

VIRGINIA BOARD OF NURSING

Revised Final Agenda

Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233

Tuesday, March 17, 2020

9:00 A.M. - Business Meeting of the Board of Nursing – Quorum of the Board - Conference Center Suite 201 – Board room 2

CALL TO ORDER: Jennifer Phelps, BS, LPN, QMHP-A, CSAC; President

ESTABLISHMENT OF A QUORUM.

ANNOUNCEMENT

- Recognition of Service of Louise Hershkowitz as President of the Virginia Board of Nursing
- Ann Tiller, Board of Nursing Compliance Manager, was appointed to the Nurse Licensure Compact (NLC) Technology Task Force
- Recognition of Jodi P. Power, Senior Deputy Executive Director for the Virginia Board of Nursing years of service. Retirement effective April 1, 2020

A. UPCOMING MEETINGS:

- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, April 15, 2020 at 9:00 am in Board Room 2
- The NCSBN Board of Directors Meeting is scheduled for May 11-13, 2020 in Chicago, IL – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III.
- NCSBN Nurse Licensure Compact (NLC) Commission Annual Meeting is scheduled for August 11, 2020 in Chicago, IL – Ms. Douglas will attend as Commissioner for the NLC.
- NCSBN Annual Meeting is scheduled for August 12-14, 2020 in Chicago, IL – Attendees will be determined

Note - all NCSBN meetings are funded by NCSBN

REVIEW OF THE AGENDA: (Except where times are stated, items not completed on March 17, 2020 will be completed on March 18, 2020)

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**
 - B1** January 27, 2020 Board of Nursing Officer Meeting**
 - B2** January 27, 2020 Formal Hearings**
 - B3** January 28, 2020 Board of Nursing Business Meeting**
 - B4** January 29, 2020 Formal Hearings – Panel A**
 - B5** January 29, 2020 Formal Hearings – Panel B**
 - B6** January 30, 2020 Formal Hearings**
 - C1** Agency Subordinate Tracking Log**
 - C2** Financial Report**
 - C3** Board of Nursing Monthly Tracking Log**
 - C4** Criminal Background Check (CBC) Unit Annual Report**
 - C5** Board of Nursing January 1 – December 31, 2019 Licensure & Discipline Statistic**
 - C6** The Committee of the Joint Boards of Nursing and Medicine February 12, 2020 DRAFT Business Meeting and Informal Conference minutes**
 - C7** Board of Health Professions February 27, 2020 Meeting DRAFT Minutes
 - C8** Executive Director Report
 - NCSBN Board of Directors Meeting – February 10-11, 2020
 - ❖ February 12, 2020 Letter from Julia George, MSN, RN, FRE, NCSBN President**
 - The NLC Commission Meeting – March 2, 2020
 - The NCSBN Midyear Meeting – March 4-5, 2020

DIALOGUE WITH DHP DIRECTOR – Dr. Brown/Dr. Allison-Bryan

B. DISPOSITION OF MINUTES:

None

C. REPORTS:

The NCSBN Midyear Meeting – **verbal reports**

- a. Ms. Phelps' report
- b. Ms. Ridout's report
- c. Ms. Morris' report

D. OTHER MATTERS:

- Board Counsel Update – Charis Mitchell (**verbal report**)
- Informal Conference Schedule from July through December 2020 – Ms. Phelps

E. EDUCATION:

- Education Staff Report (**verbal report**)
- **E1** Memorandum – 2019 NCLEX Pass Rates**
- **E2** Memorandum – Nursing Education Programs Closed in 2019**

- **E3** Memorandum – Nursing Education Program Application Update**
- **E4** Education Special Informal Conference Schedule**

10:00 A.M. – PUBLIC COMMENT

F. LEGISLATION/REGULATIONS – Ms. Yeatts

- F1** Status of Regulatory Actions**
- F2** Proposed Regulations for use of Simulation in Nursing Education**
- F3** Proposed Regulations for Waiver of Electronic Prescribing for Nurse Practitioners**
- F4** General Assembly 2020 Update**

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: 2019**
- Virginia’s Licensed Nurse Practitioner Workforce 2019: Comparison by Specialty**

G. CONSENT ORDERS: (Closed Session)

- G1** Sheila Janet Hamm, RN**

12:00 P.M. – LUNCH IN BOARD ROOM 3

1:00 P.M – POSSIBLE SUMMARY SUSPENSION CONSIDERATION for Case # 201382

H. BOARD MEMBER TRAINING – BOARD ROOM 2

- Administrative Process and Formal Hearings – Ms. Mitchell
- Overview of current Massage Therapy Regulatory Issues (Part 1) – Ms. Ridout and Ms. Hanchey, Senior Licensing/Discipline Specialist

MEETING DEBRIEF

ADJOURNMENT

3:00 P.M. – Probable Cause Case review in **Board Room 2** – for Board Members who are not participating in Committee’s meeting

(* mailed 2/26) (** mailed 3/4)

Virginia Board of Nursing

Officer Meeting

January 27, 2020 Minutes

Time and Place: The meeting of the Board of Nursing Officer meeting was convened at 8:00 A.M. on January 27, 2020 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

Board Members Present: Louise Hershkowitz, CRNA, MSHA, President, Chairperson
Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President

Staff Members Present: Jay P. Douglas, RN, MSM, CSAC, FRE

1. Review of Election of Officers Process

The process of election of officers that will be held at the Business meeting were reviewed as outlined in the BON Bylaws

2. Assignment of Board Member Mentors

Officers discussed the various mentoring needs of new Board Members and special conference committee composition. Minimal changes will occur with Ms. Shah being assigned as mentor to Brandon Jones. Ms. Hershkowitz will discuss this with Ms. Shah. Ms. Swineford is to move to Special Conference Committee A to replace Ms. Shah.

3. Discussion regarding Committee Assignments and change of the Committees: Discipline, Education and Medication Aide Curriculum

Officers discussed potential participants for Medication Aide Curriculum Committee. Proposed members include Ms. Smith, Ms. Friedenburg and Ms. McElfresh.

Decisions were not made regarding the Discipline Committee members although it was noted that for continuity and identifying an experienced chair Ms. Gerardo should remain as chair.

The Education Committee was generally discussed with an acknowledgment the Board now has several members with nursing education related experience who should be fully trained and assigned education related work as it comes up. Those members included Ms. Swineford, Dr. McQueen-Gibson, Ms. Smith, Dr. Dorsey and Mr. Monson. This committee would be in addition to the Special Conference Committee that meets prior to Board Meetings and is comprised of rotating members

4. Use of Board Member Behavioral Expectations Document (retired GD)

The Officers agreed that this document which is a retired GD should be used on an ongoing basis for a variety of purposes to include new Board Member orientation, intentional conversations with current Board members, and Board Member training. Ms. Douglas was asked to redistribute to the Officers the final draft that was previously considered by the Board.

5. Discussion of possible topics for 2020 Board Member training sessions

Possible topics for future training include Board member Behavioral Expectations, Education Program Approval Process, Massage Therapy case related issues (application fraud, victim response to trauma, Forensic nursing, FSMTB materials, Human Trafficking and collaboration with Law Enforcement). Ms. Phelps and Ms. Douglas will discuss the plan for the Massage Therapy training topics which may have to be spread over several sessions.

Ms. Mitchell, Board Counsel has also offered to conduct training in March related to Board Member role during hearings

The meeting was adjourned at 9:00 A.M.

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 27, 2020**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:03 A.M., on January 27, 2020 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Jennifer Phelps, BS, LPN, QMHP-A, CSAC, First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Margaret Friedenberg, Citizen Member
Tucker Gleason, PhD, Citizen Member
Mark Monson, Citizen Member
Felisa Smith, RN, MSA, MSN/Ed, CNE

STAFF PRESENT:
Terri Clinger, DNP, MSN, CPNP-BC, Deputy Executive Director for Advance Practice
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

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

ESTABLISHMENT OF A PANEL:
With six members of the Board present, a panel was established.

FORMAL HEARINGS: **Jennifer Renae Perry Battani, RN Reinstatement** **0001-200920**

Ms. Battani appeared.

Anne Joseph, Deputy Director, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, Inc, recorded the proceedings.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:25 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Battani. Additionally, Dr. Gleason moved that Dr. Clinger, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:33 A.M.

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

ACTION:

Mr. Monson moved that the Board of Nursing approve the application of Jennifer Renae Perry Battani for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT:

The Board adjourned at 10:40 A.M.

Terri Clinger, DNP, MSN, CPNP-BC
Deputy Executive Director for Advance
Practice

**VIRGINIA BOARD OF NURSING
MINUTES
January 28, 2020**

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:02 A.M. on January 28, 2020, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Louise Hershkowitz, CRNA, MSHA; President

BOARD MEMBERS PRESENT:
Jennifer Phelps, BS, LPN, QMHP-A, CSAC; First Vice President
Marie Gerardo, MS, RN, ANP-BC; Second Vice President
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Dixie L. McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark D. Monson, Citizen Member
Felisa A. Smith, RN, MSA, MSN/Ed, CNE
Cynthia M. Swineford, RN, MSN, CNE

MEMBERS ABSENT: Meenakshi Shah, BA, RN

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN, JD; Senior Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advance Practice
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education
Stephanie Willinger; Deputy Executive Director for Licensing
Jacquelyn Wilmoth, RN, MSN; Nursing Education Program Manager
Claire Morris, RN, LNHA; Discipline Case Manager
Patricia L. Dewey, RN, BSN; Discipline Case Manager
Ann Tiller, Compliance Manager
Huong Vu, Executive Assistant

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy – **joined the meeting at 10:43 A.M.**
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions – **joined the meeting at 9:15 A.M.**

IN THE AUDIENCE: Guia Caliwagan, Philippine Nurses Association of Virginia (PNAVA)
Perry Francisco, PNAVA
Isabelita Paler, PNAVA
Bella Nocon, PNAVA
Zenaida D. Laxa, PNAVA

Virlita R. Delima, PNAVA
Janet Wall, CEO for Virginia Nurses Association (VNA)/Virginia Nurses Foundation (VNF)
Annette Graham, Board of Nursing Staff

ESTABLISHMENT OF A QUORUM:

Ms. Hershkowitz asked Board Members and Staff to introduce themselves. With 13 members present, a quorum was established.

Ms. Hershkowitz welcomed Mr. Jones as a new Board Member. Mr. Jones provided background information about himself.

ANNOUNCEMENTS:

Ms. Hershkowitz highlighted the announcements on the agenda.

- World Health Organization 2020 International Year of the Nurse and the Midwife
- **REMINDER** – Financial Disclosure Statement is due on **Monday, February 3, 2020**
- New Staff
 - **Latoya Bagley** has accepted the wage Licensing Specialist by Examination. She started on November 25, 2019
 - **Trula Minton, MS, RN**, former Board Member, has accepted the P-14 Agency Subordinate/Probable Cause Reviewer position. She started on November 25, 2019
 - **Florence Smith** has accepted the P-14 Discipline Specialist. She started on January 6, 2020

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- NCSBN Board of Directors meeting is scheduled for February 10-11, 2020 in Chicago – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, February 12, 2020 at 9:00 am in Board Room 2
- The NLC Commission Meeting is scheduled for March 2, 2020 in Boston, MA – Ms. Douglas will attend as Commissioner for NLC.
- NCSBN Midyear Meeting is scheduled for March 4-5, 2020 in Boston, MA – Ms. Phelps, Dr. Dorsey, Ms. Ridout and Ms. Morris will attend. Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III.
- NCSBN APRN Roundtable is scheduled for April 7, 2020 in Rosemont, IL – Attendance to be determined pending Agenda

Note - all NCSBN meetings are funded by NCSBN

ORDERING OF AGENDA: Ms. Hershkowitz asked staff to provide updates on the Agenda.

Ms. Douglas provided the following:

Staff Update:

- **Sharon Zook, DNP, RN, FNP-BC** has accepted the Education Program Inspector P-14 position. Her start date is February 3, 2020
- **Sally Ragsdale** has accepted the Discipline Administrative & Office Specialist position for CNA Discipline. Her start date is February 10, 2020
- **Jodi Power, RN, JD, Senior Deputy Executive Director**, will retire as of April 1, 2020 following 27 years of services at DHP
- **C7** Executive Director Report has been removed to Reports from Consent Agenda Items
- Revised Motions and Informal Conference Scripts have been added to Other Matters
- Two additional Consent Orders have been added for consideration
- Possible Summary Suspension Consideration is scheduled for 1 pm prior to Board Member Training
- The formal hearing of Teresa Emerson, RN and LNP Reinstatement Applicant scheduled for Wednesday, 1/29/2020, on Panel A has been continued
- The formal hearing of Capri Williams, LPN Reinstatement Applicant scheduled for Thursday, 1/30/2020, has been continued

CONSENT AGENDA: The Board did not remove any items from the consent agenda.

Mr. Monson moved to accept the consent agenda as presented. The motion was seconded and carried unanimously.

Consent Agenda

- | | | |
|-----------|---|-----------------------------------|
| B1 | November 19, 2019 | Board of Nursing Business Meeting |
| B2 | November 20, 2019 | Formal Hearing - Panel A |
| B3 | November 20, 2019 | Formal Hearing Panel B |
| B4 | November 21, 2019 | Formal Hearing Panel |
| B5 | December 5, 2019 | Telephone Conference Call |
| B6 | December 12, 2019 | Telephone Conference Call |
| B7 | December 19, 2019 | Telephone Conference Call |
| C1 | Agency Subordinate Tracking Log | |
| C2 | Financial Report | |
| C3 | Board of Nursing Monthly Tracking Log | |
| C4 | HPMP Quarterly Report | |
| C5 | The Committee of the Joint Boards of Nursing and Medicine December 4, 2019 DRAFT Formal Hearing minutes | |

Ms. Douglas noted that Dr. Brown is not available today due to General Assembly and Dr. Allison-Bryan will join the meeting after returning from the General Assembly.

DISPOSITION OF
MINUTES:

None

REPORTS:

**C8 Board of Health Professions (BHP) December 2, 2019 Meeting
DRAFT Minutes:**

Ms. Hershkowitz stated it was the first meeting she attended as the new appointee. Ms. Hershkowitz provided the Roles of BHP as follow:

- Studies whether emerging professions should be regulated, with the latest being music therapist
- Reviews Practitioner Self-Referral request
- Houses Healthcare Workforce Data Center (HWDC)

OTHER MATTERS:

Board Counsel Update:

Ms. Mitchell reported that the Court of Appeals affirmed the Board's decision regarding the Highland appeal case in which the Board denied the application for licensure. Ms. Highland's attorney filed a written appeal with the Virginia Supreme Court and no decision has been made regarding the appeal.

Ms. Yeatts joined the meeting at 9:15 A.M.

