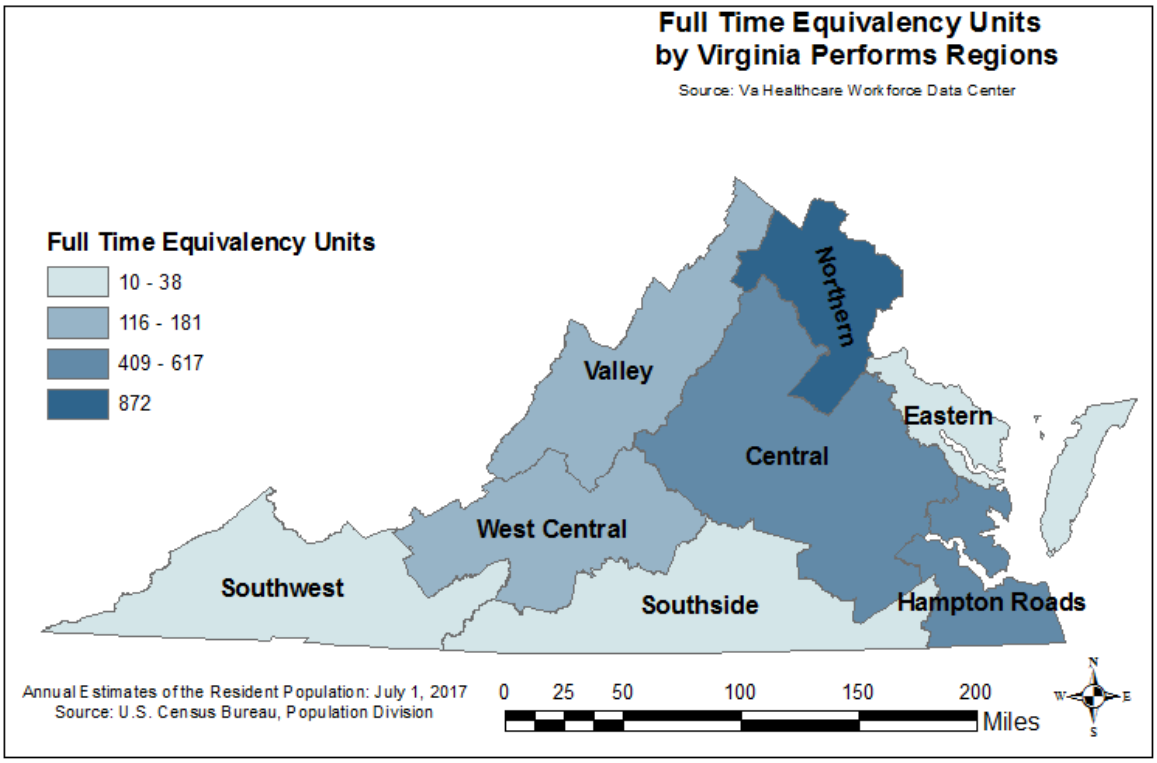


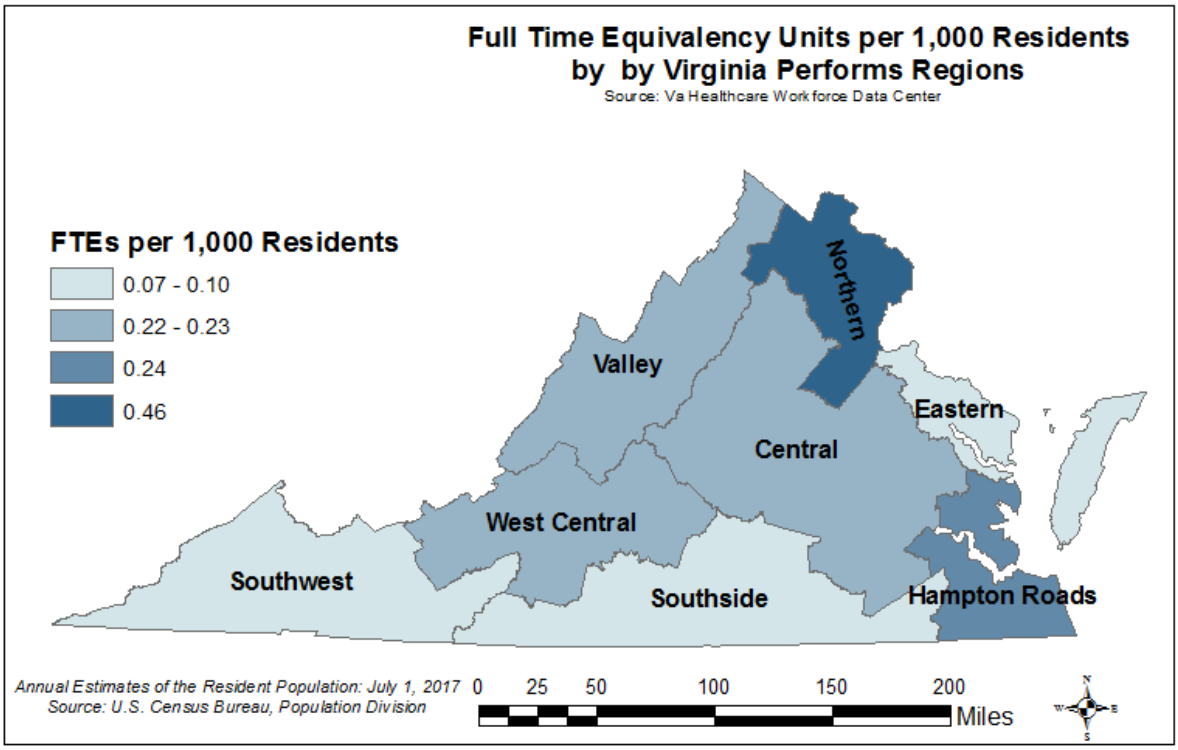
Source: Va. Healthcare Workforce Data Center