Ms. Mitchell reported that CNA Fashakin filed an appeal in the Richmond Circuit Court after the Board denied her reinstatement application. Ms. Mitchell has filed a motion to dismiss base upon the appeal filing being late with a hearing scheduled the end of March 2020.

REPORTS (cont.):

C7 Executive Director Report:

Ms. Douglas highlighted the following from her written report:

Regulations for Elimination of Separate License for Prescriptive Authority (PA)

- will be effective on March 4, 2020. Nurse Practitioners (NPs), who currently have the PA, will receive the new NP licenses with the PA designation. Those, who do not have the PA, can apply with the \$35 fee. New applicants will have one application incorporating both eligibility criteria. Communication has been sent to practitioners already. Ms. Willinger has worked closely with IT on this project. Ms. Douglas added that this will reduce fees and the administrative burden for licensees.

Mr. Monson inquired about how many states total are in the NLC with Alabama joining the Nurse Licensure Compact (NLC). Ms. Douglas replied 34. Mr. Monson asked how many additional states are in the process of

joining the NLC. Ms. Douglas replied about six additional states are expected to join the coming year.

Licensure for Nurses from Puerto Rico (PC) - NLC is reviewing the licensure requirements for Nurses from Puerto Rico who did not take the NCLEX exam, which can cause issues for endorsement in Virginia.

Paperless Licensing Initiative at DHP – the Board has implemented with massage therapy, practical nurse licenses will be the next group to be implemented. Licensees will no longer receive hard copy paper license after renewal. License Lookup will be primary source of verification. All Boards at DHP have started this process incrementally which will decrease costs, administrative burden and reduce the risk for fraud.

OTHER MATTERS
(cont.):

D1 Revision of Guidance Document 90-57 (Virginia Board of Nursing By Laws)

Ms. Hershkowitz reviewed the proposed revisions to the Bylaws by the Nominating Committee to allow for changes in timing for Nominating Committee to meet and election to occur with the officer terms to start in January 1 of each year.

Ms. Hershkowitz added additional change:

- Page 6 – A: adding “*its*” in front of “*annual meeting*”

Dr. Gleason suggested adding “*has delegated authority*” to the last sentence in Article XII right after “*The Board of Nursing staff*”

Ms. Douglas thanked Ms. Mitchell for her suggestions.

Mr. Monson motioned to adopt the proposed revisions and additional amendments to GD 90-57. The motion was seconded and carried unanimously.

Presentation of Slate of Candidates and Election of Officers

D2a November 19, 2019 Nominating Committee Meeting DRAFT Minutes

D2b December 6, 2019 Slate of Candidates for 2020 Officers Memo

Ms. Friedenberg presented the Slate of Candidates for Officers for 2020 by the Nominating Committee:

President:

Jennifer Phelps, LPN Board Member
(2nd term expires 2021)

First Vice President: Marie Gerardo, LNP Board Member
(2nd term expires 2022)

Second Vice President: Mark Monson, Citizen Member
(2nd term expires 2022)

Ms. Hershkowitz asked for nominations from the floor for the office of President, First Vice President and Second Vice President; none was received.

Ms. Hershkowitz called for a vote for Ms. Phelps for the office of President. Mr. Monson motioned to elect Ms. Phelps by acclamation. Ms. Phelps was elected as President.

Ms. Hershkowitz called for a vote for Ms. Gerardo for the office of First Vice President. Mr. Hermansen-Parker motioned to elect Ms. Gerardo by acclamation. Ms. Gerardo was elected as First Vice President.

Ms. Hershkowitz called for a vote for Mr. Monson for the office of Second Vice President. Dr. McQueen-Gibson motioned to elect Mr. Monson by acclamation. Mr. Monson was elected as Second Vice President.

Ms. Hershkowitz stated that the elected Officers will take office starting March 1, 2020.

D3 NCSBN Raises Passing Standard for NCLEX-PN Examination Message

Ms. Douglas provided background information and process of NCSBN related to changing the passing standard for NCLEX-PN examination, which will be effective on April 1, 2020.

Ms. Douglas answered questions regarding “logits” and its impact for test takers. Ms. Douglas indicated the change in passing standard is not expected to drastically change pass rates.

July 2020 Board Week Amendment

Ms. Hershkowitz noted that in July 2019 the Board did not conduct a Business meeting and instead had two days of formal hearings only. Ms. Hershkowitz asked if the Board wishes to have two days of hearings in July 2020 and no business meeting. There was no objection to the same approach for July 2020.

Appointment of Members for Medication Aide Curriculum

Ms. Hershkowitz indicated that Ms. Friedenberg, Ms. McElfesh and Ms. Smith have volunteered to serve on the Medication Aide Curriculum Committee. Ms. Hershkowitz noted that meetings will be scheduled right after Business meetings on Tuesday to avoid extra time/commitments. Ms. Hershkowitz added that the composition of the Committee will include stakeholders.

Revised Motions and Scripts

Ms. Power reviewed the revised motion sheets and informal conference script handouts and asked Board Members to turn in the old versions.

RECESS: The Board recessed at 9:50 A.M.

RECONVENTION: The Board reconvened at 10:03 A.M.

Proposed Regulations for Clinical Nurse Specialist

Ms. Hershkowitz explained the process of the public hearing. There was no one present to provide comment.

Ms. Hershkowitz noted that written comments should be submitted to Ms. Yeatts or to Townhall and the comment period ends on March 20, 2020.

PUBLIC COMMENT: Janet Wall, Chief Executive Officer (CEO) of the Virginia Nurses Association (VNA)/ Virginia Nurses Foundation (VNF), provided the following:

- Today is the first Lobby Day at the General Assembly with about 200 practicing/student nurses signed up. There are four days total.
- Public Policy Platform shared to have one voice – title protection for nurse, financial incentive for APRN preceptors, and The Year of The Nurse
- VNT will be provided electronically only after May 2020
- Spring Conference theme is Cultivating a Happy Work Environment
- Fall Conference theme is Incivility and Bullying
- Quarterly Board of Nursing and workforce updates for CNOs and CNEs via webcast will be launched and it is a joint effort of VNA and Board of Nursing.

LEGISLATION/
REGULATION:

F1 Status of Regulatory Action:

Ms. Yeatts reviewed the chart of regulatory actions provided in the agenda with updates that the regulations for Elimination of Separate License for Prescriptive Authority will be effective on March 4, 2020 and the regulations for Handling Fee for Returned Checks will be effective March 5, 2020.

F2 Regulatory – Adoption of Final Regulations for Autonomous Practice for Nurse Practitioners:

Ms. Yeatts reviewed the final regulations, which are identical to emergency regulations currently in effect.

Mr. Monson moved to adopt the final regulations identical to proposed emergency regulations as presented. The motion was seconded and carried unanimously.

F3 Respond to Petition for Rulemaking regarding Licensure Applicants from Other Countries (18VAC90-19-130)

Ms. Yeatts stated that comments received were all in favor of the petition.

Ms. Yeatts said that the Board has three options:

- Reject the petition's request and state its reasons
- Adopt and initiates rulemaking by publication of a Notice of Intended Regulatory Action (NOIRA)
- Adopt via Fast Track Action

Ms. Douglas provided history of how this regulation and terminology was put in place initially.

Mr. Monson move to amend 18VAC90-19-130 by Fast Track Action. The motion was seconded and carried unanimously.

Ms. Hershkowitz and Ms. Douglas acknowledged representatives from the Phillipine Nurses Association of Virginia in the audience including those former Board of Nursing Members, one of whom was former Board President.

General Assembly 2020 Update

Ms. Yeatts reviewed the 2020 General Assembly update provided in the handout noting that DHP has 50% more bills assigned to DHP this year than in the past.

Dr. Allison-Bryan joined the meeting at 10:43 A.M.

POLICY FORUM:

Dr. Elizabeth Carter and Dr. Yetty Shobo presented on the Board of Nursing survey reports. Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC), who administer the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent.

Dr. Shobo provided a summary of the key findings of 2019 reports which will be posted on the DHP website upon approval:

- ❖ Virginia's Certified Nurse Aide Workforce: 2019
- ❖ Virginia's Licensed Practical Nurse Workforce: 2019
- ❖ Virginia's Registered Nurse Workforce: 2019

RECESS: The Board recessed at 11:36 A.M.

RECONVENTION: The Board reconvened at 11:48 A.M.

DIALOGUE WITH DHP
DIRECTOR:

In addition to written summary, Dr. Allison-Bryan reported the following:

- Required Immunizations (HB1090) – the immunization of School Children shall be consistent with the Immunization Schedule developed and published by the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.
- Naturopathic Doctors Licensure (HB1040) – most likely will be referred to Board of Health Professions for study
- CRNA Prescriptive Authority Bill (HB1059) was passed by the House Committee
- Massage Therapy Bill (HB1121), which requires English proficiency, was sent to Court of Justice for review.

EDUCATION:

E1 Education Informal Conference Committee January 15, 2020
Minutes and Recommendations:

Ms. Swineford presented written minutes for Board consideration.

Mr. Monson moved to accept the January 15, 2020 minutes and recommendation as presented. The motion was seconded and carried unanimously.

Chesapeake Career Center Practical Nursing Program
Recommendations:

Mr. Monson moved to accept the recommendations of the Education Special Conference Committee to place Chesapeake Career Center Practical Nursing Program on conditional approval with terms to operate a practical nursing education programs.

Education Staff Report:

Dr. Hills reported the following:

- NCSBN is reviewing the nurse aide exam and looking for volunteers from Virginia by the end of February 2020.
- Nurse Aide Education Program Regulations

Education Program Survey – Possible Modification

Ms. Wilmoth advised that the 2019 Nursing Education Program Survey is now closed and a report is being prepared by HWDC staff with the intent to present at the March meeting.

Ms. Hershkowitz indicated that the Board has the opportunity to propose additional questions for the 2020 annual survey. Following discussion, the Board suggested the following question topics:

- Identify program type (i.e., proprietary, high school, community college, baccalaureate)
- Barriers to obtaining clinical placement sites
- Differentiate between the number of precepted vs faculty-led clinical hours

Ms. Hershkowitz suggested that Board Members send any additional questions to Dr. Hills.

CONSIDERATION OF CONSENT ORDERS:

G1 Terisha G. Vaughan, RN

0001-125110

Ms. Gerardo moved to accept the consent order to reprimand Terisha G. Vaughan, deny her petition for release from the terms of her probation, and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G2 Patricia Jean Andes, RN

0001-155484

Ms. Gerardo moved to accept the consent order to indefinitely suspend the license of Patricia Jean Andes to practice professional nursing in the Commonwealth of Virginia. The suspension is stayed upon proof of Ms. Andes' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**G3 Jessica Samson, RN Privilege to Practice
Texas License 932156 with Multistate Privilege**

Ms. Gerardo moved to accept the consent order to indefinitely suspend the privilege of Jessica Samson to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded and carried unanimously.

G4 Kimberly Wright Burandt, RN

0001-172861

Ms. Gerardo moved to accept the consent order of voluntary surrender for indefinite suspension of Kimberly Wright Burandt's license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Ms. Hershkowitz thanked the Board for the privilege and honor of serving as President, noting the commitment of its members and staff.

Dr. Allison-Bryan and Ms. Yeatts left the meeting at 12:15 P.M.

RECESS:

The Board recessed at 12:20 P.M.

RECONVENTION:

The Board reconvened at 1:10 P.M.

Julia K. Bennett, Assistant Attorney General, and Anne G. Joseph, JD, MPA, Deputy Director of the Administrative Proceedings Division, joined the meeting at 1:10 P.M.

POSSIBLE SUMMARY SUSPENSION CONSIDERATION MEETING

Julia K. Bennett, Assistant Attorney General, presented evidence that the continued practice of nursing by **Megan Sutton Hardesty, RN (0001-241143)** may present a substantial danger to the health and safety of the public.

Ms. Gerardo moved to summarily suspend the registered nurse license of **Megan Sutton Hardesty** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

Ms. Bennett and Ms. Joseph left the meeting 1:31 P.M.

Ms. Douglas shared that for the March Board week there are 10 Board Members indicating available on Monday, March 16, and only 4 Board Members on Thursday, March 19. Ms. Douglas requested at least two Board Members reconsider availability and offer to switch to Thursday in order for the Board to have a panel to conduct formal hearings.

RECESS:

The Board recessed at 1:34 P.M.

RECONVENTION:

The Board reconvened at 1:41 P.M.

BOARD MEMBER
TRAINING:

Occupational Licensure Discussion

- ❖ NCSBN July 2019 Journal Nursing Regulation (JNR) Supplement was provided and reviewed by Board Members

Ms. Douglas noted the following:

- National conversation in the US with focus of “unnecessary barriers” to practice versus public protection
- International discussions regarding access to care
- Time of “license reform” driven by many factors and is Multi-dimensional
- Risk based approach to regulation
- Nursing is in better place with the NLC than other professions
- Highlighting the 14 subthemes

C6 Citizen Advocacy Center (CAC) December 10-11, 2019 Annual Meeting Report

Mr. Monson recommended that Board Members to read the NCSBN July 2019 Journal Nursing Regulation (JNR) Supplement.

Mr. Monson thanked the Board for the opportunity to attend the CAC Annual meeting titled *Halt care Regulation and Credentialing in an Anti-Regulatory Environment* and highlighted the following:

- Currently 22% of all US employees are licensed, both occupational and healthcare, up from 5% in the 1950s
- There is no peer-reviewed literature which demonstrates positive effects and higher quality services resulting from licensure requirements
- Two models toward requiring licensure – Public Choice, in which regulation is requested and protected by the members of the profession, and Public Protection, in which the regulation is requested and protected by the Public
- Effort in place to decrease barriers such as foreign-trained practitioners, military/spouse, an ex-offenders

Mr. Monson noted that there are many bills presented currently in the General Assembly that may appear to serve to protect the occupations.

Ms. Douglas commented that regulatory board needs to be able to articulate what regulation does.

Ms. Herhskowitz stated that Virginia Commonwealth University (VCU) study looked at the level of education and any correlation between Board disciplinary actions. The result was that it is not the level of education but the number of years of practicing that seems to affect disciplinary.

The Board raised the following points during the general discussion:

- Regulatory boards should not lower standard to meet the need of a profession.
- What can be expanded on for advanced practice nursing?
- Need to be able to articulate what regulation does
- Without the Board's regulations, who will keep the public safe

MEETING DEBRIEF:

The following were well received by Board Members:

- Interactive dialogue regarding regulation
- HWDC reports are helpful
- General Assembly updates are appreciative
- Handling of the Agenda was well managed

The following needs improvement per Board Members:

- Manage time better to allow time for input from staff

The Board suggested NURSYS Report overview for the next training.