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

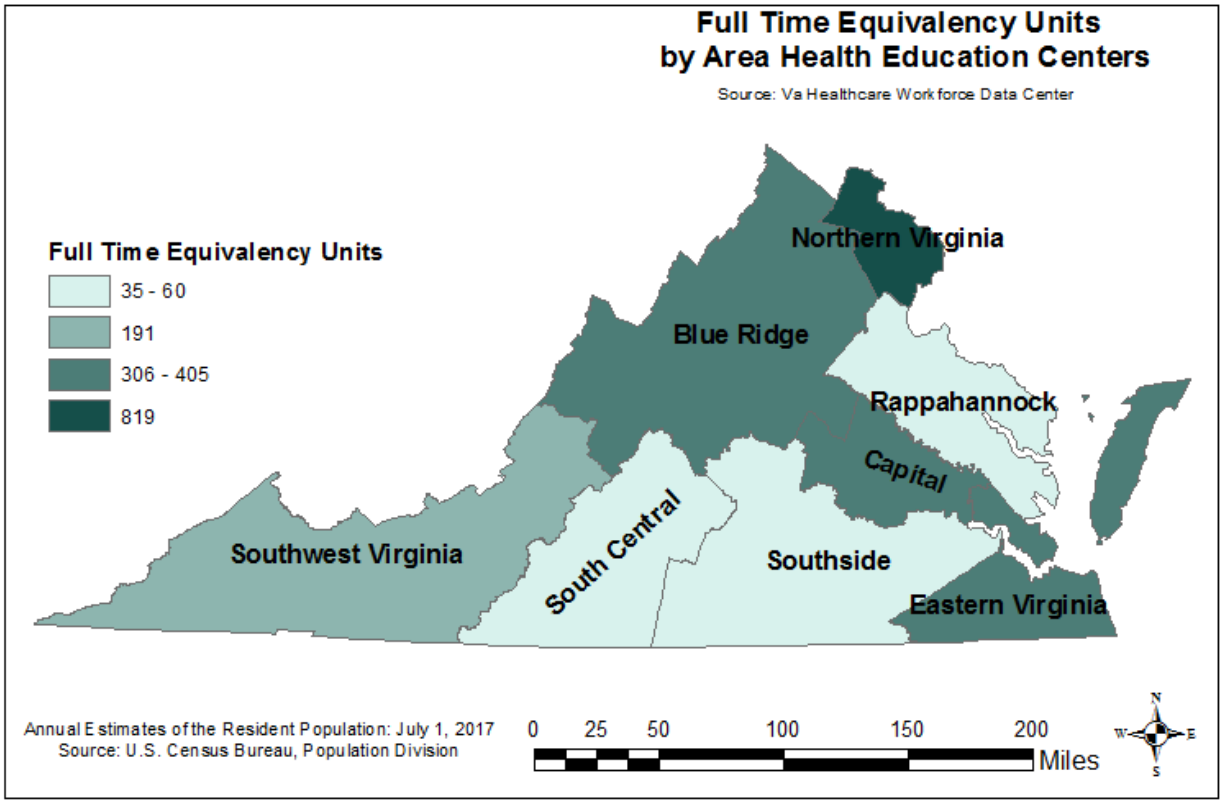
Maps

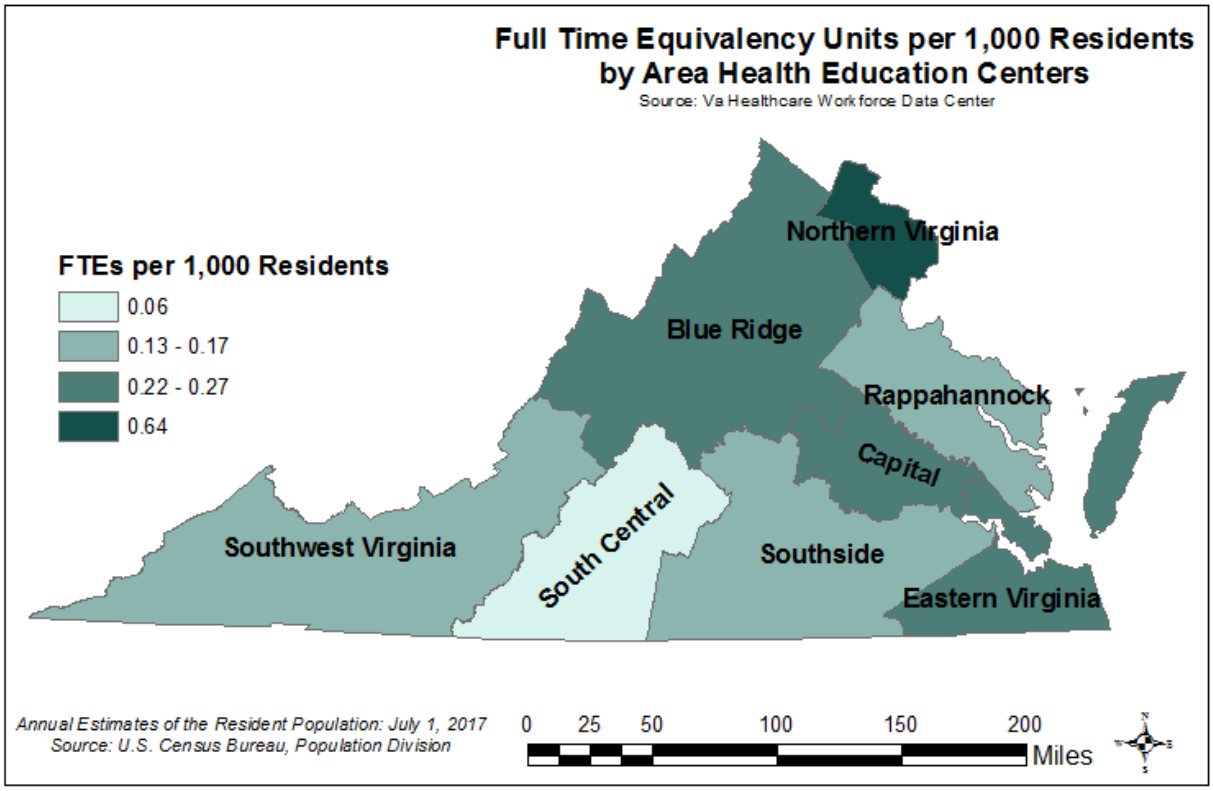
Virginia Performs Regions

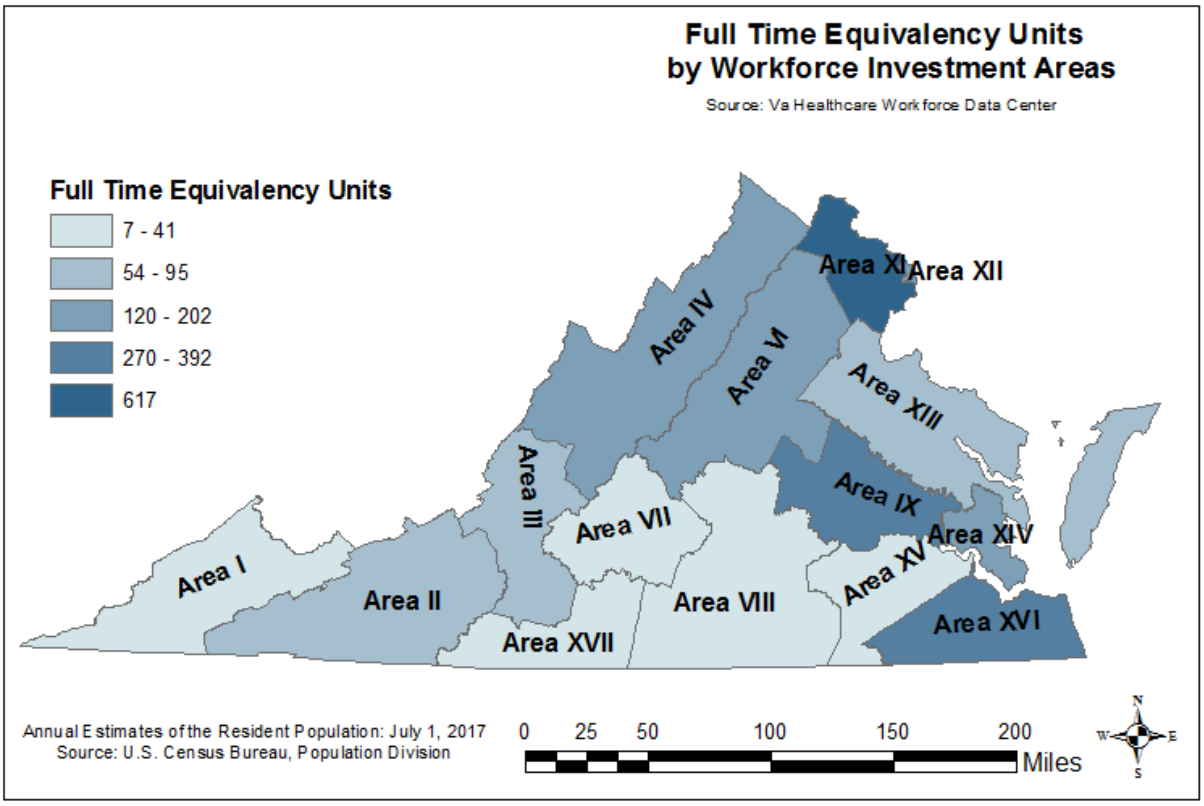


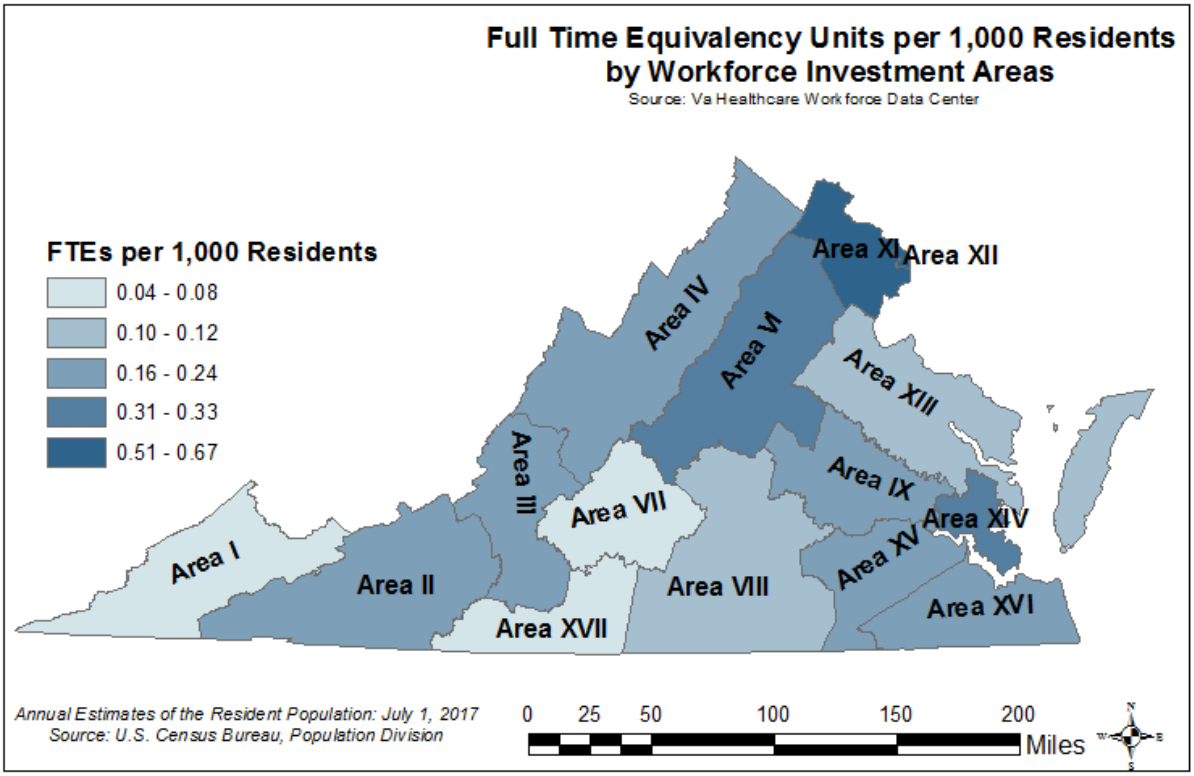


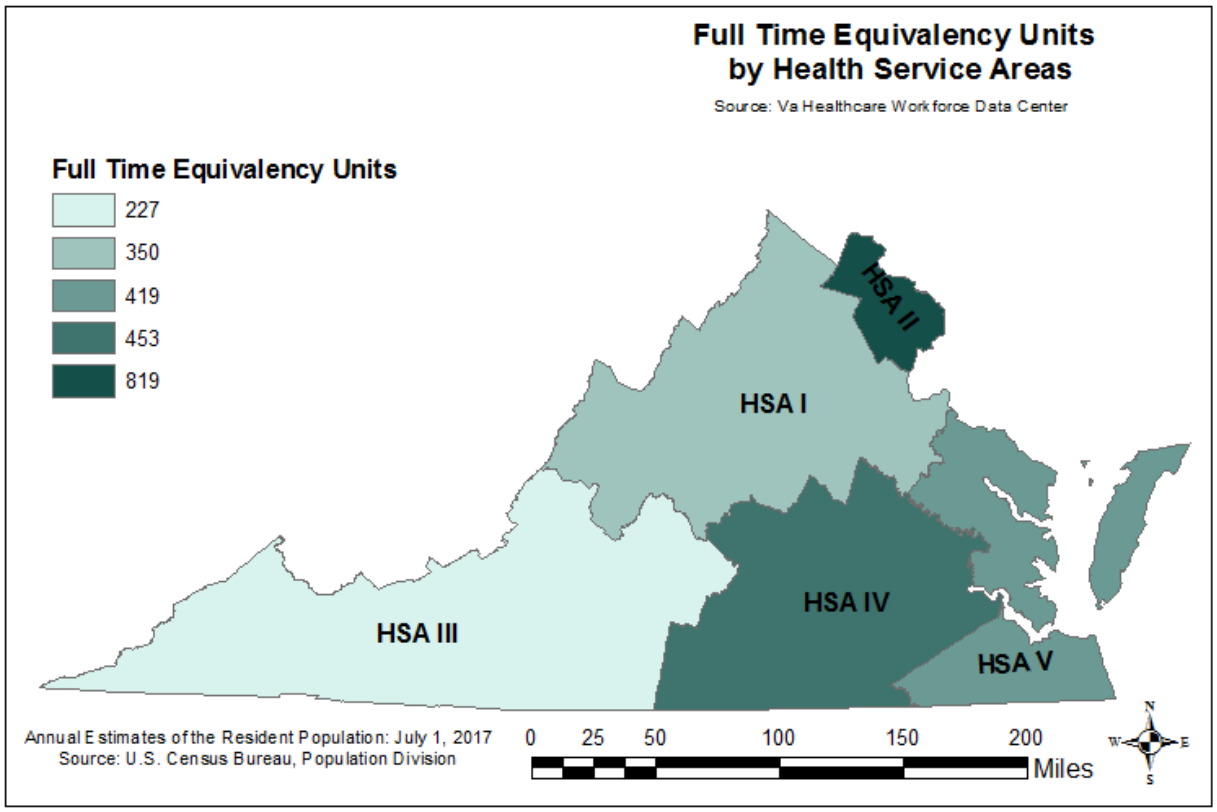
Area Health Education Center Regions

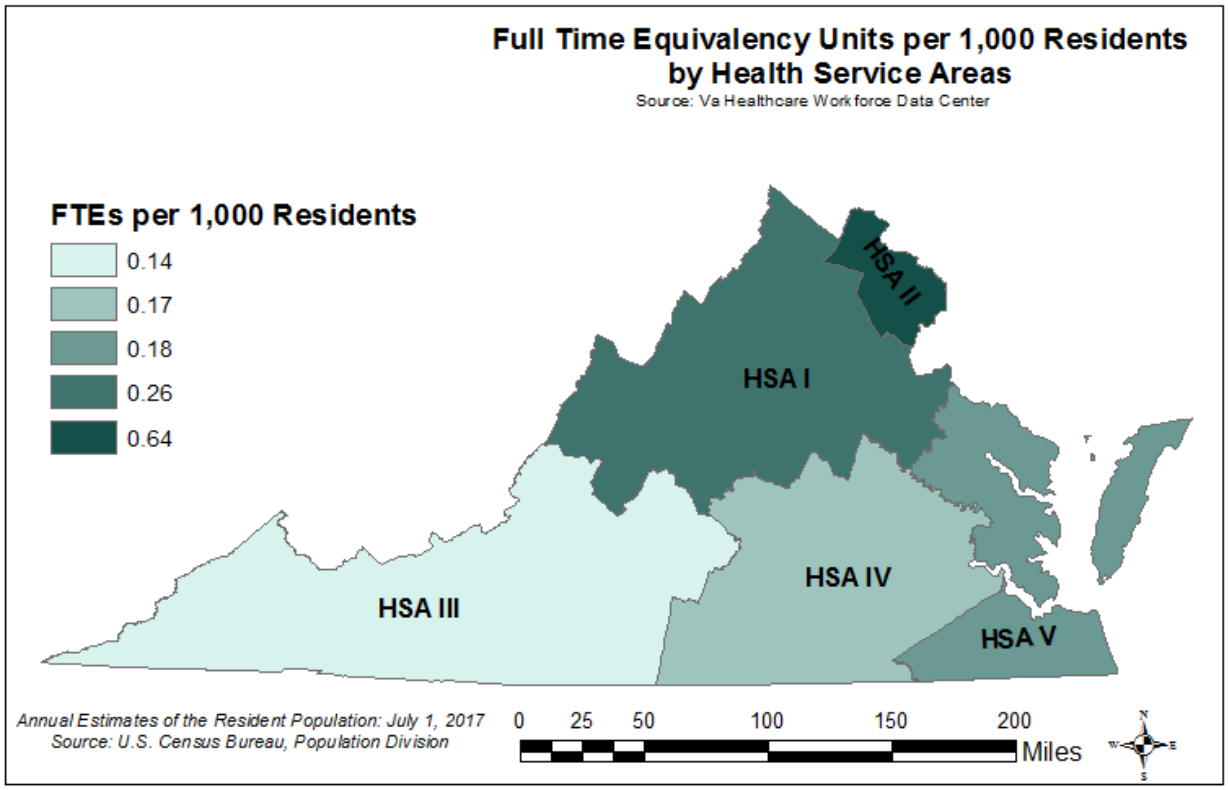


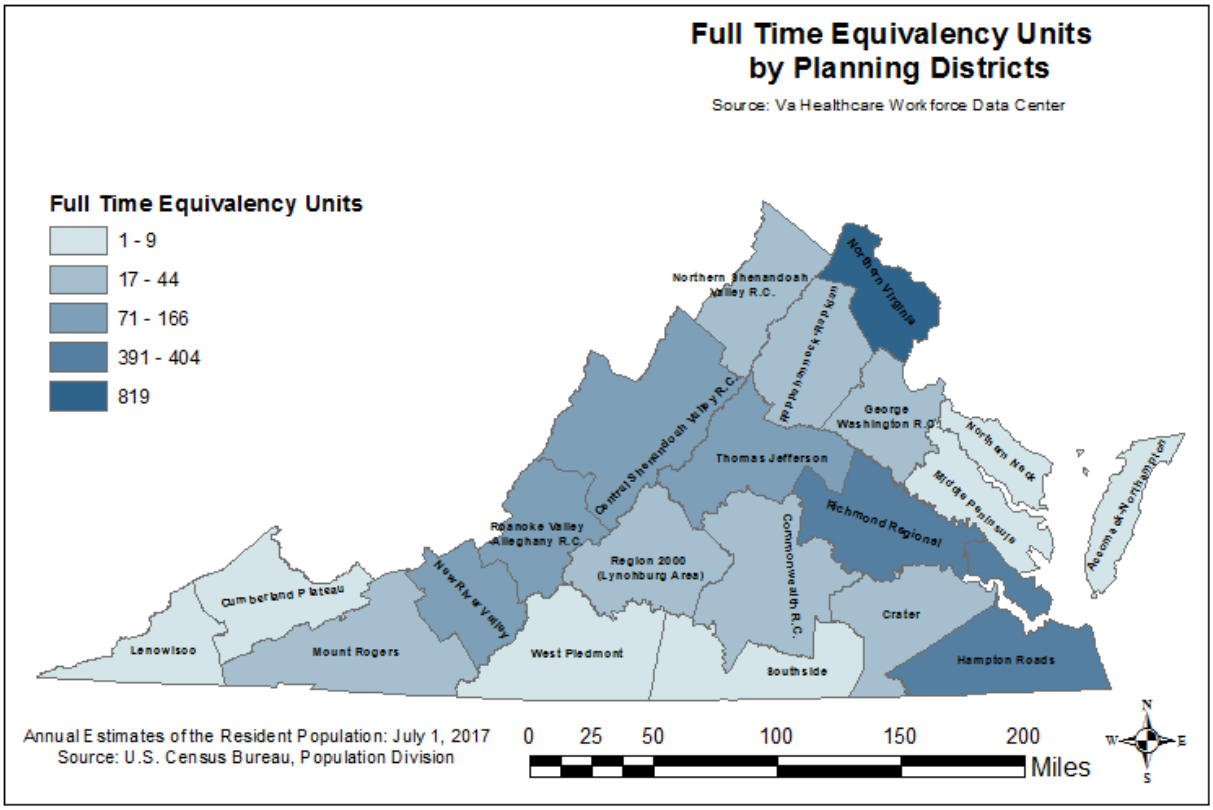


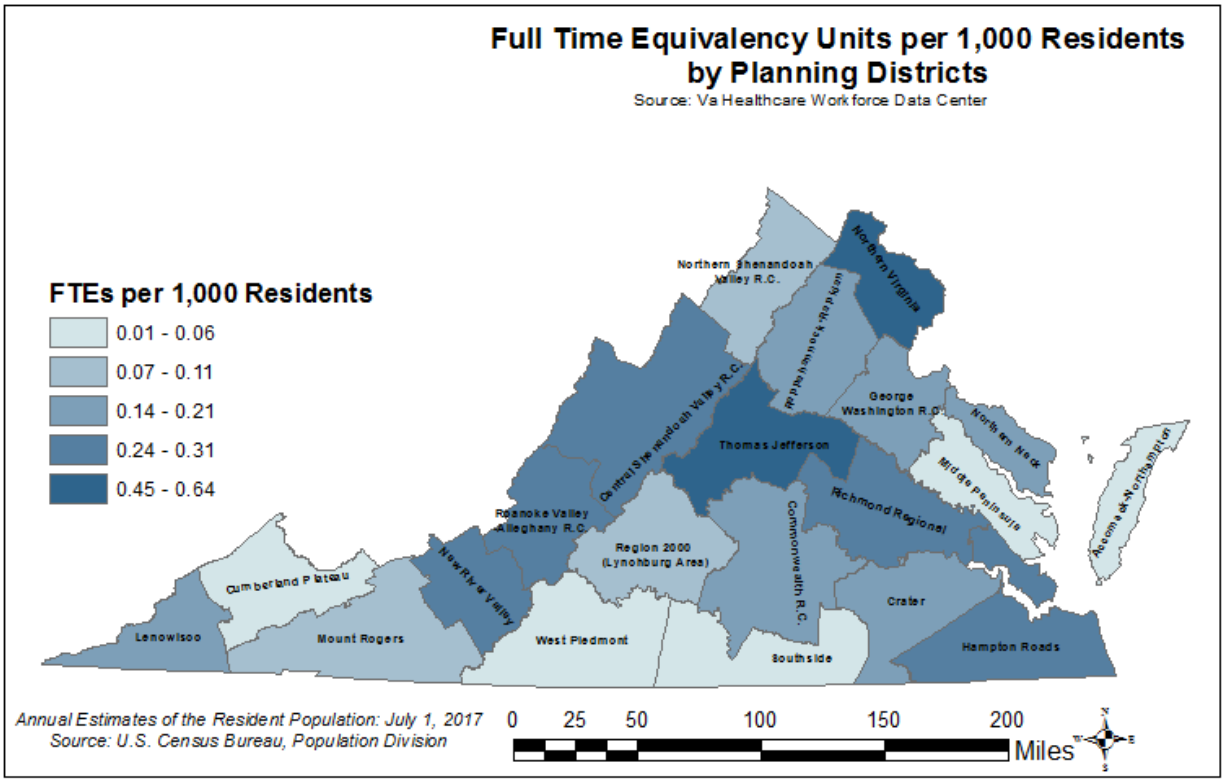

Full Time Equivalency Units
by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
7 - 41
54 - 95
120 - 202
270 - 392
617
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
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 Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.04 - 0.08
0.10 - 0.12
0.16 - 0.24
0.31 - 0.33
0.51 - 0.67
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2017
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units
by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
227
350
419
453
819
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2017
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
0.14
0.17
0.18
0.26
0.64
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2017
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
1 - 9
17 - 44
71 - 166
391 - 404
819
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
New River Valley
Cumberland Plateau
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2017
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
0.01 - 0.06
0.07 - 0.11
0.14 - 0.21
0.24 - 0.31
0.45 - 0.64
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
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Richmond Regional
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New River Valley
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Crater
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West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2017
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+	5,793	31.95%	3.1297	2.3958	4.8452
Metro, 250,000 to 1 million	716	29.19%	3.4258	2.6225	5.3037
Metro, 250,000 or less	965	33.78%	2.9601	2.2660	4.5827
Urban pop 20,000+, Metro adj	135	37.78%	2.6471	2.0263	4.0980
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	264	28.79%	3.4737	2.6591	5.3778
Urban pop, 2,500-19,999, nonadj	255	33.33%	3.0000	2.2965	4.6444
Rural, Metro adj	171	33.92%	2.9483	2.2569	4.5644
Rural, nonadj	86	44.19%	2.2632	1.7325	2.8199
Virginia border state/DC	1,257	8.35%	11.9714	9.1642	18.5335
Other US State	1,130	16.90%	5.9162	4.5289	9.1592