Ms. Mitchell stated that she will provide training at the next meeting and asked Board Members to send questions/topics that they want to know to Board staff.

ADJOURNMENT:

The Board adjourned at 3:20 P.M.

Louise Hershkowitz, CRNA, MSHA
President

**VIRGINIA BOARD OF NURSING
MINUTES**

January 29, 2020

Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M. on January 29, 2020 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Dixie McElfresh, LPN

STAFF PRESENT:

Jodi P. Power, RN, JD, Senior Deputy Executive Director
Charlette N. Ridout, R.N., M.S., C.N.E., Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With seven members of the Board present, a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#1 – Sheryl Melissa Falls, LPN

0002-094741

Ms. Falls did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Sheryl Melissa Falls to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege to practice practical nursing. The motion was seconded and carried unanimously.

#5 – Sonya D. Fleming, CNA

1401-056221

Ms. Fleming did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Sonya D. Fleming to practice as a nurse aide in the Commonwealth of

Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

#7 – Vernon Divers, CNA

1401-158552

Mr. Divers did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Vernon Divers and indefinitely suspend his certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#9 – Crystal D. Bell, LPN

0002-068111

Ms. Bell did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Crystal D. Bell to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege to practice practical nursing. The motion was seconded and carried unanimously.

#11 – Valencia Denise Thomas, RMA

0031-001009

Ms. Thomas did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Valencia Denise Thomas. The motion was seconded and carried unanimously.

#13 – Carolyn Lewis Dean Burns, LPN

0002-038535

Ms. Burns did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Carolyn Lewis Dean Burns and indefinitely suspend the right to renew her license to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege to practice practical nursing. The motion was seconded and carried unanimously.

#15 – Stephon Kyle Wade, RN

0001-263103

Mr. Wade did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Stephon Kyle Wade to practice professional nursing in the

Commonwealth of Virginia, said suspension applies to any multistate privilege to practice professional nursing. The motion was seconded and carried unanimously.

#17 – Jennifer Elaine Keller, RN **0001-199918**
Ms. Keller did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Jennifer Elaine Keller to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege to practice professional. The motion was seconded and carried unanimously.

#19 Candace Marie Heinen, LPN **0002-093542**
Ms. Heinen did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Candace Marie Heinen to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege to practice practical nursing. The motion was seconded and carried unanimously.

Patricia Bridgeman Underdue, CNA **1401-171756**
Ms. Underdue did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Patricia Bridgeman Underdue to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:07 A.M.

Jodi P. Power, RN, JD
Senior Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 29, 2020
Panel - A**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:02 A.M. on January 30, 2020 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Brandon A. Jones, MSN, RN, CEN, NEA-BC
Dixie McElfresh, LPN

STAFF PRESENT:

Jodi P. Power, RN, JD, Senior Deputy Executive Director
Charlette N. Ridout, R.N., M.S., C.N.E., Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Nursing students and faculty from Longwood University and Rappahanock Community College
Nurse Aide students and faculty from Southside Virginia Community College

ESTABLISHMENT OF A PANEL:

With seven members of the Board present, a panel was established.

FORMAL HEARINGS:

Ashley Hansford, LPN **0002-087154**
Ms. Hansford appeared at 11:18 A.M. after hearing had begun.

Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting, recorded the proceeding.

Richard Strother, Operations Manager, Maxim Healthcare Services, Diana Eady, Clinical Director, Maxim Healthcare Services, and Sharon Fowlkes, LPN, were present and testified.

CLOSED MEETING:

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:26 P.M., for the purpose of deliberation to reach a decision in the matter of Ashley Hansford. Additionally, Mr. Hermansen-Parker moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk, and Ms. Mitchell, 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 Board reconvened in open session at 1:17 P.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing reprimand Ashley Hansford, LPN and require she enter the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of entry of the Order and remain in compliance thereafter. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Hansford at her address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 1:20 P.M.

RECONVENTION: The Board reconvened at 2:00 P.M.

FORMAL HEARINGS: **Helen Casey, CNA** **1401-133530**
Ms. Casey appeared, accompanied by her sons, Timothy Casey and Trevis Shane Casey.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting, recorded the proceeding.

Lisa Elgin, Senior Investigator, Department of Health Professions, was present and testified. Angela Sykes, RN, PCA Supervisor for Appalachian Agency for Senior Citizens was also present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:32 P.M., for the purpose of deliberation to reach a decision in the matter of Helen Casey. Additionally, Mr. Hermansen-Parker moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk, and Ms. Mitchell, 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 Board reconvened in open session at 4:29 P.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing indefinitely suspend the right of Helen Casey to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Casey at her address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 4:30 P.M.

RECONVENTION: The Board reconvened in open session at 4:50 P.M.

FORMAL HEARINGS: **Derleen Marie Alexander, CNA** **1401-149685**
Ms. Alexander did not appear.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting, recorded the proceeding.

Jessica Wilkerson, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 5:00 P.M., for the purpose of deliberation to reach a decision in the matter of Derleen Marie Alexander. Additionally, Mr. Hermansen-Parker moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk, and Ms. Mitchell, 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 Board reconvened in open session at 5:19 P.M.

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

ACTION: Ms. McElfresh moved that the Board of Nursing revoke the certificate of Derleen Marie Alexander to practice as a nurse aide in the Commonwealth of Virginia, with a Finding of Abuse to be entered in the Virginia Nurse Aide Registry. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Alexander at her address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 5:20 P.M.

Jodi P. Power, RN, JD
Senior Deputy Executive Director

**VIRGINIA BOARD OF NURSING
MINUTES**

January 29, 2020

Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:07 A.M. on January 29, 2020 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Jennifer Phelps, BS, LPN, QMHP-A, CSAC Vice President
Yvette L. Dorsey, DNP, RN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark D. Monson, Citizen Member
Felisa Smith, RN, MSA, MSN/Ed, CNE
Cynthia Swineford, RN, MSN, CNE

STAFF PRESENT:

Robin Hills, RN, DNP, WHNP, Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC., Deputy Executive Director for Advance Practice
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:

Erin Barrett, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING:

Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:13 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Mr. Monson moved that Dr. Hills, Dr. Clinger, Ms. Graham, 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 Board reconvened in open session at 9:42 A.M.

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

#2 – Ashley N. Webb, RN
Ms. Webb did not appear.

0001-251467

Mr. Monson moved that the Board of Nursing reject the recommended decision of the agency subordinate and to refer to a formal hearing. The motion was seconded and carried unanimously.

#4 – Oliva Mae Parker, RMA
Ms. Parker did not appear.

0031-001893

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of Oliva Mae Parker to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#6 – April Nicole Hostetter Higgins, CNA
Ms. Higgins did not appear.

1401-150965

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of April Nicole Hostetter Higgins to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#8 – Susan Mayberry Crews, LPN
Ms. Crews did not appear.

0002-048164

Dr. McQueen-Gibson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Susan Mayberry Crews to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Crews' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried with five votes in favor of the motion. Mr. Monson opposed the motion.

#10 – Jasmine Rae Peddrew, RMA
Mr. Peddrew did not appear.

0031-010871

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Jasmine Rae Peddrew. The motion was seconded and carried unanimously.

#12 – Diacell Winston, RMA **0031-008400**

Ms. Winston did not appear but submitted a written response.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of Diacell Winston to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#14 – Michelle Lopez, RN **0001-190866**

Mr. Lopez did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Michelle Lopez to renew her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Lopez's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

#16 – Mary Katherine Franchok Haulton, RN **0001-137917**

Ms. Haulton did not appear.

Ms. Phelps moved that the Board of Nursing reject the recommended decision of the agency subordinate and to refer to a formal hearing. The motion was seconded and carried unanimously.

#18 – Linda Carol Rich Joyce, RN **0001-220798**

Ms. Joyce did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Linda Carol Rich Joyce to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#20 – Jashae Bradley, CNA **1401-180668**

Ms. Bradley did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Jashae Bradley to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

#22 – Amanda Mae Sheffer, CNA
Ms. Sheffer did not appear.

1401-123971

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Amanda Mae Sheffer to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

ADJOURNMENT:

The Board adjourned at 9:46 A.M.

Robin Hills, RN, DNP, WHNP
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
January 29, 2020
Panel - B**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:02 A.M. on January 29, 2020 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Jennifer Phelps, BS, LPN, QMHP-A, CSAC Vice President
Yvette L. Dorsey, DNP, RN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark D. Monson, Citizen Member
Felisa Smith, RN, MSA, MSN/Ed, CNE
Cynthia Swineford, RN, MSN, CNE

STAFF PRESENT:

Robin Hills, RN, DNP, WHNP, Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC, Deputy Executive Director for Advance Practice
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:

Erin Barrett, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established.

FORMAL HEARINGS:

Wesley Bryan Killen, RN
Mr. Killen did not appear

0001-160525

Anne Joseph, Deputy Director, Administrative Proceedings Division for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cynthia Ferrell, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Amy Tanner, Senior Investigator, Department of Health Professions, testified via telephone.

CLOSED MEETING:

Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:21 A.M., for the purpose of deliberation to reach a decision in the matter of Wesley Bryan Killen. Additionally, Ms. Swineford moved that Dr. Hills, Dr. Clinger, Ms. Graham, 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 Board reconvened in open session at 11:25 A.M.

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

ACTION: Ms. Smith moved that the Board of Nursing indefinitely suspend the license of Wesley Bryan Killen to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Killen at his address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 11:27 A.M.

RECONVENTION: The Board reconvened in open session at 1:00 P.M.

FORMAL HEARINGS: **Peggy Sue Jeffers, RN** **0001-251445**
Ms. Jeffers appeared and was accompanied by Margaret Hardy, her lawyer, and Sabrina Nesbitt, Director at Sola, Inc.

Holly Walker, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Tonya James, Board of Nursing Compliance Case Manager, Department of Health Professions, and Sabrina Nesbitt, Director at Sola Inc., were present and testified.

CLOSED MEETING: Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:11 P.M., for the purpose of deliberation to reach a decision in the matter of Peggy Sue Jeffers. Additionally, Ms. Swineford moved that Dr. Hills, Ms. Graham, 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 Board reconvened in open session at 2:45 P.M.

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

ACTION:

Dr. Dorsey moved that the Board of Nursing place Peggy Sue Jeffers on probation for a period of not less than two years with terms and conditions. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Jeffers at her address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS:

Penny Summers Carter, LPN

0002-046300

Ms. Carter did not appear.

Holly Walker, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cindy Ferrell, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Maria Joson, Senior Investigator, Department of Health Professions, and Alyssa Smith, Client A's Mother, were present and testified.

CLOSED MEETING:

Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:18 P.M., for the purpose of deliberation to reach a decision in the matter of Penny Summers Carter. Additionally, Ms. Swineford moved that Dr. Hills, Dr. Clinger, Ms. Graham, 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 Board reconvened in open session at 3:28 P.M.

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

ACTION:

Mr. Monson moved that the Board of Nursing revoke the license of Penny Summers Carter to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Carter at her address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT:

The Board adjourned at 3:30 P.M.

Robin Hills, RN, DNP, WHNP
Deputy Executive Director

BOARD MEMBERS PRESENT:

Ms. Douglas joined the meeting at 10:15 A.M.

FORMAL HEARINGS: **Amanda Laughman, RN Reinstatement** **0001-286157**
Ms. Laughman appeared.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, Inc., recorded the proceedings.

Sarah Rogers, Senior Investigator, Department of Health Professions was present and testified.

CLOSED MEETING: Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:58 A.M., for the purpose of deliberation to reach a decision in the matter of Amanda Laughman. Additionally, Mr. Jones moved that Ms. Douglas, Ms. Ridout, Ms. Morris, Ms. Graham and Ms. Mitchell, 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 Board reconvened in open session at 11:42 A.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing deny the application of Amanda Laughman for reinstatement of her license to practice as a registered nurse in the Commonwealth of Virginia and continue her license on indefinite suspension. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Laughman at her address of record. The motion was seconded and carried with five votes in favor of the motion. Ms. McElfresh opposed the motion.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Ms. Ridout, Ms. Morris and Ms. Graham left the meeting at 11:43 A.M.

RECESS: The Board recessed at 11:43 A.M.

RECONVENTION: The Board reconvened at 1:06 P.M.

Ms. Page, Dr. Hills and Ms. Tamayo-Suijk joined the meeting at 1:06 P.M.

FORMAL HEARINGS: **XiaoYing Wang, LMT** **0019-013139**
Ms. Wang appeared and was accompanied by David A. Powers, III, her attorney, and Yanyi (Eliza) Connor, her translator.

Holly Walker, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, Inc., recorded the proceedings.

Anna Badgley, Senior Investigator, Department of Health Professions, Detective Christopher Harris, Colonial Heights, Sergeant Alan T. Richardson, Henrico County Police Department, and Cathy Hanchey, Board of Nursing LMT Licensing Specialist, were present and testified.

RECESS: The Board recessed at 2:07 P.M.

RECONVENTION: The Board reconvened at 2:28 P.M.

Nurse Aide students from Northern Neck Technical Center and Practical Nursing Students from Randolph Macon College left the meeting at 3:03 P.M.

CLOSED MEETING: Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:21 P.M., for the purpose of deliberation to reach a decision in the matter of XiaoYing Wang. Additionally, Mr. Jones moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, 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 Board reconvened in open session at 3:58 P.M.

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

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing indefinitely suspend the license of XiaoYing Wang to practice as a message therapist in the Commonwealth of Virginia for a period of not less than two years from entry

of the Order. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Wang at her address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Robert Jenneal Williams, III, LMT** **0019-014650**
Mr. Williams did not appear

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, Inc., recorded the proceedings.

Christopher Moore, Senior Investigator, Department of Health Professions, Client A and Client B were present and testified.

CLOSED MEETING: Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:43 P.M., for the purpose of deliberation to reach a decision in the matter of Robert Jenneal Williams, II. Additionally, Mr. Jones moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, 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 Board reconvened in open session at 4:53 P.M.

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

ACTION: Ms. McElfresh moved that the Board of Nursing revoke the right of Robert Jenneal Williams, III to renew his license to practice as a massage therapist in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Williams at his address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Tara Michelle McCullough, LMT** **0019-012847**
Ms. McCullough did not appear.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, Inc., recorded the proceedings.

CLOSED MEETING: Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 5:04 P.M., for the purpose of deliberation to reach a decision in the matter of Tara Michelle McCullough. Additionally, Mr. Jones moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, 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 Board reconvened in open session at 5:12 P.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing indefinitely suspend the license of Tara Michelle McCullough to practice as a massage therapist in the Commonwealth of Virginia until such time that she can come before the Board and prove that she is safe and competent to practice massage therapy. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. McCullough at her address of record. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 5:13 P.M.