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	396	17.93%	5.5775	4.0980	18.5335
30 to 34	1,550	29.87%	3.3477	2.1030	11.1243
35 to 39	1,616	22.28%	4.4889	2.8199	14.9163
40 to 44	1,431	31.03%	3.2230	2.0246	10.7097
45 to 49	1,409	23.78%	4.2060	2.6421	13.9761
50 to 54	1,139	36.26%	2.7579	1.7325	9.1642
55 to 59	1,160	24.74%	4.0418	2.5390	13.4306
60 and Over	2,071	29.79%	3.3566	2.1086	11.1536

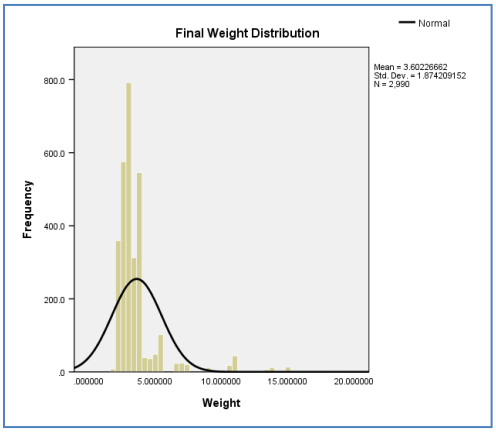
Source: Va. Healthcare Workforce Data Center

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: 0.27757



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Healthcare Workforce Data Center

November 2018

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

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

6,234 Licensed Nurse Practitioners voluntarily participated in the 2017 and 2018 surveys. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

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Executive Director of Board of Nursing

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

Contents

Results in Brief

This is a special report created for the Joint Boards of Nursing and Medicine. The report uses data from the 2017 and 2018 Nurse Practitioners 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. Two years' worth of data, therefore, will allow all eligible Nurse Practitioners (NPs) the opportunity of completing the survey. The 2017 survey occurred between October 2016 and September 2017; the 2018 survey occurred between October 2017 and September 2018. The survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), and Certified Nurse Practitioners (CNPs). CNPs make up the highest proportion of NPs. Over three-quarters of NPs are CNPs whereas CNMs constitute only 3% of NPs. The full time equivalency units provided by each specialty are also similarly distributed.

Nine out 10 NPs are female; CNMs are all female whereas slightly less than three-quarters of CRNAs are female; 94% of CNPs are female. The median age of all NPs as well as CRNAs is 46. However, the median age of CNMs is 49 and the median age for CNPs is 45. 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. CNMs were the least diverse with 29% diversity index whereas CRNAs and CNPs had 33% and 34% diversity index, respectively. Overall, 10% of NPs work in rural areas. CNPs had the highest rural workforce participation; 11% of CNPs work in rural areas compared to 6% and 4% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 13% reporting a doctorate degree; only 7% of CNMs and 10% of CNPs did. Not surprisingly, CRNAs also reported the highest median education debt although less than half of CRNAs had debt whereas half of CNMs did. CRNAs reported $80-$90k in education debt whereas CNPs reported $50k-$60k and CNMs reported $60k-$70k in educational debt. Further, 16% of CRNAs reported over $120,000 in education debt compared to 12% of CNMs and 5% of CNPs.

CRNAs also reported the highest median annual income; they reported $120k-$130k in median income. The average for all other NPs is $90k-$100k. Further, 83% of CRNAs reported more than $120,000 in income compared to 25% of CNMs and 15% of CNPs. However, only 81% of CRNAs and CNPs received at least one employer-sponsored benefit compared to 85% of CNMs. Overall, 95% of NPs are satisfied with their current employment situation. However, only 85% of CNMs are satisfied compared to 97% of CRNAs and 95% of CNPs. Close to a third of CNMs also reported employment instability in the year prior to the survey compared to 30% of CNPs and 25% of CRNAs.

CRNAs had the highest participation in the private sector, 90% of them worked in the sector compared to 84% of CNPs and 82% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government. CRNAs were most likely to be working in the inpatient department of hospitals whereas CNMs were most likely to work in private practice and CNPs were most likely to work in primary care clinics. About 9% of CNPs cared for Virginia patients using telehealth compared to 2% and 1% of CNMs and CNPs, respectively.

About 30% CNMs plan to retire within the next decade compared to 25% of CRNAs and 20% of CNPs. About 40%, 35% and 35% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Further, 26%, 20%, and 35% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 8%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

A Closer Look:

At a Glance:

Licensed NPs

Total:	11,438
CRNA:	2,191
CNM:	353
CNP:	8,894

Response Rates

All Licensees: (2017&2018)	56%

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2017 and 2018 Nurse Practitioner Surveys, and licensure data retrieved in October 2018. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years on their birth month. Thus, every eligible NP would have been eligible to complete the survey in either of the two years. New NPs do not complete the survey so they will be excluded from the survey. From the licensure data, 2,184 of NPs reported their first specialty as CRNA; 325 had first specialty of CNM, 8,929 had other first specialties. Of the 8,929, 27 had a second specialty of CNM and seven had a second specialty of CNRA. One NP also had a third specialty of CNM. Therefore, after assigning any mention of CNM as CNM and similarly for CRNAs, "At a Glance" shows the break down by specialty. Over three-quarters are CNPs and about 3% are CNMs.

Response Rates

	CRNA	CNM	CNP	Total
Completed Surveys 2017	634	98	2,522	**3,254**
Completed Surveys 2018	557	99	2,324	**2980**
Response Rate, all licensees	55%	57%	56%	**56%**

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 56% of NPs submitted a survey in both 2017 and 2018. As shown above, response rates are nearly the same among the different specialty groups.

Not in Workforce in Past Year

	CRNA	CNM	CNP	All 2018
% of Licensees not in VA Workforce	22%	19%	17%	**18%**
% in Federal Employee or Military:	8%	20%	21%	**18%**
% Working in Virginia Border State or DC	19%	38%	26%	**25%**

Source: Va. Healthcare Workforce Data Center

CRNAs were most likely to not be working in the state workforce whereas CNMs were most likely to be working in border states.

Definitions

1. **The Survey Period:** The survey was conducted between October 2016 and September 2017, and between October 2017 and September 2018, 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 frame.

Closer Look:

At a Glance:

2018 Workforce

Virginia's NP Workforce:	8,879
FTEs:	7,912

Workforce by Specialty

CRNA:	1,658
CNM:	280
CNP:	7,296

FTE by Specialty

CRNA:	1,496
CNM:	284
CNP:	6,424

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								
	CRNA		CNM		CNP		All (2018)	
Status	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	1,647	99%	275	98%	7,136	98%	8,690	98%
Looking for Work in Virginia	12	1%	5	2%	160	2%	189	2%
Virginia's Workforce	**1,658**	**100%**	**280**	**100%**	**7,296**	**100%**	**8,879**	**100%**
Total FTEs	**1,497**		**284**		**6,425**		**7,912**	
Licensees	**2,162**		**344**		**8,696**		**10,772**	

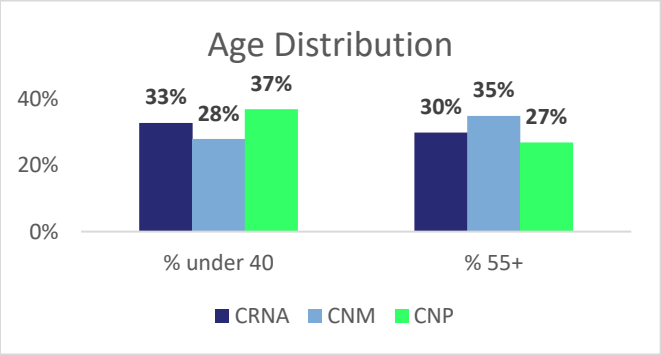
Source: Va. Healthcare Workforce Data Center

CNPs provided about 78% of the nurse practitioner FTEs in the state. CRNAs provided 18% whereas CNMs provided 3% of the FTEs.

Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	34	10%	306	90%	340	4%
30 to 34	78	6%	1,196	94%	1,274	16%
35 to 39	124	10%	1,098	90%	1,223	15%
40 to 44	144	13%	959	87%	1,103	14%
45 to 49	129	13%	853	87%	983	12%
50 to 54	116	14%	717	86%	833	10%
55 to 59	72	9%	709	91%	781	10%
60 +	125	8%	1,355	92%	1,480	18%
Total	**823**	**10%**	**7,193**	**90%**	**8,016**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

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

% Female by Specialty

CRNA:	73%
CNM:	100%
CNP:	94%

% Female <40 by Specialty

CRNA:	71%
CNM:	100%
CNP:	94%

Source: Va. Healthcare Workforce Data Center

Median age is 49 for CNMs, 46 for CRNAs, and 45 for CNPs.