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

DRAFT

Agency Subordinate Recommendation Tracking Trend Log - May 2006 to Present – Board of Nursing

Considered		Accepted		Modified*						Rejected					Final Outcome:** Difference from Recommendation			
Date	Total	Total	Total %	Total	%	# present	# ↑	# ↓	Total	%	# present to FH	# Ref missed	↑	↓	Same	Pend- ing	N/A	
Total to Date:	3169	2806	88.5%	268	8.5%				97	3.0%			73	79	96	0		
CY2020 to Date:	21	19	90.5%	0	0.0%	0	0	0	2	9.5%	0	2	1	0	0	N/A		
Nov-20																		
Sep-20																		
Jul-20																		
May-20																		
Mar-20																		
Jan-20	21	19	90.5%	0	0.0%	0	0	0	2	9.5%	0	2	1	0	0	0		
Annual Totals:																		
Total 2019	143	129	90.2%	12	9.1%	0	10	2	2	1.4%	2	0	2	0	1	N/A		
Total 2018	201	172	85.6%	25	12.4%	4	17	7	4	2.0%	0	4	4	10	7	N/A		
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.8%	0	2	2	4	6	N/A		
Total 2016	241	227	94.2%	9	3.7%	0	8	0	5	2.1%	2	4	4	8	2	N/A		
Total 2015	240	218	90.8%	14	5.8%	2	12	2	8	3.3%	3	6	1	9	5	N/A		
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	3	3	7	N/A		
Total 2013	248	236	95.2%	10	4.0%				2	0.8%			3	6	2	N/A		
Total 2012	229	211	92.1%	15	6.6%				3	1.3%			4	6	9	N/A		
Total 2011	208	200	96.2%	6	2.9%				2	1.0%			4	1	12	N/A		
Total 2010	194	166	85.6%	21	10.8%				7	3.6%			7	9	9	N/A		

* Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.

** Final Outcome Differences = Final Board action/ sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (or referred to FH).

C1

Virginia Department of Health Professions
Cash Balance
As of January 31, 2020

	Nursing
Board Cash Balance as June 30, 2019	8,978,952
YTD FY20 Revenue	7,912,174
Less: YTD FY20 Direct and Allocated Expenditures	<u>8,367,826</u> *
Board Cash Balance as January 31, 2020	<u><u>8,523,301</u></u>

* Includes \$37,743 deduction for Nurse Scholarship Fund



Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400 Fee Revenue					
4002401 Application Fee		1,228,050.00	2,308,425.00	1,082,375.00	53.11%
4002406 License & Renewal Fee		5,519,546.00	8,938,645.00	3,419,099.00	61.75%
4002407 Dup. License Certificate Fee		15,015.00	23,750.00	8,735.00	63.22%
4002408 Board Endorsement - In		27,030.00	64,790.00	37,760.00	41.72%
4002409 Board Endorsement - Out		15,470.00	18,270.00	2,800.00	84.67%
4002421 Monetary Penalty & Late Fees		166,810.00	231,415.00	64,605.00	72.08%
4002432 Misc. Fee (Bad Check Fee)		420.00	1,750.00	1,330.00	24.00%
Total Fee Revenue		6,970,341.00	11,587,045.00	4,616,704.00	60.16%
4003000 Sales of Prop. & Commodities					
4003002 Overpayments		1,100.00	-	(1,100.00)	0.00%
4003020 Misc. Sales-Dishonored Payments		755.00	-	(755.00)	0.00%
Total Sales of Prop. & Commodities		1,855.00	-	(1,855.00)	0.00%
4009000 Other Revenue					
4009080 Miscellaneous Revenue		11,000.00	28,500.00	15,500.00	41.51%
Total Other Revenue		11,000.00	28,500.00	15,500.00	41.51%
Total Revenue		6,983,196.00	11,613,545.00	4,630,349.00	60.13%
5011110 Employer Retirement Contrib.		166,382.35	288,139.00	121,756.65	57.74%
5011120 Fed Old-Age Ins- Sal St Emp		112,559.36	185,186.00	72,626.64	60.78%
5011140 Group Insurance		17,323.55	27,919.00	10,595.45	62.05%
5011160 Medical/Hospitalization Ins.		220,706.00	438,456.00	217,750.00	50.34%
5011160 Retiree Medical/Hospitalizatn		15,472.47	24,936.00	9,463.53	62.05%
5011170 Long term Disability Ins		7,800.15	13,214.00	5,413.85	59.03%
5011190 Employer Retirement Contrib		2,735.38	-	(2,735.38)	0.00%
Total Employee Benefits		542,979.26	977,850.00	434,870.74	55.53%
5011200 Salaries					
5011220 Salaries, Appointed Officials		32,180.76	-	(32,180.76)	0.00%
5011230 Salaries, Classified		1,277,768.00	2,131,200.00	853,432.00	59.96%
5011250 Salaries, Overtime		21,443.23	-	(21,443.23)	0.00%
Total Salaries		1,331,391.99	2,131,200.00	799,808.01	62.47%
5011300 Special Payments					
5011380 Deferred Compnsn Match Pmts		5,220.00	16,080.00	10,860.00	32.48%
Total Special Payments		5,220.00	16,080.00	10,860.00	32.48%
5011400 Wages					
5011410 Wages, General		175,807.56	307,996.00	132,188.44	57.08%
5011430 Wages, Overtime		60.00	-	(60.00)	0.00%
Total Wages		175,867.56	307,996.00	132,128.44	57.10%
5011630 Short-term Disability Benefits		8,652.05	-	(8,652.05)	0.00%
Total Disability Benefits		8,652.05	-	(8,652.05)	0.00%
5011660 Terminatn Personal Svce Costs					
5011660 Defined Contribution Match - Hy		7,830.86	-	(7,830.86)	0.00%
Total Terminatn Personal Svce Costs		7,830.86	-	(7,830.86)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011930	Turnover/Vacancy Benefits				0.00%
	Total Personal Services	2,071,941.72	3,433,126.00	1,361,184.28	60.35%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	4,395.00	4,395.00	0.00%
5012120	Outbound Freight Services	2,446.45	10.00	(2,436.45)	24464.50%
5012140	Postal Services	93,373.89	85,633.00	(7,740.89)	109.04%
5012150	Printing Services	11.75	1,322.00	1,310.25	0.89%
5012160	Telecommunications Svcs (VITA)	8,651.24	21,910.00	13,258.76	39.49%
5012170	Telecomm. Svcs (Non-State)	337.50	-	(337.50)	0.00%
5012190	Inbound Freight Services	159.71	17.00	(142.71)	939.47%
	Total Communication Services	104,980.54	113,287.00	8,306.46	92.67%
5012200	Employee Development Services				
5012210	Organization Memberships	6,040.00	8,764.00	2,724.00	68.92%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Training/Workshop/Conf	7,642.00	482.00	(7,160.00)	1585.48%
	Total Employee Development Services	13,682.00	9,366.00	(4,316.00)	146.08%
5012300	Health Services				
5012310	Clinic Services	569.97	-	(569.97)	0.00%
5012360	X-ray and Laboratory Services	1,009.20	4,232.00	3,222.80	23.85%
	Total Health Services	1,579.17	4,232.00	2,652.83	37.31%
5012400	Mgmt and Informational Svcs				
5012420	Fiscal Services	119,494.20	197,340.00	77,845.80	60.55%
5012440	Management Services	2,588.27	370.00	(2,218.27)	699.53%
5012460	Public Infrmtl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	6,866.91	5,616.00	(1,250.91)	122.27%
	Total Mgmt and Informational Svcs	128,949.38	203,375.00	74,425.62	63.40%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	357.91	-	(357.91)	0.00%
5012530	Equipment Repair & Maint Svc	14,275.61	3,001.00	(11,274.61)	475.70%
5012560	Mechanical Repair & Maint Svc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	14,633.52	3,370.00	(11,263.52)	434.23%
5012600	Support Services				
5012630	Clerical Services	140,294.56	317,088.00	176,793.42	44.24%
5012640	Food & Dietary Services	7,905.24	-	(7,905.24)	0.00%
5012660	Manual Labor Services	19,164.31	38,508.00	19,343.69	49.77%
5012670	Production Services	134,044.96	158,515.00	24,470.02	84.56%
5012680	Skilled Services	509,087.94	1,164,774.00	655,678.06	43.71%
	Total Support Services	810,507.05	1,678,885.00	868,377.95	48.28%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	5,197.30	5,260.00	62.70	98.81%
5012830	Travel, Public Carriers	-	1.00	1.00	0.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012850	Travel, Subsistence & Lodging	4,937.65	6,635.00	1,697.35	74.42%
5012880	Trvl, Meal Reimb- Not Rptble	3,257.00	3,597.00	340.00	90.55%
	Total Transportation Services	13,391.95	17,947.00	4,555.05	74.62%
	Total Contractual Svc	1,087,723.61	2,030,462.00	942,738.39	53.57%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	17,068.22	11,696.00	(5,372.22)	145.93%
5013130	Stationery and Forms	1,773.54	3,790.00	2,016.46	46.80%
	Total Administrative Supplies	18,841.76	15,486.00	(3,355.76)	121.67%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	222.69	99.00	(123.69)	224.94%
	Total Manufctrng and Merch Supplies	222.69	99.00	(123.69)	224.94%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matri	-	29.00	29.00	0.00%
5013530	Electrcal Repair & Maint Matri	14.37	-	(14.37)	0.00%
	Total Repair and Maint. Supplies	14.37	29.00	14.63	49.55%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	408.00	408.00	0.00%
5013630	Food Service Supplies	129.06	1,108.00	978.94	11.65%
5013640	Laundry and Linen Supplies	60.60	22.00	(38.60)	275.45%
	Total Residential Supplies	189.66	1,538.00	1,348.34	12.33%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	182.00	182.00	0.00%
	Total Specific Use Supplies	-	182.00	182.00	0.00%
	Total Supplies And Materials	19,268.48	17,334.00	(1,934.48)	111.16%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	598.77	504.00	(94.77)	118.80%
	Total Insurance-Fixed Assets	598.77	667.00	68.23	89.77%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	5,384.39	9,014.00	3,629.61	59.73%
5015350	Building Rentals	500.20	-	(500.20)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	117,302.84	218,182.00	100,879.16	53.76%
	Total Operating Lease Payments	123,187.43	227,471.00	104,283.57	54.16%
5015400	Service Charges				
5015430	Equipment Rentals	455.37	-	(455.37)	0.00%
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	455.37	5.00	(450.37)	9107.40%
5015500	Insurance-Operations				
5015510	General Liability Insurance	2,149.16	1,897.00	(252.16)	113.29%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
5015540	Surety Bonds	128.81	112.00	(14.81)	113.22%
	Total Insurance-Operations	2,275.97	2,009.00	(266.97)	113.29%
	Total Continuous Charges	128,517.54	230,152.00	103,634.46	54.97%
5022000	Equipment				
5022100	Computer Hardware & Software				
5022170	Other Computer Equipment	3,635.74	-	(3,635.74)	0.00%
5022180	Computer Software Purchases	247.60	-	(247.60)	0.00%
	Total Computer Hardware & Software	3,883.34	-	(3,883.34)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	16.95	1,123.00	1,106.05	1.51%
	Total Educational & Cultural Equip	16.95	1,123.00	1,106.05	1.51%
5022300	Electronic & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electronic & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	2,431.09	-	(2,431.09)	0.00%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	2,431.09	277.00	(2,154.09)	877.65%
5022700	Specific Use Equipment				
5022710	Household Equipment	88.44	133.00	44.56	66.50%
	Total Specific Use Equipment	88.44	133.00	44.56	66.50%
	Total Equipment	6,419.82	3,199.00	(3,220.82)	200.68%
	Total Expenditures	3,311,871.17	5,714,273.00	2,402,401.83	57.96%
Allocated Expenditures					
20400	Nursing / Nurse Aid	40,564.09	125,620.31	85,056.22	32.29%
30100	Data Center	1,022,734.43	1,787,767.70	765,033.28	57.21%
30200	Human Resources	110,507.12	91,282.31	(19,224.81)	121.06%
30300	Finance	449,821.56	894,522.45	444,700.89	50.29%
30400	Director's Office	194,480.01	357,666.55	163,186.53	54.37%
30500	Enforcement	1,397,202.99	2,656,200.82	1,258,997.82	52.60%
30600	Administrative Proceedings	343,341.34	690,360.37	347,019.03	49.73%
30700	Impaired Practitioners	50,691.79	106,416.81	55,725.02	47.64%
30800	Attorney General	127,821.83	135,194.41	7,372.58	94.55%
30900	Board of Health Professions	141,566.92	260,254.66	118,687.74	54.40%
31100	Maintenance and Repairs	-	8,317.10	8,317.10	0.00%
31300	Emp. Recognition Program	80.46	4,130.59	4,050.13	1.95%
31400	Conference Center	582.59	1,893.25	1,410.66	29.23%
31500	Pgm Devlpmt & Implmentn	89,010.49	153,070.01	64,059.52	58.15%
	Total Allocated Expenditures	3,968,405.63	7,272,797.33	3,304,391.71	54.57%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (297,080.80)	\$ (1,373,525.33)	\$ (1,076,444.54)	21.63%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Total
5011220	Salaries, Appointed Officials	32,180.76
5011230	Salaries, Classified	1,277,768.00
5011250	Salaries, Overtime	21,443.23
	Total Salaries	1,331,391.99
5011380	Deferred Compnsn Match Pmts	5,220.00
	Total Special Payments	5,220.00
5011400	Wages	-
5011410	Wages, General	175,807.68
5011430	Wages, Overtime	60.00
	Total Wages	175,867.68
5011500	Disability Benefits	-
5011530	Short-tn Disability Benefits	8,652.05
	Total Disability Benefits	8,652.05
5011600	Terminatn Personal Svce Costs	-
5011680	Defined Contribution Match - Hy	7,830.86
	Total Terminatn Personal Svce Costs	7,830.86
	Total Personal Services	2,071,941.72
5012000	Contractual Svcs	-
5012100	Communication Services	-
5012120	Outbound Freight Services	2,446.45
5012140	Postal Services	93,373.89
5012150	Printing Services	11.75
5012160	Telecommunications Svcs (VITA)	8,651.24
5012170	Telecomm. Svcs (Non-State)	337.50
5012190	Inbound Freight Services	158.71
	Total Communication Services	104,960.54
5012200	Employee Development Services	-
5012210	Organization Memberships	8,040.00
5012240	Employee Training/Workshop/Conf	7,642.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Total
	Total Employee Development Services	13,682.00
5012300	Health Services	
5012360	X-ray and Laboratory Services	1,009.20
	Total Health Services	1,579.17
5012400	Mgmt and Informational Svcs	
5012420	Fiscal Services	119,494.20
5012440	Management Services	2,588.27
5012470	Legal Services	6,666.91
	Total Mgmt and Informational Svcs	128,949.38
5012500	Repair and Maintenance Svcs	
5012510	Custodial Services	357.91
5012530	Equipment Repair & Maint Svc	14,275.61
	Total Repair and Maintenance Svcs	14,633.52
5012600	Support Services	
5012630	Clerical Services	140,294.58
5012640	Food & Dietary Services	7,905.24
5012660	Manual Labor Services	19,164.31
5012670	Production Services	134,044.98
5012680	Skilled Services	509,097.94
	Total Support Services	810,507.05
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	5,197.30
5012850	Travel, Subistence & Lodging	4,937.65
5012880	Trvl, Meal Reimb- Not Rprtbl	3,257.00
	Total Transportation Services	13,391.95
	Total Contractual Svcs	1,087,723.61
5013000	Supplies And Materials	
5013100	Administrative Supplies	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Total
5013120	Office Supplies	17,088.22
5013130	Stationery and Forms	1,773.54
	Total Administrative Supplies	18,841.76
5013300	Manufactg and Merch Supplies	
5013350	Packaging & Shipping Supplies	222.69
	Total Manufacturing and Merch Supplies	222.69
5013500	Repair and Maint. Supplies	
5013530	Electrical Repair & Maint Materi	14.37
	Total Repair and Maint. Supplies	14.37
5013600	Residential Supplies	
5013630	Food Service Supplies	129.08
5013640	Laundry and Linen Supplies	60.60
	Total Residential Supplies	189.68
	Total Supplies And Materials	19,268.48
5016000	Continuous Charges	
5016100	Insurance-Fixed Assets	
5016160	Property Insurance	598.77
	Total Insurance-Fixed Assets	598.77
5016300	Operating Lease Payments	
5016340	Equipment Rentals	5,384.39
5016350	Building Rentals	500.20
5016390	Building Rentals - Non State	117,302.84
	Total Operating Lease Payments	123,187.43
5016400	Service Charges	
5016430	Equipment Rentals	455.37
	Total Service Charges	455.37
5016600	Insurance-Operations	

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Total
5015510	General Liability Insurance	2,149.16
5015540	Surety Bonds	128.81
	Total Insurance-Operations	2,275.97
	Total Continuous Charges	128,517.54
5022000	Equipment	
5022170	Other Computer Equipment	3,636.74
5022180	Computer Software Purchases	247.60
	Total Computer Hardware & Software	3,883.34
5022200	Educational & Cultural Equip	
5022240	Reference Equipment	16.95
	Total Educational & Cultural Equip	16.95
5022600	Office Equipment	
5022620	Office Furniture	2,431.09
	Total Office Equipment	2,431.09
5022710	Household Equipment	88.44
	Total Specific Use Equipment	88.44
	Total Equipment	6,419.82
5023000	Plant and Improvements	
5023200	Construction of Plant and Improvements	
5023280	Construction, Buildings Improvements	-
	Total Construction of Plant and Improvements	-
	Total Plant and Improvements	-
	Total Expenditures	3,311,671.17
	Net Revenue in Excess (Shortfall) of	
	Expenditures Before Allocated Expenditures	3,671,324.83

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Total
Allocated Expenditures		
20100	Behavioral Science Exec	-
20200	Opt/Vet-Med/ASLP Executive Dir	-
20400	Nursing / Nurse Aid	40,664.09
20600	Funeral/LTCA/PT	-
30100	Data Center	1,022,734.43
30200	Human Resources	110,507.12
30300	Finance	449,621.56
30400	Director's Office	194,480.01
30500	Enforcement	1,397,202.99
30600	Administrative Proceedings	343,341.34
30700	Impaired Practitioners	50,691.79
30800	Attorney General	127,821.83
30900	Board of Health Professions	141,566.92
31000	SRTA	-
31100	Maintenance and Repairs	-
31300	Emp. Recognition Program	80.46
31400	Conference Center	582.59
31500	Pgm Developmnt & Implementn	89,010.49
98700	Cash Transfers	-
Total Allocated Expenditures		3,968,405.83
Net Revenue in Excess (Shortfall) of Expenditures		\$ (297,080.80)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400 Fee Revenue					
4002401 Application Fee		1,150.00	300.00	(850.00)	383.33%
4002406 License & Renewal Fee		639,160.00	1,174,080.00	534,920.00	54.44%
4002421 Monetary Penalty & Late Fees		-	330.00	330.00	0.00%
4002432 Misc. Fee (Bad Check Fee)		415.00	700.00	285.00	59.29%
Total Fee Revenue		640,725.00	1,175,410.00	534,685.00	54.51%
4003000 Sales of Prop. & Commodities					
4003007 Sales of Goods/Svcs to State		288,043.37	541,000.00	252,956.63	53.24%
4003020 Misc. Sales-Dishonored Payments		210.00	-	(210.00)	0.00%
Total Sales of Prop. & Commodities		288,253.37	541,000.00	252,746.63	53.28%
4009000 Other Revenue					
Total Revenue		928,978.37	1,716,410.00	787,431.63	54.12%
5011110 Employer Retirement Contrib.		3,342.99	9,709.00	6,366.01	34.43%
5011120 Fed Old-Age Ins- Sal St Emp		8,397.78	14,794.00	6,396.24	56.76%
5011140 Group Insurance		350.73	941.00	590.27	37.27%
5011150 Medical/Hospitalization Ins.		5,496.00	16,488.00	10,992.00	33.33%
5011160 Retiree Medical/Hospitalizatn		313.20	841.00	527.80	37.24%
5011170 Long term Disability Ins		166.01	446.00	279.99	37.22%
Total Employee Benefits		18,066.69	43,219.00	25,152.31	41.80%
5011200 Salaries					
5011230 Salaries, Classified		25,536.25	71,809.00	46,272.75	36.66%
5011250 Salaries, Overtime		356.14	-	(356.14)	0.00%
Total Salaries		25,892.39	71,809.00	45,916.61	36.06%
5011300 Special Payments					
5011380 Deferred Compnstrn Match Pmts		-	960.00	960.00	0.00%
Total Special Payments		-	960.00	960.00	0.00%
5011400 Wages					
5011410 Wages, General		84,890.17	121,525.00	36,634.83	69.85%
Total Wages		84,890.17	121,525.00	36,634.83	69.85%
5011600 Terminatn Personal Svce Costs					
5011640 Salaries, Cmp Leave Balances		129.15	-	(129.15)	0.00%
5011660 Defined Contribution Match - Hy		281.09	-	(281.09)	0.00%
Total Terminatn Personal Svce Costs		410.24	-	(410.24)	0.00%
5011930 Turnover/Vacancy Benefits					
Total Personal Services		129,259.49	237,513.00	108,253.51	54.42%
5012000 Contractual Svcs					
5012100 Communication Services					
5012140 Postal Services		31,911.65	32,117.00	205.35	99.36%
5012150 Printing Services		-	276.00	276.00	0.00%
5012160 Telecommunications Svcs (VITA)		527.21	2,500.00	1,972.79	21.08%
Total Communication Services		32,438.86	34,893.00	2,454.14	92.97%
5012300 Health Services					

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%
	Total Health Services	-	125.00	125.00	0.00%
5012400	Mgmt and Informational Svcs	-			
5012420	Fiscal Services	15,797.64	24,920.00	9,122.36	63.39%
5012440	Management Services	427.15	530.00	102.85	80.59%
5012460	Public Infrmtl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmt and Informational Svcs	16,224.79	25,460.00	9,235.21	63.73%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	61.45	-	(61.45)	0.00%
5012530	Equipment Repair & Maint Srvc	2,433.83	-	(2,433.83)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	2,495.28	72.00	(2,423.28)	3465.67%
5012600	Support Services				
5012660	Manual Labor Services	931.45	2,454.00	1,522.55	37.96%
5012670	Production Services	6,867.11	10,300.00	3,432.89	66.67%
5012680	Skilled Services	10,329.29	48,303.00	37,973.71	21.38%
	Total Support Services	18,127.85	61,057.00	42,929.15	29.69%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,900.82	6,893.00	3,992.38	42.08%
5012840	Travel, State Vehicles	950.88	310.00	(640.88)	306.67%
5012850	Travel, Subistence & Lodging	783.47	912.00	128.53	85.91%
5012880	Trvl, Meal Reimb- Not Rptble	674.00	528.00	(146.00)	127.65%
	Total Transportation Services	5,308.77	8,643.00	3,334.23	61.42%
	Total Contractual Svs	74,595.55	130,250.00	55,654.45	57.27%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,878.51	1,092.00	(786.51)	172.02%
5013130	Stationery and Forms	304.50	1,203.00	898.50	25.31%
	Total Administrative Supplies	2,183.01	2,295.00	111.99	95.12%
5013200	Energy Supplies				
5013230	Gasoline	17.42	-	(17.42)	0.00%
	Total Energy Supplies	17.42	-	(17.42)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013500	Repair and Maint. Supplies				
5013530	Electrcal Repair & Maint Matri	2.47	-	(2.47)	0.00%
	Total Repair and Maint. Supplies	2.47	-	(2.47)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
5013640	Laundry and Linen Supplies	2.40	-	(2.40)	0.00%
	Total Residential Supplies	2.40	306.00	303.60	0.78%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Supplies And Materials	2,205.30	2,621.00	415.70	84.14%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	105.98	106.00	0.02	99.98%
	Total Insurance-Fixed Assets	105.98	106.00	0.02	99.98%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	20.97	-	(20.97)	0.00%
5015350	Building Rentals	46.80	-	(46.80)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	18,121.94	33,707.00	15,585.06	53.76%
	Total Operating Lease Payments	18,189.71	33,757.00	15,567.29	53.88%
5015500	Insurance-Operations				
5015510	General Liability Insurance	380.39	399.00	18.61	95.34%
5015540	Surety Bonds	22.45	24.00	1.55	93.54%
	Total Insurance-Operations	402.84	423.00	20.16	95.23%
	Total Continuous Charges	18,698.53	34,286.00	15,587.47	54.54%
5022000	Equipment				
5022100	Computer Hardware & Software				
5022170	Other Computer Equipment	6.52	-	(6.52)	0.00%
	Total Computer Hardware & Software	6.52	-	(6.52)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	15.19	-	(15.19)	0.00%
	Total Specific Use Equipment	15.19	-	(15.19)	0.00%
	Total Equipment	21.71	166.00	144.29	13.08%
	Total Expenditures	224,780.58	404,836.00	180,055.42	55.52%
Allocated Expenditures					
20400	Nursing / Nurse Aid	10,149.58	40,938.69	30,789.11	24.79%
30100	Data Center	91,968.41	240,214.49	148,246.08	38.29%
30200	Human Resources	8,568.36	7,212.81	(1,355.55)	118.77%
30300	Finance	98,901.28	198,935.46	100,034.18	49.72%
30400	Director's Office	42,543.33	79,542.51	36,999.18	53.49%
30500	Enforcement	456,846.28	703,563.21	246,716.94	64.93%
30600	Administrative Proceedings	57,258.21	199,814.69	142,556.48	28.66%
30700	Impaired Practitioners	1,002.50	2,209.13	1,206.62	45.38%
30800	Attorney General	7,242.64	1,585.75	(5,656.89)	456.73%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over)	
30900	Board of Health Professions	30,975.65	57,878.79	26,903.15	53.52%
31100	Maintenance and Repairs	-	1,482.16	1,482.16	0.00%
31300	Emp. Recognition Program	5.99	326.38	320.40	1.83%
31400	Conference Center	94.66	355.21	260.55	26.65%
31500	Pgm Devlpmnt & Implimentn	19,470.88	34,041.69	14,570.80	57.20%
Total Allocated Expenditures		825,025.77	1,568,100.97	743,075.21	52.81%
Net Revenue In Excess (Shortfall) of Expenditures		\$ (120,827.98)	\$ (256,526.97)	\$ (135,699.00)	47.10%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011120	Fed Old-Age Ins- Sal St Emp	1,184.66	5,694.00	4,509.34	20.81%
	Total Employee Benefits	1,184.66	5,694.00	4,509.34	20.81%
5011300	Special Payments				
5011340	Specified Per Diem Payment	7,000.00	24,550.00	17,550.00	28.51%
	Total Special Payments	7,000.00	24,550.00	17,550.00	28.51%
5011400	Wages				
5011410	Wages, General	15,485.66	74,423.00	58,937.34	20.81%
	Total Wages	15,485.66	74,423.00	58,937.34	20.81%
5011930	Turnover/Vacancy Benefits				0.00%
	Total Personal Services	23,870.32	104,667.00	80,996.68	22.61%
5012000	Contractual Svcs				
5012100	Communication Services				
5012190	Inbound Freight Services	41.41		(41.41)	0.00%
	Total Communication Services	41.41		(41.41)	0.00%
5012200	Employee Development Services				
5012240	Employee Training/Workshop/Conf	125.00		(125.00)	0.00%
	Total Employee Development Services	125.00	-	(125.00)	0.00%
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services		4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs		4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services		10,598.00	10,598.00	0.00%
5012680	Skilled Services		10,000.00	10,000.00	0.00%
	Total Support Services		20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	12,036.13	16,757.00	4,720.87	71.83%
5012830	Travel, Public Carriers	183.56	39.00	(144.56)	470.67%
5012850	Travel, Subsistence & Lodging	10,096.51	13,828.00	3,731.49	73.01%
5012880	Trvl, Meal Reimb- Not Rptble	4,530.75	6,546.00	2,015.25	69.21%
	Total Transportation Services	26,846.95	37,170.00	10,323.05	72.23%
	Total Contractual Svcs	27,013.36	61,878.00	34,864.64	43.66%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	29.99		(29.99)	0.00%
	Total Specific Use Supplies	29.99		(29.99)	0.00%
	Total Supplies And Materials	29.99	14.00	(15.99)	214.21%
	Total Expenditures	50,713.67	166,559.00	115,845.33	30.45%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2019 and Ending January 31, 2020

Account Number	Account Description	Total
5011000	Personal Services	
5011100	Employee Benefits	
5011120	Fed Old-Age Ins- Sal St Emp	1,184.66
	Total Employee Benefits	1,184.66
5011300	Special Payments	
5011340	Specified Per Diem Payment	7,000.00
	Total Special Payments	7,000.00
5011400	Wages	
5011410	Wages, General	15,485.66
	Total Wages	15,485.66
	Total Personal Services	23,670.32
5012000	Contractual Svs	
5012100	Communication Services	
5012190	Inbound Freight Services	41.41
	Total Communication Services	41.41
5012200	Employee Development Services	
5012240	Employee Training/Workshop/Conf	125.00
	Total Employee Development Services	125.00
5012800	Transportation Services	
5012820	Travel, Personal Vehicle	12,036.13
5012830	Travel, Public Carriers	183.66
5012850	Travel, Subistence & Lodging	10,096.51
5012890	Trvl, Meal Reimb- Not Rptble	4,530.75
	Total Transportation Services	26,846.95
	Total Contractual Svs	27,013.36
5013700	Specific Use Supplies	
5013730	Computer Operating Supplies	29.99
	Total Specific Use Supplies	29.99
	Total Supplies And Materials	29.99
	Total Expenditures	50,713.67