Age & Gender by Specialty												
	CRNA				CNM				CNP			
Age	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
Under 30	16	54%	30	2%	12	100%	12	5%	303	94%	323	5%
30 to 34	206	81%	256	17%	24	100%	24	10%	1,050	97%	1,080	16%
35 to 39	172	79%	217	14%	32	100%	32	13%	991	93%	1,068	16%
40 to 44	160	68%	236	15%	32	100%	32	13%	770	91%	843	13%
45 to 49	109	68%	160	10%	30	100%	30	12%	792	94%	839	13%
50 to 54	114	65%	176	12%	27	100%	27	11%	631	92%	687	10%
55 to 59	113	72%	157	10%	32	100%	32	13%	614	93%	660	10%
60 +	198	67%	297	19%	54	100%	54	22%	1,063	95%	1,117	17%
Total	**1,088**	**71%**	**1,529**	**100%**	**244**	**100%**	**244**	**100%**	**6,215**	**94%**	**6,616**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Race & Ethnicity (2018)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	62%	6,481	81%	2,185	77%
Black	19%	742	9%	273	10%
Asian	6%	340	4%	146	5%
Other Race	<1%	102	1%	48	2%
Two or more races	3%	156	2%	71	3%
Hispanic	9%	188	2%	103	4%
Total	**100%**	**8,010**	**100%**	**2,825**	**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

At a Glance:

2018 Diversity

Diversity Index: 33%

Under 40 Div. Index: 39%

By Specialty

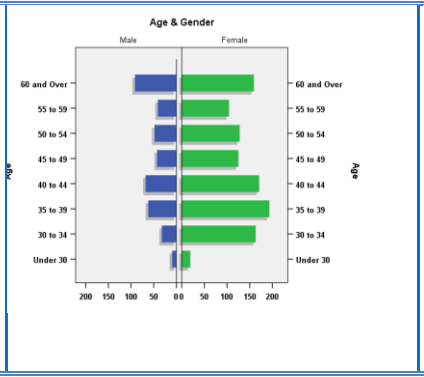
CRNA: 33%

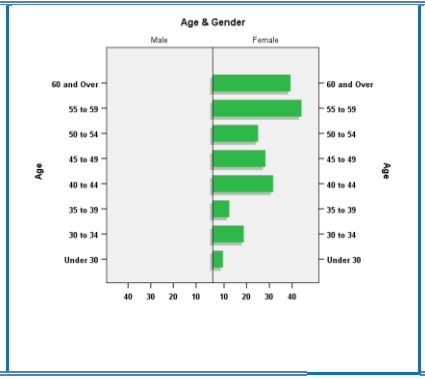
CNM: 29%

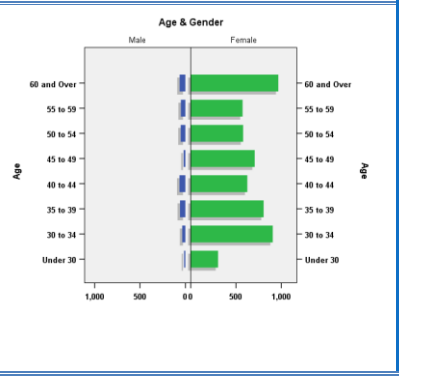
CNP: 34%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender												
	CRNA				CNM				CNP			
Race/ Ethnicity	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,245	82%	385	78%	204	84%	53	78%	5,328	80%	1,909	78%
Black	96	6%	34	7%	13	5%	0	0%	641	10%	244	10%
Asian	103	7%	52	10%	0	0%	0	0%	291	4%	135	5%
Other Race	19	1%	5	1%	11	5%	11	16%	92	1%	33	1%
Two or more races	41	3%	12	2%	5	2%	0	0%	107	2%	57	2%
Hispanic	23	2%	9	2%	11	4%	4	6%	161	2%	84	3%
Total	**1,528**	**100%**	**496**	**100%**	**244**	**100%**	**68**	**100%**	**6,620**	**100%**	**2,461**	**100%**







Source: Va. Healthcare Workforce Data Center

A Closer Look:

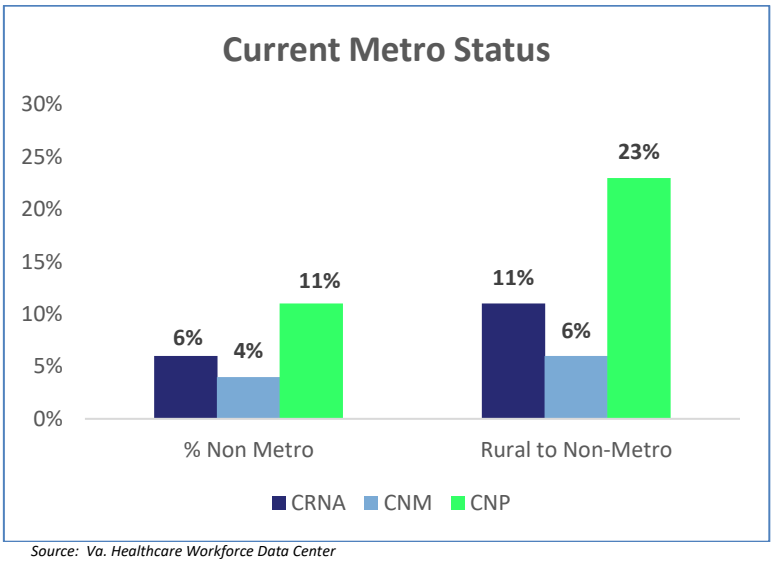
At a Glance:

Rural Childhood

CRNA:	27%
CNM:	34%
CNP:	34%
All:	33%

Non-Metro Location

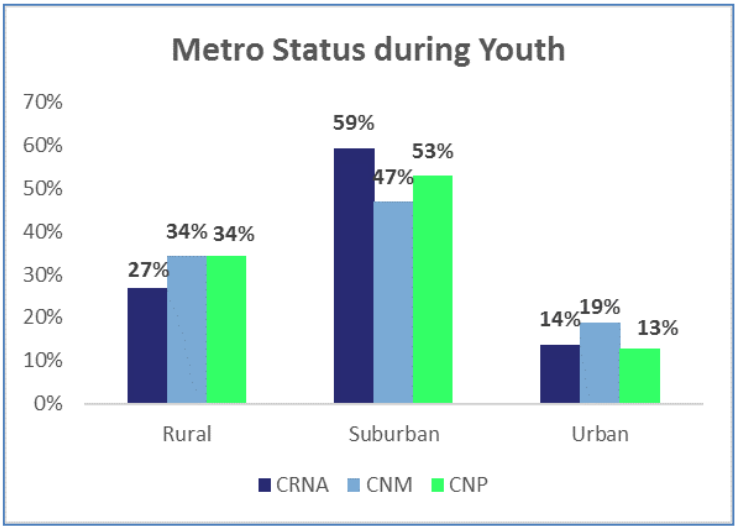
CRNA:	6%
CNM:	4%
CNP:	11%
All:	10%



Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	30%	31%	36%	42%
CNM	30%	36%	41%	24%
CNP	51%	57%	62%	62%
All (2018)	**45%**	**51%**	**56%**	**58%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNPs were most likely to have been educated in the state. CNMs were least likely to have obtained their NP education in the state. CNPs had the highest percent reporting a non-metro work location.

A Closer Look:

At a Glance:

Median Educational Debt

CRNA:	$80k-$90k
CNM:	$60k-$70k
CNP:	$50k-$60k

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 50% and 89% of all CNMs and CNMs under age 40, respectively, had education debt. Their median debt was $60k-$70k. However, 48% of CRNAs reported education debt but they reported the highest median education debt of $80k-$90k.

	Highest Degree							
	CRNA		CNM		CNP		All (2018)	
Degree	#	%	#	%	#	%	#	%
NP Certificate	198	13%	8	3%	123	2%	296	4%
Master's Degree	1,094	73%	174	73%	5,169	79%	5,988	76%
Post-Masters Cert.	14	1%	41	17%	609	9%	653	8%
Doctorate of NP	117	8%	11	5%	450	7%	654	8%
Other Doctorate	71	5%	4	2%	168	3%	261	3%
Post-Ph.D. Cert.	0	0%	0	0%	3	0%	3	0%
Total	**1,495**	**100%**	**237**	**100%**	**6,522**	**100%**	**7,854**	**100%**

Source: Va. Healthcare Workforce Data Center

	Educational Debt							
Amount Carried	CRNA		CNM		CNP		All (2018)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	52%	21%	50%	11%	52%	35%	54%	34%
$20,000 or less	4%	3%	8%	15%	10%	12%	8%	10%
$20,000-$29,999	3%	2%	6%	3%	5%	5%	4%	5%
$30,000-$39,999	4%	4%	4%	5%	4%	5%	4%	4%
$40,000-$49,999	3%	5%	0%	0%	4%	6%	4%	5%
$50,000-$59,999	4%	5%	6%	17%	4%	6%	4%	6%
$60,000-$69,999	3%	4%	3%	6%	4%	5%	4%	6%
$70,000-$79,999	2%	3%	5%	12%	3%	5%	3%	5%
$80,000-$89,999	3%	8%	2%	0%	3%	4%	3%	5%
$90,000-$99,999	2%	3%	1%	0%	2%	4%	2%	3%
$100,000-$109,999	2%	5%	3%	6%	2%	3%	2%	3%
$110,000-$119,999	1%	1%	0%	0%	1%	2%	1%	2%
$120,000 or more	16%	36%	12%	26%	5%	8%	7%	12%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	98%
CNM:	90%
CNP:	96%

Involuntary Unemployment

CRNA:	0%
CNM:	2%
CNP:	<1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

	Current Weekly Hours			
Hours	CRNA	CNM	CNP	All (2018)
0 hours	1%	9%	3%	3%
1 to 9 hours	0%	2%	2%	1%
10 to 19 hours	3%	1%	3%	3%
20 to 29 hours	7%	4%	8%	7%
30 to 39 hours	20%	12%	19%	19%
40 to 49 hours	58%	34%	48%	49%
50 to 59 hours	9%	18%	12%	12%
60 to 69 hours	1%	14%	4%	4%
70 to 79 hours	0%	4%	1%	1%
80 or more hours	0%	3%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and 10% work more than 50 hours whereas about 40% of CNMs work more than 50 hours. Close to half of CNPs work 40-49 hours and about 18% work more than 50 hours.

	Current Positions							
	CRNA		CNM		CNP		All (2018)	
Positions	#	%	#	%	#	%	#	%
No Positions	21	1%	21	9%	183	3%	210	3%
One Part-Time Position	186	12%	31	13%	961	15%	1,137	15%
Two Part-Time Positions	47	3%	5	2%	222	3%	243	3%
One Full-Time Position	1,027	69%	150	64%	4,172	65%	5,006	65%
One Full-Time Position & One Part-Time Position	175	12%	25	10%	766	12%	1,003	13%
Two Full-Time Positions	1	0%	1	0%	11	0%	11	0%
More than Two Positions	33	2%	2	1%	84	1%	145	2%
Total	**1,491**	**100%**	**234**	**100%**	**6,401**	**100%**	**7,755**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

	Employer-Sponsored Benefits*			
Benefit	**CRNA**	**CNM**	**CNP**	**All (2018)**
Signing/Retention Bonus	21%	14%	13%	14%
Dental Insurance	63%	54%	58%	60%
Health Insurance	65%	67%	62%	62%
Paid Leave	67%	72%	70%	68%
Group Life Insurance	58%	47%	50%	51%
Retirement	74%	72%	70%	70%
Receive at least one benefit	**81%**	**85%**	**81%**	**79%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Median Income

CRNA:	$120k-$130k
CNM:	$90k-$100k
CNP:	$90k-$100K
All (2018):	$100k-$110k

Percent Satisfied

CRNA:	97%
CNM:	85%
CNP:	95%

Source: Va. Healthcare Workforce Data Center

CRNAs reported $120k-$130k in median income. All other NPs, including CNMs, reported $90k-$100k in median income. CNMs were least satisfied with their current employment situation whereas CRNAs were most satisfied. 4% of CNMs reported being very dissatisfied whereas 1% or less of the other NPs, including CRNAs, reported being very dissatisfied.

	Income			
Hourly Wage	**CRNA**	**CNM**	**CNP**	**All (2018)**
Volunteer Work Only	0%	1%	1%	1%
Less than $40,000	1%	4%	5%	3%
$40,000-$49,999	1%	3%	3%	2%
$50,000-$59,999	2%	5%	4%	3%
$60,000-$69,999	0%	7%	5%	3%
$70,000-$79,999	2%	10%	7%	6%
$80,000-$89,999	2%	12%	13%	11%
$90,000-$99,999	2%	17%	20%	16%
$100,000-$109,999	4%	6%	17%	14%
$110,000-$119,999	4%	10%	11%	10%
$120,000 or more	83%	25%	15%	30%
Total	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year				
In the past year did you . . .?	**CRNA**	**CNM**	**CNP**	**All (2018)**
Experience Involuntary Unemployment?	1%	6%	1%	1%
Experience Voluntary Unemployment?	2%	8%	5%	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	8%	2%	2%
Work two or more positions at the same time?	17%	14%	18%	18%
Switch employers or practices?	7%	11%	10%	10%
Experienced at least 1	**25%**	**33%**	**30%**	**30%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA: 1%
CNM: 6%
CNP: 1%

Underemployed

CRNA: 1%
CNM: 8%
CNP: 2%

Over 2 Years Job Tenure

CRNA: 65%
CNM: 42%
CNP: 54%

Source: Va. Healthcare Workforce Data Center

	Job Tenure at Location					
Tenure	**CRNA**		**CNM**		**CNP**	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	1%	4%	8%	5%	1%	3%
< 6 Months	7%	11%	9%	10%	10%	3%
6 Months-1 yr	6%	13%	10%	13%	12%	5%
1 to 2 Years	21%	19%	30%	10%	23%	6%
3 to 5 Years	21%	25%	22%	30%	23%	4%
6 to 10 Years	18%	16%	10%	17%	13%	3%
> 10 Years	25%	11%	11%	15%	19%	25%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to be paid by salary or commission. Nearly three-quarters of them were paid that way, compared to 70% of CNPs and 60% of CRNAs.

	Forms of Payment			
Primary Work Site	**CRNA**	**CNM**	**CNP**	**All (2018)**
Salary/ Commission	60%	78%	70%	70%
Hourly Wage	37%	17%	26%	26%
By Contract	4%	4%	3%	4%
Other	0%	1%	0%	1%
Total	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

% in Top 3 Regions

CRNA:	78%
CNM:	70%
CNP:	71%

More than 2 Locations

CRNA:	28%
CNM:	29%
CNP:	22%

Source: Va. Healthcare Workforce Data Center

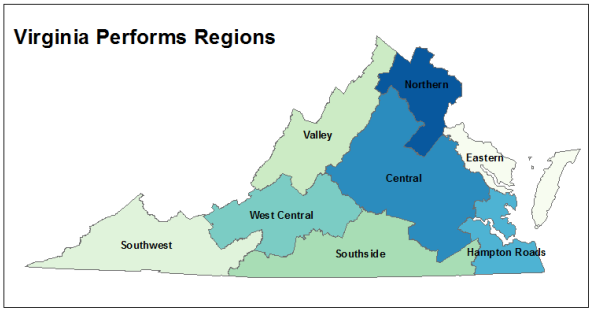
For primary work locations, Northern Virginia has the highest proportion of CRNAs and CNMs whereas CNPs were mostly concentrated in the Central region.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	27%	17%	17%	13%	27%	21%
Eastern	1%	1%	1%	0%	1%	1%
Hampton Roads	23%	25%	20%	26%	18%	18%
Northern	28%	32%	33%	17%	25%	22%
Southside	2%	1%	1%	2%	3%	4%
Southwest	2%	3%	2%	2%	6%	9%
Valley	3%	2%	17%	22%	7%	6%
West Central	9%	8%	9%	7%	10%	9%
Virginia Border State/DC	3%	3%	0%	4%	1%	2%
Other US State	2%	6%	1%	6%	1%	8%
Outside of the US	0%	0%	0%	0%	0%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center



Number of Work Locations Now*

Locations	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	26	2%	25	10%	174	3%
1	1,043	71%	155	65%	4,743	75%
2	214	15%	44	18%	840	13%
3	158	11%	13	6%	464	7%
4	19	1%	0	0%	42	1%
5	9	1%	1	1%	36	1%
6 +	8	1%	0	0%	41	1%
Total	**1,477**	**100%**	**238**	**100%**	**6,340**	**100%**

*At survey completion (birth month of respondents)

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2018)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	53%	68%	59%	68%	51%	56%	52%	62%
Non-Profit	37%	24%	23%	26%	33%	30%	33%	27%
State/Local Government	5%	3%	8%	2%	9%	11%	8%	8%
Veterans Administration	3%	1%	0%	0%	3%	1%	2%	1%
U.S. Military	4%	5%	9%	4%	3%	1%	3%	1%
Other Federal Government	0%	0%	0%	0%	1%	1%	1%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 90% of them worked in the sector compared to 84% of CNPs and 82% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government.

At a Glance:
(Primary Locations)

For-Profit Primary Sector

CRNA: 53%
CNM: 59%
CNP: 51%

Top Establishments

CRNA: Inpatient Department
CNM: Primary Care Clinic
CNP: Group Private Practice

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2018)
Meaningful use of EHRs	9%	27%	35%	29%
Remote Health, Caring for Patients in Virginia	1%	2%	9%	7%
Remote Health, Caring for Patients Outside of Virginia	1%	0%	2%	2%
Use at least one	**11%**	**29%**	**39%**	**33%**

Source: Va. Healthcare Workforce Data Center

A third of the state NP workforce use EHRs. 7% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so.

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2018)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Hospital, Inpatient Department	41%	32%	18%	16%	15%	1%	20%	17%
Clinic, Primary Care or Non-Specialty	0%	1%	12%	15%	22%	0%	17%	13%
Private practice, group	5%	3%	24%	25%	10%	0%	9%	6%
Physician Office	1%	2%	10%	16%	11%	2%	8%	4%
Academic Institution (Teaching or Research)	10%	2%	9%	11%	8%	0%	8%	9%
Hospital, Outpatient Department	10%	12%	4%	0%	7%	3%	7%	5%
Ambulatory/Outpatient Surgical Unit	19%	34%	0%	0%	1%	0%	5%	10%
Hospital, Emergency Department	2%	3%	1%	0%	3%	1%	3%	6%
Clinic, Non-Surgical Specialty	0%	1%	2%	0%	4%	0%	3%	2%
Private practice, solo	0%	0%	3%	2%	2%	1%	2%	2%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	0%	0%	2%	3%	2%	2%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	3%	1%	2%	3%
School	0%	0%	0%	0%	1%	0%	1%	1%
Other Practice Setting	12%	9%	17%	16%	12%	88%	12%	88%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

The inpatient department of a hospital was the most mentioned primary work establishment for NPs on average. This result was driven primarily by CRNAs. For CNMs, private practice was the most mentioned primary work establishment whereas for CNPs, primary care clinic was the most mentioned primary work establishment.

At a Glance:
(Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	84%
CNP:	87%

Education Role

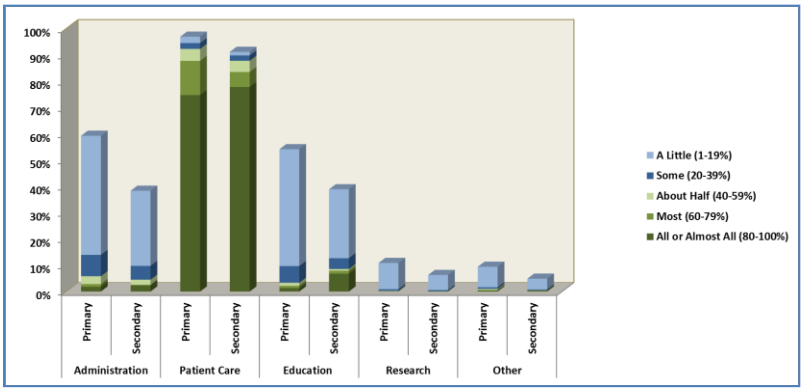
CRNA:	0%
CNM:	1%
CNP:	2%

Admin Role

CRNA:	2%
CNM:	8%
CNP:	2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 84% and 87% of CNMs and CNPs, respectively.

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2018)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	89%	92%	62%	60%	72%	73%	75%	78%
Most (60-79%)	6%	2%	22%	25%	15%	6%	13%	6%
About Half (40-59%)	3%	1%	2%	4%	5%	4%	5%	4%
Some (20-39%)	1%	0%	2%	0%	3%	2%	2%	2%
A Little (1-20%)	1%	1%	9%	0%	2%	3%	2%	1%
None (0%)	1%	4%	2%	9%	3%	10%	3%	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Future Plans	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
Decrease Participation						
Leave Profession	19	1%	2	1%	50	1%
Leave Virginia	57	3%	14	5%	210	3%
Decrease Patient Care Hours	147	9%	34	12%	620	8%
Decrease Teaching Hours	6	0%	2	1%	75	1%
Increase Participation						
Increase Patient Care Hours	75	5%	28	12%	678	9%
Increase Teaching Hours	85	5%	53	23%	949	13%
Pursue Additional Education	79	5%	27	11%	1,002	14%
Return to Virginia's Workforce	3	0%	0	0%	50	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA: 6%
CNM: 5%
CNP: 5%

Retirement within 10 Years

CRNA: 25%
CNM: 29%
CNP: 20%

Source: Va. Healthcare Workforce Data Center

40%, 35% and 35% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 26%, 20%, and 35% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 8%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