2020 Monthly Tracking Log

License Count	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
Nursing												
Pres Auth	8,727											
Massage Therapy	8,659											
Medication Aide	6,695											
Clinical Nurse Spec	415											
Nurse Practitioner	12,251											
Autonomous Practice	704											
Practical Nurse	28,404											
Registered Nurse	110,597											
Total for Nursing	176,452	0	0	0	0	0	0	0	0	0	0	0
Nurse Aide	52,984											
Advanced Nurse Aide	40											
Total for Nurse Aide	53,024	0	0	0	0	0	0	0	0	0	0	0
License Count Grand Total	229,476	0	0	0	0	0	0	0	0	0	0	0
Open Cases Count												
Nursing	1547											
Nurse Aide	413											
Open Cases Total	1,960	0	0	0	0	0	0	0	0	0	0	0
Case Count by Occupation												
Rec'd RN	63											
Rec'd PN	41											
Rec'd NP, AP, CNS	41											
Rec'd LMT	11											
Rec'd RMA	11											
Rec'd Edu Program	1											
Total Received Nursing	168	0	0	0	0	0	0	0	0	0	0	0
Closed RN	56											
Closed PN	26											
Closed NP, AP, CNS	17											
Closed LMT	7											
Closed RMA	7											
Closed Edu Program	0											
Total Closed Nursing	113	0	0	0	0	0	0	0	0	0	0	0
Case Count - Nurse Aides												
Received	55											
Rec'd Edu Program	0											
Total Received CNA	55	0	0	0	0	0	0	0	0	0	0	0
Closed	10											
Closed Edu Program	0											
Total Closed CNA	10	0	0	0	0	0	0	0	0	0	0	0
All Cases Closed	123	0	0	0	0	0	0	0	0	0	0	0
All Cases Received	223	0	0	0	0	0	0	0	0	0	0	0

CY 2019 Criminal Background Check BON Statistics

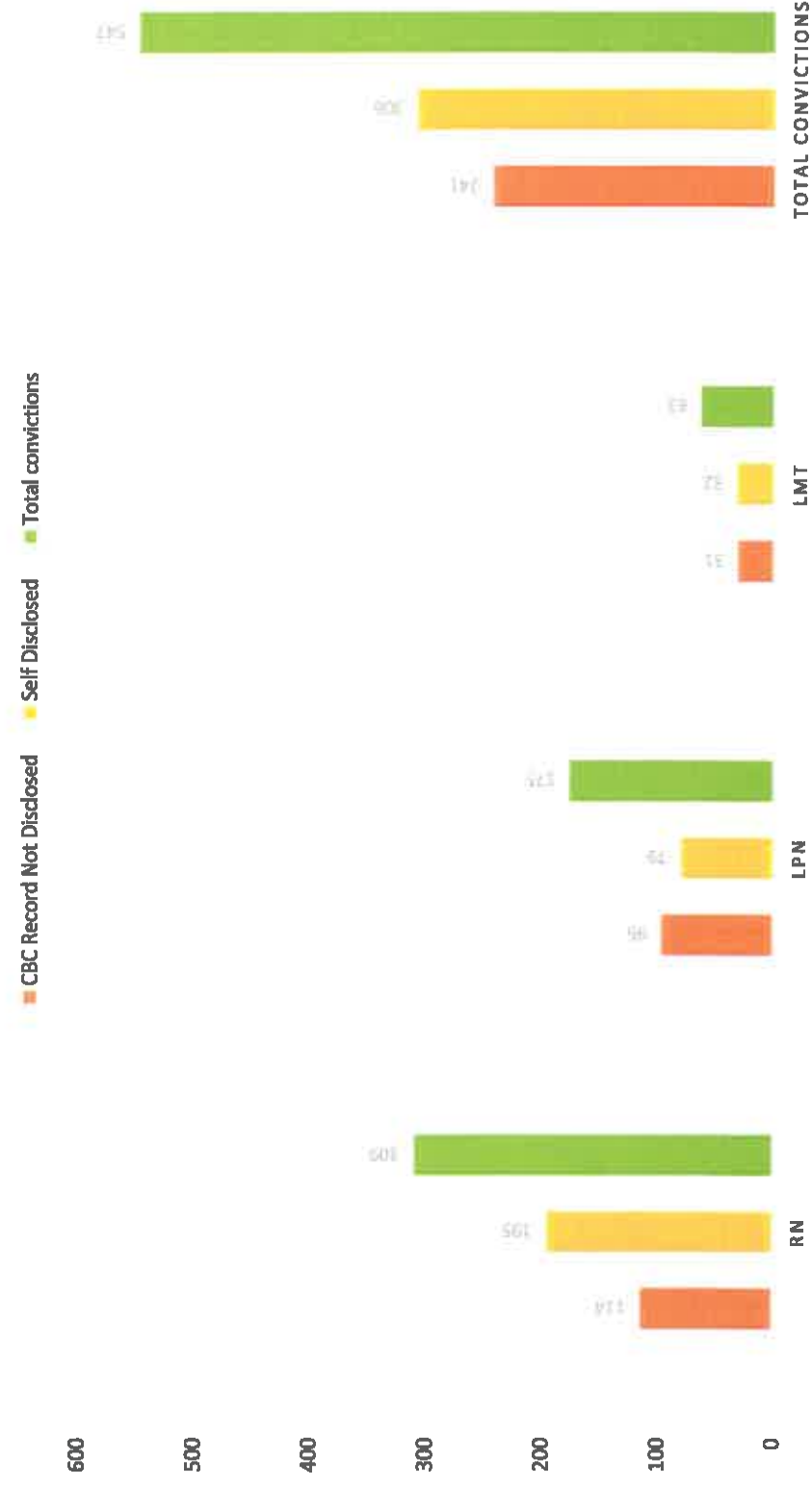
2019 RN Applicants				
	RN-ENDORSEMENT	RN-EXAM	RN-REINSTATEMENT	Grand Total
CBC Record Not Disclosed	32		72	114
Disposition Unknown	2		2	4
No CBC Conviction Record	86		175	274
Self-Disclosed	50		126	195
No CBC Record	3474		4271	8081
Grand Total	3644		4646	8668
2019 LPN Applicants				
	LPN-ENDORSEMENT	LPN-EXAM	LPN-REINSTATEMENT	Grand Total
CBC Record Not Disclosed	17		62	96
Disposition Unknown			1	2
No CBC Conviction Record	23		103	143
Self-Disclosed	10		62	79
No CBC Record	239		1172	1482
Grand Total	289		1400	1802
2019 LMT Applicants				
	LMT-APP	LMT-ENDORSEMENT	LMT-REINSTATEMENT	Grand Total
CBC Record Not Disclosed	22		6	31
Disposition Unknown	1			1
No CBC Conviction Record	52		15	72
Self-Disclosed	24		5	32
No CBC Record	427		152	609
Grand Total	526		178	745

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CY 2019 Criminal Background Check BON Statistics

	RN	LPN	LMT	All Applicants
Total Applicants	8668	1802	745	11215
CBC Record Not Disclosed	114	1.32%	31	2.15%
Self Disclosed	195	2.25%	32	2.73%
Total Convictions	309	3.56%	63	4.88%

CONVICTION TOTALS



VA Board of Nursing

Licensure Discipline Statistics

January 1 - December 31, 2019

License/Certification/Registration	Application Count ¹ :				Issued Count :				Is/ Ap
OCCUPATION	INITIAL / EXAM	ENDORSED	REINSTATED ²	COMBINED	INITIAL / EXAM	ENDORSED	REINSTATED	COMBINED	%
Authorization to Prescribe	1,088		24	1,112	1,032		22	1,054	94.8%
Massage Therapy	533	186	47	766	441	175	36	652	85.1%
Clinical Nurse Spec	25		3	28	19		3	22	78.6%
Nurse Practitioner	1,279	358	37	1,674	1,270	253	35	1,558	93.1%
Practical Nurse	1,409	319	127	1,855	1,182	284	99	1,565	84.4%
Registered Nurse	4,612	3,820	405	8,837	4,106	3,262	371	7,739	87.6%
Medication Aide	1,359	115	38	1,512	836	16	21	873	57.7%
Total	10,305	4,798	681	15,784	8,886	3,990	587	13,463	85.3%
Nurse Aide	4,767	2,550	1530	8,847	4,740	2,006	1,321	8,067	91.2%
Advanced Certified Nurse Aide	115			115			1	1	0.9%
Total	4,882	2,550	1,530	8,962	4,740	2,006	1,322	8,068	90.0%
Grand Total	15,187	7,348	2,211	24,746	13,626	5,996	1,909	21,531	87.0%

¹ : Includes all applications received, but not necessarily completed or withdrawn in CY2019

² : Includes reinstatement after discipline

LNP Autonomous Practice - Approved CY2019	
Autonomous - Adult/Geriatric Acute	57
Autonomous - Adult/Geriatric Primary	76
Autonomous - Family	399
Autonomous - Neonatal	3
Autonomous - Pediatric Acute	4
Autonomous - Pediatric Primary	30
Autonomous - Psychiatric/Mental	72
Autonomous - Women's Health	8
Total	649

25

VA Board of Nursing

Licensure Discipline Statistics

January 1 - December 31, 2019

Cases	Case Counts:		Resolved by:		Due to Convictions:	
	RECEIVED	CLOSED	IFC	FH	PHCO	IFC
OCCUPATION						
Authorization to Prescribe	181	136			3	7
Massage Therapy	71	59				25
Clinical Nurse Spec	1	1				
Nurse Practitioner	249	206			3	8
Practical Nurse	528	417			19	76
Registered Nurse	861	708			39	132
Medication Aide	139	131				33
Nurse Education Program	29	31				
Total	2,059	1,689	394	117	64	281
Nurse Aide	770	635			15%	of closures
Nurse Aide Education Program	3	4				
Total	773	639	115	19		
Grand Total	2,832	2,328	509	136		
	82%	closure rate	28%	of closures		

C6

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
February 12, 2020**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:01 A.M., October 16, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; Chair
Louise Hershkowitz, CRNA, MSHA
Ann Tucker Gleason, PhD
Kenneth Walker, MD
L. Blanton Marchese, Board of Medicine Citizen Member

MEMBERS ABSENT: Karen A. Ransone, MD
Nathaniel Ray Tuck, Jr., DC

ADVISORY COMMITTEE MEMBERS PRESENT: Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
David Alan Ellington, MD
Sarah E. Hobgood, MD
Janet L. Setnor, CRNA

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

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General; Board Counsel
David E. Brown, DO; Department of Health Professions Director
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE: Kathy Martin, Hancock, Daniel & Johnson
Marie Molner, Board of Nursing Staff
Joseph Corley, Board of Nursing Staff

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



Virginia Board of Nursing

Committee of the Joint Boards of Nursing and Medicine – Business Meeting

February 12, 2020

Dr. Harp informed the Committee that Mr. Marchese has been appointed to the Committee of the Joint Boards of Nursing and Medicine for the day.

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum was present.

Ms. Gerardo noted that there is a potential new Advisory Committee Member consideration has been added to Agenda under New Business section.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as presented in the Agenda: New Committee of the Joint Boards Members – Karen A. Ransone, MD and Nathaniel Ray Tuck, Jr., MD.

NCSBN APRN Roundtable Meeting is scheduled for April 7, 2020 in Rosemont, IL – Ms. Douglas will attend as NCSBN Board of Directors for Area III. Ms. Douglas noted that the focus of the meeting will be education preparation of nurse practitioners.

REVIEW OF MINUTES:

The minutes of the October 16, 2019 Business Meeting were reviewed. Ms. Hershkowitz moved to accept the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

No public comments were received.

DIALOGUE WITH
AGENCY DIRECTOR:

Dr. Brown reported the following:

Changes at General Assembly (GA) – longer lines to access buildings due to changes in security in place

Medical Marijuana – the bill is to remove THC cap on oil and to decriminalize possession of marijuana. The bill was not passed and will be presented again in 2021. The Secretary of Health Task Force is to review the use of marijuana and make recommendations.

Healthcare Workforce – appears to be interested in allowing practitioners, such as nurse practitioners, to broaden the categories of clinical procedures they perform.

LEGISLATION/
REGULATIONS:

2020 General Assembly (GA) Report:

Dr. Allison-Bryan reviewed the 2020 GA report handout noting that Crossover was on February 11, 2020 and Bills are now in opposite house. Dr. Allison-Bryan added once the bills are passed then the Boards will have regulatory work to begin.

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
February 12, 2020

Ms. Setnor stated that the CRNAs are happy with the result regarding HB1059, which allows CRNAs to have prescriptive authority. Ms. Setnor added that although this bill was not exactly what CRNA's wanted, it allowed them to continue to do what they do. Ms. Douglas complimented Virginia Association of Nurse Anesthetists (VANA) for working with the Medical Society and the Anesthetists in preparation for the bill.

B1 Regulatory Update:

Dr. Clinger reviewed the chart of regulatory actions as of February 11, 2020 on behalf of Ms. Yeatts noting that the Board of Nursing staff is working on the waiver form for the electronic prescribing.

POLICY FORUM:

Dr. Elizabeth Carter and Dr. Yetty Shobo presented on the Board of Nursing survey reports. Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC), who administer the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent.

Dr. Shobo provided a summary 2019 reports which will be posted on the DHP website upon approval:

- ❖ Virginia's Licensed Nurse Practitioner Workforce: 2019
- ❖ Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Dr. Ellington asked what is the outcome of these reports. Ms. Douglas said the educators and employers use them for planning purpose.

NEW BUSINESS:

Appointment of Joint Boards Advisory Committee Member, Kathleen J. Bailey, RN, CNM, MA, MS:

Ms. Gerardo stated that Ms. Bailey's CV is presented for the Committee consideration and action for the nurse midwife position on the Advisory Committee to replace Ms. Dotson.

Ms. Douglas noted that the recommendation for Kathleen Bailey was from Katie Page, CNM, FACNM, President of Virginia Affiliate of the ACNM. Ms. Douglas thanked Ms. Dotson for her service on the Advisory Committee.