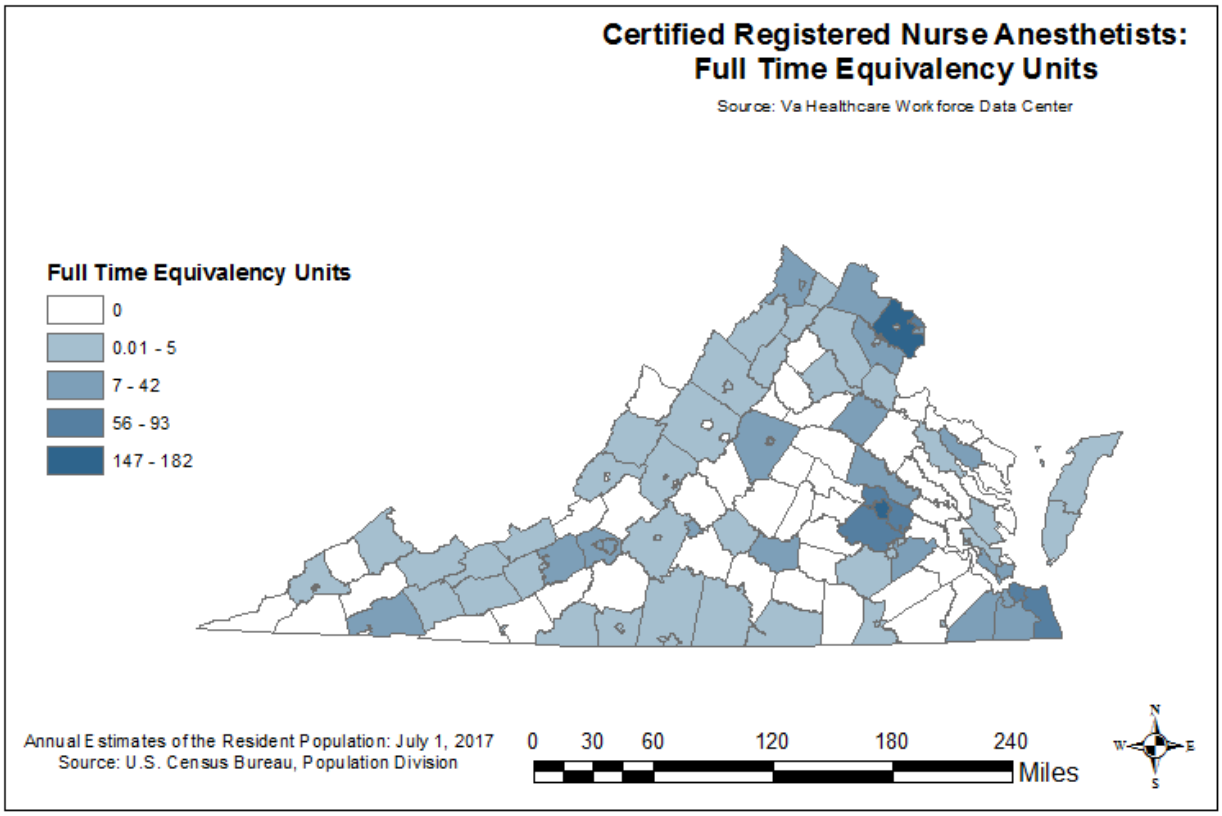
Expected Retirement Age	CRNA		CNM		CNP		All (2018)	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
Under age 50	1%	-	3%	-	1%	-	1%	0%
50 to 54	3%	0%	1%	0%	2%	0%	2%	2%
55 to 59	9%	3%	4%	0%	6%	3%	8%	8%
60 to 64	28%	22%	28%	20%	25%	20%	24%	25%
65 to 69	42%	49%	40%	53%	39%	44%	40%	40%
70 to 74	13%	19%	12%	15%	15%	19%	15%	14%
75 to 79	2%	3%	3%	1%	4%	4%	3%	3%
80 or over	1%	1%	2%	1%	1%	2%	1%	1%
I do not intend to retire	3%	2%	8%	9%	6%	8%	6%	6%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

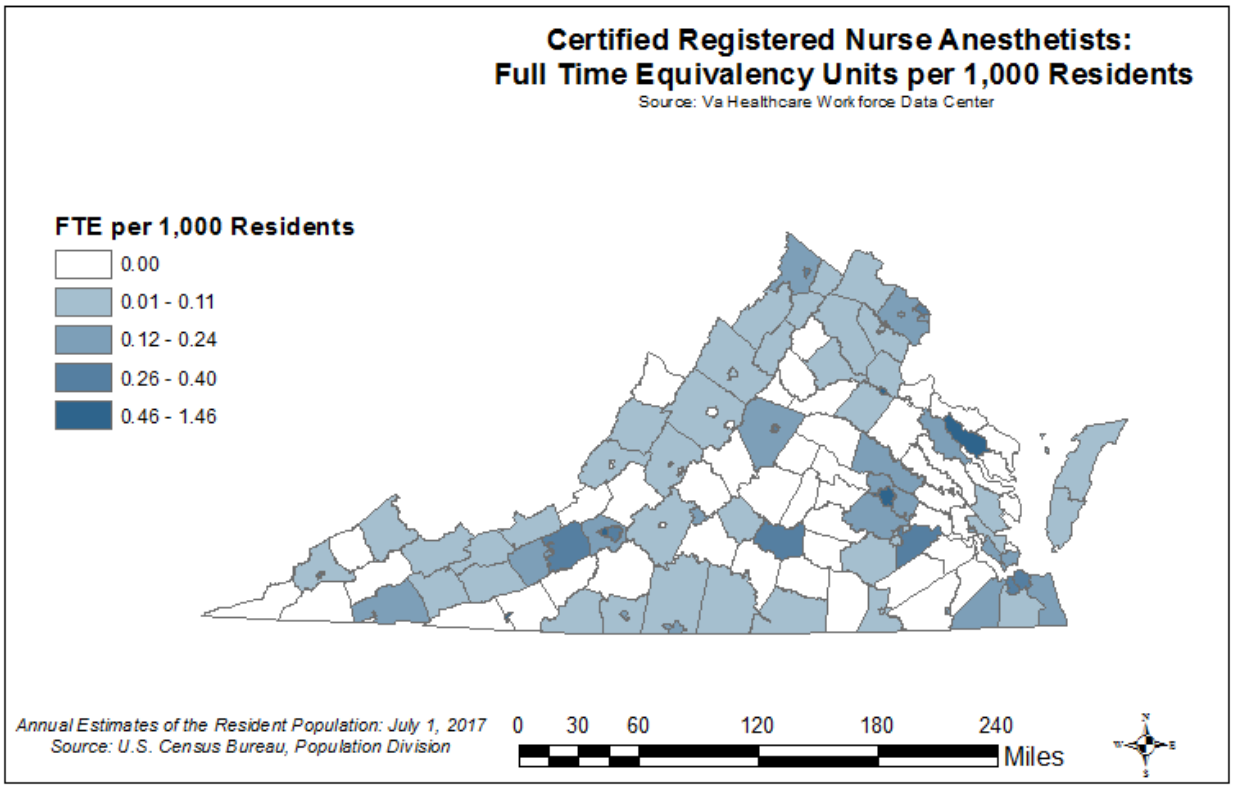
Source: Va. Healthcare Workforce Data Center

	Time to Retirement							
	CRNA		CNM		CNP		All (2018)	
Expect to retire within. . .	#	%	#	%	#	%	#	%
2 years	98	7%	11	5%	288	5%	404	6%
5 years	74	6%	9	5%	227	4%	287	4%
10 years	163	12%	39	19%	619	11%	743	11%
15 years	151	11%	27	13%	662	12%	820	12%
20 years	167	13%	17	8%	615	11%	805	12%
25 years	159	12%	23	11%	702	13%	836	13%
30 years	215	16%	20	10%	775	14%	894	13%
35 years	147	11%	27	13%	685	12%	747	11%
40 years	101	8%	8	4%	454	8%	530	8%
45 years	18	1%	2	1%	177	3%	187	3%
50 years	6	0%	2	1%	32	1%	42	1%
55 years	0	0%	3	1%	0	0%	0	0%
In more than 55 years	0	0%	0	0%	10	0%	10	0%
Do not intend to retire	37	3%	15	8%	321	6%	361	5%
Total	**1,335**	**100%**	**203**	**100%**	**5,567**	**100%**	**6,666**	**100%**

Source: Va. Healthcare Workforce Data Center

Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2028. Retirements will peak at 13% of the current workforce around 2043 before declining to under 10% of the current workforce again around 2058.

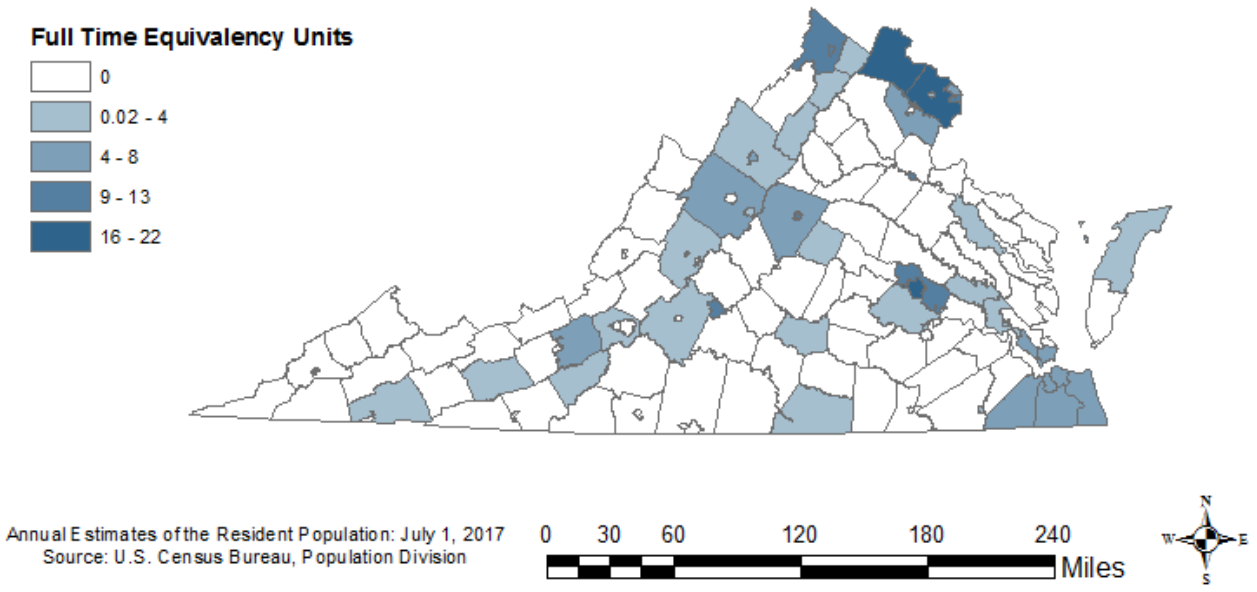




Note: Maps are based only on reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.