Dr. Walker moved to accept the appointment of Ms. Bailey for the nurse midwife position on the Advisory Committee. The motion was seconded and passed.

Board of Nursing Executive Director Report:

- **Paperless Licensing** – the Board has implemented paperless licensing beginning with massage therapy, practical nurse and nurse practitioner licenses will be the next groups to be

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
February 12, 2020

implemented. Licensees will no longer receive hard copy paper licenses after renewal. License Lookup will be primary source of verification. All Boards at DHP have started this process incrementally which will decrease costs administrative burden and reduce the risk for fraud.

Dr. Brown left the meeting at 10:45 A.M.

- **Electronic Prescribing Notification** – Dr. Clinger reviewed under Legislation/Regulations.
- **Prescriptive Authority Licensure Regulatory Change Process** – Ms. Douglas said that Regulations for Elimination of Separate License for Prescriptive Authority (PA) will be effective on March 4, 2020. Nurse Practitioners (NPs), who currently have the PA, will receive the new NP licenses with the PA designation. Those, who do not have the PA, can apply with the \$35 fee. New applicants will have one application incorporating both eligibility criteria. Communication has been sent to practitioners already. Ms. Douglas added that this will reduce fees and the administrative burden for licensees. Ms. Douglas added that separate communication will be sent to CRNAs following General Assembly action.
- **NCSBN Board Directors February 10-11, 2020 meeting** – Ms. Douglas said the proposed revisions draft language of the APRN Compact was discussed and will be presented at the NCSBN Midyear Meeting in March 2020.

HB793 – Workforce Data Collection Planning Discussion:

Ms. Douglas said that HB793 requires DHP to submit a report to the General Assembly on the process by which nurse practitioners with autonomous practice licenses may be included in the online Practitioner Profile maintained by DHP by November 1, 2020.

Ms. Douglas added that among other things, the enactment clause of HB793 also requires the Boards of Medicine and Nursing to report the number of NPs who have autonomous practice licenses accompanied by the geographic and specialty areas in which these NPs are practicing to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

Ms. Douglas noted that the Committee of the Joint Boards will review the work plan at its April 15, 2020 meeting.

Autonomous Practice Update:

Ms. Willinger reported that as of yesterday, the Board received 744

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
February 12, 2020

applications and 704 licenses were issued.

Ms. Willinger noted that there have been no application denials to date. Ms. Douglas stated that a denial is considered by the Committee of the Joint Boards. Ms. Douglas introduced Joseph Corley as Board Staff who processes Autonomous Practice applications.

Ms. Douglas added that the majority of the categories are of NP's with the autonomous designate family and psychiatric NP's.

**C1 – Consider Revision of the Guidance Document (GD) 90-11:
Continuing Competency Violations for Nurse Practitioners:**

Ms. Douglas stated the proposed revision of the GD 90-11 is presented for the Committee consideration.

Dr. Ellington suggested adding “*Licensure Renewal Requirements*” after the “*Continued Competency*” in the title.

Mr. Marchese moved to adopt the revised GD 90-11 as presented with additional amendment. The motion was seconded and carried unanimously.

C2 2020 Meeting Dates:

Ms. Gerardo stated that this is provided for information only.

RECESS:

The Committee recessed at 10:44 A.M.

The Member of the Advisory Committee, Dr. Gleason, and Dr. Allison-Bryan left the meeting at 10:44 A.M.

RECONVENTION:

The Committee reconvened at 10:57 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

David Valentine Strider, Jr., LNP	0024-090402
Prescriptive Authority	0017-001538

Mr. Strider provided written response.

CLOSED MEETING:

Ms. Hershkowitz 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 10:57 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Willinger, Ms. Vu and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
February 12, 2020

will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:16 A.M.

Ms. Hershkowitz 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. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand David Valentine Strider, Jr. and to suspend his prescriptive authority in the Commonwealth of Virginia for a period of one year from the date of entry of the Order. The motion was seconded and carried unanimously.

ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 11:17 A.M.

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

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
SPECIAL CONFERENCE COMMITTEE MINUTES
February 12, 2020

TIME AND PLACE: The meeting of the Special Conference Committee of the Joint Boards of Nursing and Medicine was convened at 11:36 A.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC, Chairperson
Louise Hershkowitz, CRNA, MSHA
Kenneth Walker, MD

STAFF PRESENT: Jay Douglas, RN, MSM, CSAC, FRE, Executive Director, Board of Nursing
Terri Clinger, DNP, RN, CPNP-PC, Deputy Executive Director for Advance Practice
Stephanie Willinger, Deputy Executive Director for Licensing
David Kazzie, Adjudication Specialist, Administrative Proceedings Division

CONFERENCES SCHEDULED: **Rachel Marie Brown Barish, LNP Applicant for Autonomous Practice**

Ms. Barish appeared.

CLOSED MEETING: Ms. Hershkowitz 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 11:48 A.M. for the purpose of deliberation to reach a decision in the matter of Ms. Barish. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Clinger, Ms. Willinger 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 12:13 P.M.

Ms. Hershkowitz 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: Ms. Hershkowitz moved to approve the application of Rachel Marie Brown Barish for authorization to practice as an autonomous nurse practitioner in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Virginia Board of Nursing
The Committee of the Joint Boards of
Nursing and Medicine - Informal Conference
February 12, 2020

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. Barish, unless a written request to the Board for a formal hearing on the allegations made against her is received from Ms. Barish within such time. If service of the order is made by mail, three 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 12:14 P.M.

Terri Clinger, DNP, RN, CPNP-PC
Deputy Executive Director for Advance Practice



DRAFT

9960 Mayland Dr, Henrico, VA 23233

CF

In Attendance

Shella E. Battle, MHS, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Steve Karras, DVM, Board of Veterinary Medicine
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent

Sahil Chaudhary, Citizen Member
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member

DHP Staff

Barbara Allison-Bryan, MD, Deputy Director DHP
David Brown, DC, Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Jaime Hoyle, JD, Executive Director Boards of Counseling, Psychology and Social Work
Laura Jackson, MSHSA, Operations Manager BHP
Charis Mitchell, Assistant Attorney General
Rajana Silva, MBA, Research Analyst BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Corle E. Tillman-Wolf, JD, Executive Director Boards of Funeral Directors and Embalmers, Long-Term Care Administrators and Physical Therapy
Elaine Yeatts, Senior Policy Analyst DHP

Speakers

No speakers signed-in

Observers

Rebekah Allen, VDH

Emergency Egress

Dr. Carter

Call to Order	<p>Dr. Stewart, Board Vice Chair, filled-in for Dr. Jones, Jr. who was delayed by traffic.</p> <p>Time: 10:04 a.m.</p> <p>Quorum: Established</p>
Public Comment	No public comment was provided.
Board Member Introduction	With two newly appointed board members, Dr. Stewart asked each board member to introduce themselves.
Approval of Minutes	Dr. Stewart
Motion	<p>A clarification was made by Ms. Hershkowitz to the Board of Nursing report that a second additional license for NP prescriptive authority has been eliminated. With this change, a motion to accept the edited meeting minutes from the December 2, 2019 Full Board meeting was made and properly seconded. All members were in favor, none opposed.</p>
Director's Report	Dr. Brown shared that this years General Assembly has been exceedingly busy, with a lot of interest in health care. He provided an overview of CBD oils, hemp and medical marijuana, who is permitted to prescribe and the progress being made by the Board of Pharmacy in licensing dispensaries.
Legislative and Regulatory Report	Ms. Yeatts stated that there are 65 actions, in different stages, that relate to DHP. She reviewed the bills associated with DHP and provided additional information for specific professions. The Art Therapy study was approved requiring licensure for art therapists, placing this new profession under the Board of Counseling; and the Music Therapy study was also approved requiring licensure of music therapists, placing this new profession under the Board of Social Work. The Board of Health Professions has been tasked with studying Diagnostic Medical Sonography and Naturopathic Doctors. Board staff will be assisting as needed with the SJ 49 study request into the Need for additional micro-level, mezzo-level, and macro-level social workers and increased compensation.
Board Chair Report	Dr. Jones, Jr. introduced newly appointed Board of Health Professions board members Sheila Battle, Citizen Member and Steve Karras with the Board of Veterinary Medicine.
Executive Director's Report	<p>Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance. The Board's mission statement needs to be revised and board members were tasked with providing input on changes for the May 27, 2020 meeting. The 2020 Board work plan was also reviewed.</p> <p>Dr. O'Connor will be providing detailed information to the Director's Office regarding a study on Certified Anesthesiology Assistants. The last study on this profession was completed in October 2017 with the Board's unanimous conclusion that the criteria for regulation by Virginia had not been met.</p>

Executive Director's Report- Continued	Extending the current one year term to a two year term for the positions of Board Chair and Vice Chair was discussed. It was determined that the Board would follow a similar structure to that of the Board of Nursing which has three seats: President, First Vice President and Second Vice President. The matter will need to be addressed following Guidance Document amendment procedures.
Healthcare Workforce Data Center	Dr. Carter and Dr. Shobo provided an update on the Center's workforce reports and data requests.
Lunch	11:49 a.m.
Individual Board Reports	<p>Board of Counseling - Dr. Doyle (Attachment 1)</p> <p>Board of Pharmacy - Mr. Logan stated that the board voted unanimously to adopt the Regulation Committee's recommendation to send a recommendation to the Health Commissioner that he also consider taking a more Immediate action to prohibit CBD or THC-A formulations Intended to be vaped or Inhaled from containing Vitamin E acetate. Mr. Logan also discussed Immunization administration recordkeeping to be used by hospital pharmacists.</p> <p>Board of Funeral Directors & Embalmers - Mr. Jones (Attachment 2)</p> <p>Board of Long-Term Care Administrators - Mr. Kendall (Attachment 3)</p> <p>Board of Social Work - Mr. Salay (Attachment 4)</p> <p>Board of Dentistry - Dr. Watkins (Attachment 5)</p> <p>Board of Psychology - Dr. Stewart (Attachment 6)</p> <p>Board of Physical Therapy - Dr. Jones, Jr. (Attachment 7)</p> <p>Board of Optometry- Dr. Clayton-Jeter (Attachment 8)</p> <p>Board of Veterinary Medicine - Dr. Karras (Attachment 9)</p> <p>Board of Audiology & Speech-Language Pathology - Dr. King (Attachment 10)</p> <p>Board of Medicine - Dr. O'Connor stated that the board met last week and at that meeting it was determined that an ad-hoc committee would be formed to discuss stem-cells. FSMBs 2020 meeting will be held in San Diego and five (5) Board of Medicine members will be attending. Half of the current board member terms will be expiring June 30, 2030.</p> <p>Board of Nursing - Ms. Hershkowitz (Attachment 11)</p>

New Business There was discussion on the steps being taken by the Commonwealth in regards to the coronavirus. Dr. Allison-Bryan advised that she would be sharing a letter that she received from the Virginia Department of Health on this subject matter.

Next Full Board Meeting Dr. Jones, Jr. advised the Board that the next meeting is scheduled for May 27, 2020 at 10:00 a.m.

Adjourned 1:12 p.m.

Chair Signature Allen Jones, Jr., DPT, PT

Board Executive Director Signature Elizabeth A. Carter, PhD

Virginia Board of Nursing
Executive Director Report
March 17, 2020

Meetings/Speaking Engagements

- Jay P. Douglas, Executive Director, attended the NCSBN Board of Directors meeting on February 10-11, 2020. Focus of the meeting included:
 - **Environmental Scan** – regulatory reform initiatives and APRN full practice authority are the two predominant issues mentioned as legislative bodies have reconvened in many jurisdictions.
 - **Report on the Nurse Licensure Compact (NLC)** – there are now 32 states that have implemented the compact; two states are awaiting implementation; and at least eight additional jurisdictions are with pending legislation this year.
 - **APRN Compact** – the proposed revisions draft language was discussed and will be presented at the NCSBN Midyear Meeting in March 2020.
 - **Next Generation NCLEX (NGN)** – Phil Dickinson, COO, provided an update noting progress is going extremely well and it is expected a launch of NGN in Spring 2023
- Robin L. Hills, Deputy Executive Director for Education, attended the Collaboration Summit of the Virginia Association of Colleges of Nursing (VACN), the Virginia Organization of Nurse Executives and Leaders (VONEL), and the Virginia Nurses Association (VNA) on February 11, 2020. Reports from the following work groups were provided followed by the development of goals, strategies, and metrics by each work group:
 - Community & Psych Mental Health Needs and Roles
 - Standardized Competencies from Academe to Practice
 - Infrastructure Design and Implementation
 - VNA Nurse Staffing and Workforce
- On February 12, 2020, Jacquelyn Wilmoth, Board of Nursing Education Program Manager, hosted an Orientation to establish a Nursing Education Program, there were five in attendance; additionally the Board of Nursing hosted a Review of Education Regulations and site visit prep program, there were nine in attendance.
- Jay P. Douglas, Board of Nursing Executive Director, attended the Nurse Licensure Compact (NLC) Commission meeting on March 2, 2020 in Boston, MA. The topics discussed were plans for additional rule making, self-audit compliance tool, MS licensure issues and committee reports. All Commissioners participated in a four-hour governance-training workshop.
- Jay P. Douglas, Board of Nursing Executive Director, and Jennifer Phelps, Board of Nursing President, attended the NCSBN Executive Officer and President Leadership Forum on March 3, 2020 in Boston, MA. The topics discussed were nursing regulation and scope of practice issues. Ms. Douglas presented information regarding Sanction Reference Point Program.

- Jay P. Douglas, Board of Nursing Executive Director, Jennifer Phelps, Board of Nursing President, Yvette Dorsey, Board of Nursing Member, Charlette Ridout, Board of Nursing Deputy Executive Director, and Claire Morris, Board of Nursing Discipline Case Manager, attended the NCSBN Midyear meeting on March 4-5, 2020 in Boston, MA. The topics discussed were Risk-based Approaches and Alternative to Discipline Guidelines.
- On March 5, 2020, Robin Hills, Board of Nursing Deputy Executive Director for Education, and Terri Clinger, Board of Nursing Deputy Executive Director for Advance Practice, presented on “The State of APRNs” at the Virginia Council of Nurse Practitioners Annual Conference in Norfolk. The presentation was well received.
- Jay P. Douglas, Board of Nursing Executive Director, participated in the Virginia Healthcare Workforce Advisory Council meeting via telephone conference call on March 9, 2020. Topics of discussion were Future Workforce Trends - Physicians, Virginia Health Professional Training Trends, and Future Workforce Trends – RN and Nurse Practitioners.
- Jay P. Douglas, Board of Nursing Executive Director, participated in an internal DHP meeting with Dr. Brown and Boards who regulate prescribers on March 9, 2020. A process and a form are being developed to approve and track these requests for a one time electronic prescribing waiver.