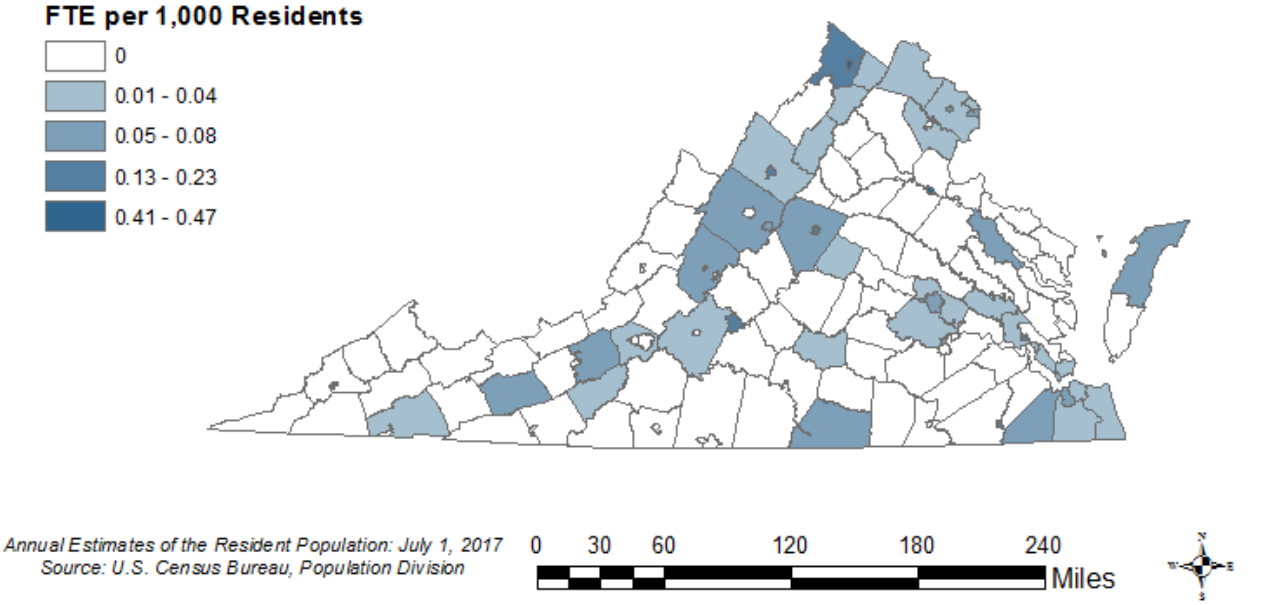
Certified Registered Midwives: Full Time Equivalency Units

Source: Va Healthcare Workforce Data Center



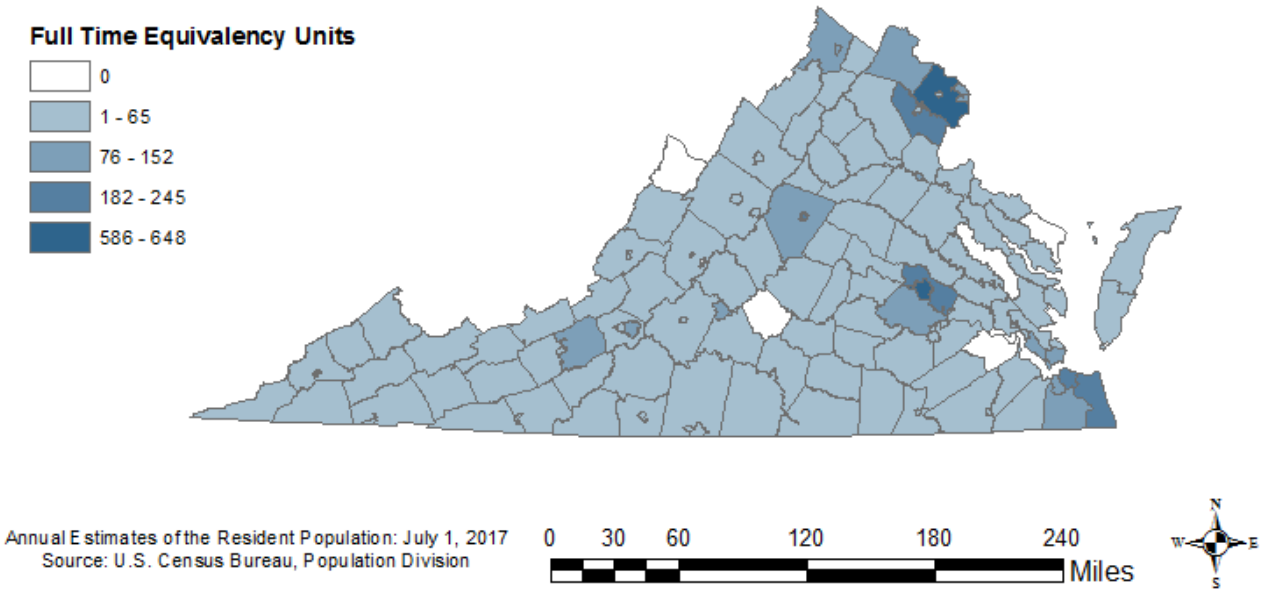
Certified Registered Midwives: Full Time Equivalency Units per 1,000 Residents

Source: Va Healthcare Workforce Data Center



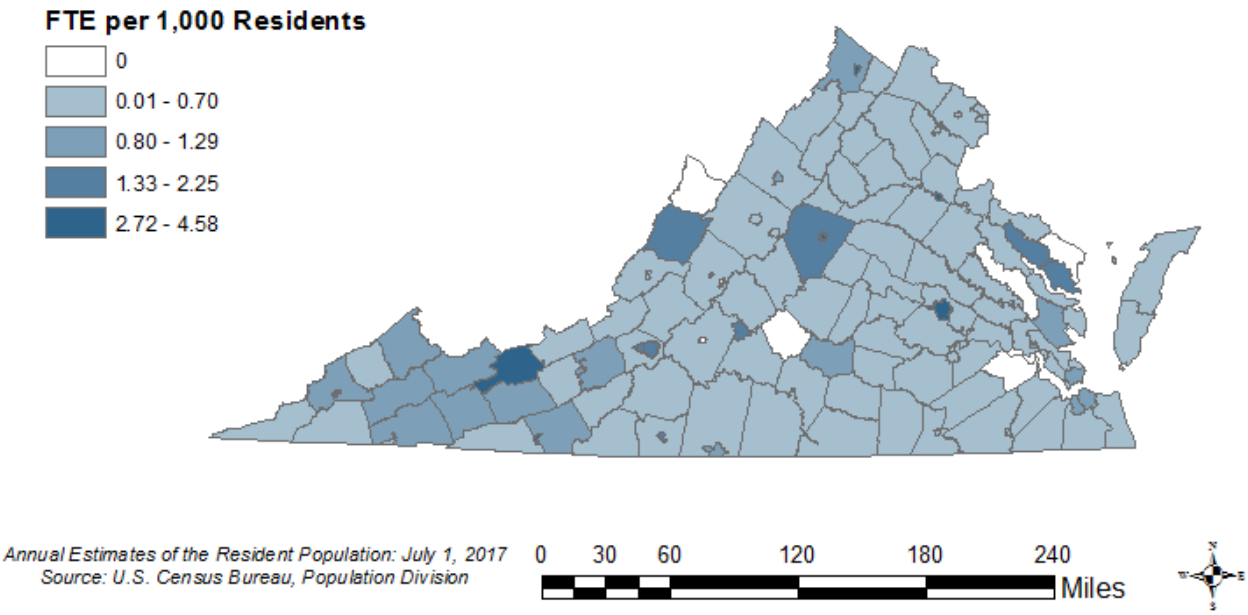
Certified Registered Nurse Practitioners: Full Time Equivalency Units

Source: Va Healthcare Workforce Data Center



Certified Registered Nurse Practitioners: Full Time Equivalency Units per 1,000 Residents

Source: Va Healthcare Workforce Data Center



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Memo

To: Members of the Committee of the Joint Boards of Nursing and Medicine

From: Jay P. Douglas, MSM, RN, CSAC, FRE

Re: Guidance Documents

Date: February 6, 2019

The attached Guidance Documents are presented to the Committee as part of a periodic review for a recommendation to amend or readopt without changes.

Guidance Document: 90-33

Revised: Board of Nursing 7/17/12
Board of Medicine 8/3/12

C1

Boards of Nursing and Medicine

Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR Orders)

In the Health Care Decisions Act (§ 54.1-2981 et seq. of the Code of Virginia), § 54.1-2987.1 provides that a Durable Do Not Resuscitate Order may be issued by a physician. § 54.1-2957.02 provides that, "Whenever any law or regulation requires a signature…by a physician, it shall be deemed to include a signature…by a nurse practitioner."

Therefore, the Boards of Nursing and Medicine concur with the Committee of the Joint Boards that licensed nurse practitioners have the statutory and regulatory authority to write Do Not Resuscitate Orders in accordance with §§ 54.1-2957.02 and 54.1-2987.1 of the Code of Virginia and 18VAC90-30-120 of the Virginia Administrative Code.

The authority for a nurse practitioner to write DNR orders must be included in the written or electronic practice agreement as a delegated act by the collaborating patient care team physician and must be performed in consultation with the physician, ***unless the nurse practitioner has been authorized by the boards for autonomous practice.***

Guidance document: 90-53

Revised: Board of Nursing 7/17/12
Board of Medicine 8/3/12

C2

VIRGINIA BOARDS OF NURSING AND MEDICINE

"Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases"

The Committee of the Joint Boards of Nursing and Medicine determined that the management and treatment of sexually transmitted diseases by Women's Health Nurse Practitioners may include treatment of male partners or male clients as an extension of care of female clients under the requirements of 18 VAC 90-30-120 (B), Regulations Governing the Practice of Nurse Practitioners.

Women's Health Nurse Practitioners who treat male clients for sexually transmitted diseases must have authorization for and have received specific training in such practice, as documented in the written or electronic practice agreement between the nurse practitioner and the collaborating patient care team physician. In addition, any prescription written for sexually transmitted diseases shall be issued for a medicinal therapeutic purpose to a person with whom the practitioner has a bona fide practitioner-patient relationship, in accordance with § 54.1-3303 of the Code of Virginia.

Revised by the Board of Nursing, July 17, 2012
Adopted by the Board of Medicine, August 3, 2012