Letter from the President



POST-BOARD MEETING UPDATE

Feb. 12, 2020

Dear Colleagues,

I hope this letter finds you well and that you are having a great start to 2020. As always, I would like to provide an update on our most recent NCSBN Board of Directors (BOD) meeting.

The BOD met on Feb. 10–11 and began with an informal environmental scan of our respective states. No new topics were mentioned, but regulatory reform initiatives and APRN full practice authority are the two predominant issues mentioned as legislative bodies have reconvened in many jurisdictions. We received the Government Affairs update from our Washington, D.C. office. Elliott Vice and staff continue to build collaborative relationships on the Hill, which is very beneficial to NCSBN.

Interest for the Nurse Licensure Compact (NLC) continues to be strong throughout the country. We now have 32 states that have implemented the compact and two states awaiting implementation. We know of at least eight additional jurisdictions with pending legislation this year.

The BOD reviewed the financial statements for the first quarter of fiscal year 2020. We continue to be in a strong financial position, which enables NCSBN to continue to fund our many valuable programs and services for members. We approved a grant request from the New Jersey Board of Nursing for implementation of the NLC.

We also reviewed the strategic outcomes report and heard about the most recent NCSBN research on recidivism of nurses with criminal convictions. You will hear more about this at the Midyear Meeting. Speaking of the Midyear Meeting, I am both pleased and excited about the agenda NCSBN staff have prepared. The BOD approved the final agenda and will be actively soliciting feedback from our members about matters coming to the Delegate Assembly in August.

We will have presentations from the Model Act and Rules Committee (with recommendations) and will revisit proposed revisions to the APRN Compact Draft language. Following the presentations, you will have opportunity to comment in the general session and also in the Area Meetings. The BOD sincerely wants to hear from you, the membership, about these issues prior to our final preparation for Delegate Assembly.

Phil Dickison, COO, provided an update on Next Generation NCLEX® (NGN). Progress is going extremely well and we can expect a launch of NGN in Spring 2023 –very exciting news!

I look forward to seeing you at the Midyear Meeting in Boston. If you have any questions or concerns, please feel free to reach out to me. I value your input.

All my Best,
Julia George, MSN, RN, FRE
President
919.782.3211 ext. 250
Julie@ncbn.com



EA

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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Virginia Board of Nursing
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4569
Executive Director

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MEMORANDUM

To: Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Nursing Education Program Manager

Date: February 5, 2020

Subject: NCLEX pass rates

2019: One year of NCLEX first time test taker pass rates below 80%

Practical Nursing Programs:

Program Name	Program code	NCLEX Pass rate
High School or Technical Center		
Loudon County	US28104600	70% (7/10)
Private/Proprietary Program		
Standard College	US28108100	78.77 (141/179)
Chester Career College	US28103000	75% (15/20)
Fortis Richmond	US28202700	66.67 (6/9)
Riverside College	US28108300	72.73 (24/33)
Community College		
Dabney S Lancaster CC	US28107600	78.95 (15/19)
Patrick Henry CC	US28200000	71.43 (15/21)
Southwest Virginia CC	US28103100	72.73 (8/11)
Closed Programs		
Centura College-Norfolk Closed 07-31-2019	US28103800	57.14% (4/7)
Healing Hands	US28110400	62.5% (5/8)

Closed January 31, 2019		
National School of Nursing and Allied Health	US28206500	12.2% (5/41)
Closed June 30, 2013		
Northern Virginia Community College – PNP – Voluntary Closure May 2017	US28103900	0% (0/1)
Star College	US28205500	0% (0/3)
Approval Withdrawn – September 2015		
Washington County	US28100600	63.64 (7/11)
Voluntary Closure July 2019		

Registered Nursing Programs:

Program Name	Program Code	NCLEX Pass rate
Associate Degree		
Private/Proprietary Program		
Bryant & Stratton College – VA Beach	US28409700	68.2% (15/22)
ECPI Richmond	US28401500	66.13 (41/62)
ECPI Roanoke	US28409300	58.97 (23/39)
ECPI VA Beach	US28400600	74.68 (115/154)
Community College		
Patrick Henry CC	US28406900	71.11 (32/45)
J. Sargeant Reynolds CC (LPN-RN)—no longer enrolling students	US28401100	75% (3/4)
Baccalaureate		
Stratford University-Woodbrige	US28502000	78.05 (32/41)
Closed Programs		
Global Health	US28102900	73.9 (17/23)
Closed December 31, 2018		

Letters have been sent to the program directors requesting the submission of a plan of correction as required in 18VAC90-27-210(B).

Nursing Programs with two years of NCLEX first time test taker pass rates below 80% (2018 and 2019)

Practical Nursing Programs:

Program Name	Program Code	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019
High School or Technical Center			
Petersburg Public Schools	US28109400	75% (3/4)	50% (3/6)

Pursuant to 18 VAC 90-27-210(B), Petersburg Public Schools PN Program will be:

1. Placed on conditional approval with terms and conditions;
2. Requested to submit an updated NCLEX plan of correction;
3. Scheduled for an NCLEX Focused Site Visit to include required documents; and
4. Required to submit the fees for the site visit.

Nursing Programs with **three or more years of NCLEX** first time test taker pass rates below 80% (2017, 2018 and 2019)

Registered Nursing Programs

Program Name (Board Orders)	Program Code	NCLEX Pass Rate 2017	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019
Fortis College - Richmond	US28408900	50% (1/2)	68.42% (13/19)	72.22% (13/18)

NCLEX-PN Pass Rates for 2015-2019		
Year	Virginia	National
2019	84.28%	85.63%
2018	84.15%	85.93%
2017	80.50%	83.84%
2016	78.76%	83.73%
2015	79.25%	81.89%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass Rates for 2015-2019 (All Types of RN Programs Combined)		
Year	Virginia	National
2019	89.47%	83.51%
2018	91.37%	88.30%
2017	89.16%	87.11%
2016	86.87%	84.57%
2015	87%	84.53%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass rates for 2015-2019 (by program type)										
Year	Diploma		National	Associates		National	Bachelors		National	
2019	N/A		N/A	Tested 2358	Passed 2031	85.17%	Tested 2295	Passed 2132	92.22%	
2018	N/A		N/A	86.13%		85.14%	92.9%		91.58%	
				Tested 2130	Passed 1911		Tested 2065	Passed 1923		
				89.72%			93.12%			
2017	Tested 21	Passed 18	90.23%	Tested 1818	Passed 1575	84.24%	Tested 2055	Passed 1879	90.04%	
	85.71%			86.6%			91.4			
	Tested 51	Passed 45		85.39%	Tested 1864		Passed 1592	81.66%		Tested 1963
88.24%		85.41%			88.23%					
2015	Tested 76	Passed 72	85.77%		Tested 2011	Passed 1708	82%		Tested 1884	Passed 1675
	94.74%			84.49%		88.9%				
	292	276		2013	1794	1573		1435		
	94.5%			89.12%		91.23%				
*Source: NCSBN NCLEX Year End Report										



E2

COMMONWEALTH of VIRGINIA

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Executive Director

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MEMORANDUM

To: Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Nursing Education Program Manager

Date: February 5, 2020

Subject: 2019 Closed Nursing Programs

Registered Nursing Programs	
Stratford University-Newport News	Voluntary Closure May 2019
Jefferson College of Health Sciences-Traditional BSN	Closed July 2019; merged with Radford University
Jefferson College of Health Sciences-Accelerated BSN	Closed July 2019; merged with Radford University

Practical Nursing Programs	
Washington County School of Practical Nursing	Voluntary Closure June 2019



E3

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MEMORANDUM

To: Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Nursing Education Program Manager

Date: February 22, 2019

Subject: Applications to Establish a Nursing Program

The following currently have active applications to establish programs in Virginia:

Practice Nursing Program:

1. Salvation Academy, practical nursing program, Alexandria
2. American National University, practice nursing program, Salem,

Registered Nursing Program:

1. Stratford University, baccalaureate degree, Virginia Beach
2. Regent University, baccalaureate degree; received verbal notice that they will be withdrawing the application
3. American National University, associate degree, Salem
4. ECPI, baccalaureate degree, Norfolk



E4

COMMONWEALTH of VIRGINIA

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MEMORANDUM

To: Board of Nursing

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

Date: March 3, 2020

Subject: 2020 Education IFC Assignments

Education IFC	Chair	2 nd Seat	Possible Alternate(s)
Tues., May 12, 2020	Cynthia Swineford	Felisa Smith	James Hermansen-Parker Mark Monson
Wed., July 8, 2020	Ethlyn McQueen-Gibson	James Hermansen-Parker	Felisa Smith
Wed., Sept. 2, 2020	Ethlyn McQueen-Gibson	James Hermansen-Parker	Mark Monson
Wed., Nov. 4, 2020	Cynthia Swineford	Yvette Dorsey	James Hermansen-Parker Mark Monson

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of March 4, 2020**

F1

[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] NOIRA - At Secretary's Office for 90 days
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Registration of clinical nurse specialists</u> [Action 5306] Proposed - Register Date: 1/20/20 Commend period ends: 3/20/20
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Handling fee for returned checks</u> [Action 5385] Fast-Track - Register Date: 12/23/19 Effective: 2/6/20
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Name tag requirement for foreign graduates</u> [Action 5479] Fast-Track - DPB Review in progress [Stage 8891]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<u>Implementing Result of Periodic Review</u> [Action 5157] Proposed - At Secretary's Office for 19 days
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<u>Use of simulation</u> [Action 5402] NOIRA - Register Date: 2/3/20 Comment period ends: 3/4/20
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Unprofessional conduct/conversion therapy</u> [Action 5441] NOIRA - At Secretary's Office for 78 days
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Handling fee</u> [Action 5414] Fast-Track - Register Date: 1/20/20 Effective: 3/5/20
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Autonomous practice</u> [Action 5132] Final - At DPB [Stage 8907]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Waiver for electronic prescribing</u> [Action 5413] Emergency/NOIRA - Register Date: 1/6/20 Comment on NOIRA ended: 2/5/20 Board to adopt proposed regulation
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Elimination of separate license for prescriptive authority</u> [Action 4958] Final - Register Date: 2/3/20 Effective: 3/4/20

F2

Agenda Item: Regulatory Action –Proposed rules for use of Simulation in Nursing Education

Included in your package:

- Copy of NOIRA announcement on Townhall
- Copy of draft regulations posted with the NOIRA
- No comments posted as of 3/2/20

Board Action:

Motion to adopt amendments by a fast-track action.

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VIRGINIA
 REGULATORY TOWN HALL

Agency

Department of Health Professions

Board

Board of Nursing

Chapter

Regulations Governing Nursing Education Programs [18 VAC 90 - 27]

Action: Use of simulation
**Notice of Intended Regulatory Action
 (NOIRA)**

Action 5402 / Stage 8783

[Edit Stage](#) [Withdraw Stage](#) [Go to RIS Project](#)
Documents

Preliminary Draft Text	10/21/2019 8:43 am	Sync Text with RIS
Agency Background Document	10/9/2019 (modified 10/15/2019)	Upload / Replace
Governor's Review Memo	1/7/2020	
Registrar Transmittal	1/7/2020	

Status

Public Hearing	Will be held at the proposed stage
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
DPB Review	Submitted on 10/9/2019 Policy Analyst: Jerry Gentile Review Completed: 10/22/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 12/28/2019
Governor's Review	Review Completed: 1/7/2020 Result: Approved
Virginia Registrar	Submitted on 1/7/2020 The Virginia Register of Regulations Publication Date: 2/3/2020 Volume: 36 Issue: 12
Comment Period	In Progress! Ends 3/4/2020 Currently 0 comments

Contact Information

Name / Title:	Jay P. Douglas, R.N. / Executive Director
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	9960 Mayland Drive Suite 300 Richmond, VA 23233
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This person is the primary contact for this board.

This stage was created by Elaine J. Yeatts on 10/09/2019

12

[go back](#) | [open in word](#)**Project 5531 - NOIRA****BOARD OF NURSING****Use of simulation****Part I****General Provisions****18VAC90-27-10. Definitions.**

In addition to words and terms defined in § 54.1-3000 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

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

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Conditional approval" means a time-limited status that results when an approved nursing education program has failed to maintain requirements as set forth in this chapter.

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

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

"Direct client care" means nursing care provided to patients/clients in a clinical setting supervised by qualified faculty or a designated preceptor.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

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

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

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

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized

by the Virginia Department of Education or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting, providing clinical supervision.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated by the controlling authority to administer the nursing education program.

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

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

"SCHEV" means the State Council of Higher Education for Virginia.

"Simulation" means an evidence-based teaching methodology utilizing an activity in which students are immersed into a realistic clinical environment or situation and in which students are required to learn and use critical thinking and decision-making skills.

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

18VAC90-27-60. Faculty.**A. Qualifications for all faculty.**

1. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.
2. Every member of a nursing faculty supervising the clinical practice of students, including simulation in lieu of direct client care, shall meet the licensure requirements of the jurisdiction in which that practice occurs. ~~Faculty~~ and shall provide evidence of education or experience in the specialty area in which they supervise student clinical experience for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided. Faculty members who supervise clinical practice by simulation shall also demonstrate simulation knowledge and skills in that methodology and shall engage in ongoing professional development in the use of simulation.
3. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects, and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review.
4. For baccalaureate degree and prelicensure graduate degree programs:
 - a. The program director shall hold a doctoral degree with a graduate degree in nursing.
 - b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.

5. For associate degree and diploma programs:

- a. The program director shall hold a graduate degree with a major in nursing.
- b. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.
- c. All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing.

6. For practical nursing programs:

- a. The program director shall hold a baccalaureate degree with a major in nursing.
- b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

B. Number of faculty.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care.
2. When students are giving direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students.
3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students.

C. Functions. The principal functions of the faculty shall be to:

1. Develop, implement, and evaluate the philosophy and objectives of the nursing education program;
2. Design, implement, teach, evaluate, and revise the curriculum. Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course;
3. Develop and evaluate student admission, progression, retention, and graduation policies within the framework of the controlling institution;

4. Participate in academic advisement and counseling of students in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g);
5. Provide opportunities for and evidence of student and graduate evaluation of curriculum and teaching and program effectiveness; and
6. Document actions taken in faculty and committee meetings using a systematic plan of evaluation for total program review.

18VAC90-27-100. Curriculum for direct client care.

A. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90 B 1.

B. Licensed practical nurses transitioning into prelicensure registered nursing programs may be awarded no more than 150 clinical hours of the 400 clinical hours received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical experience across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing.

C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board.

D. Simulation for direct client clinical hours.

1. No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).

2. No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, simulation shall not be used for more than 50% of the total clinical hours in different clinical specialties and population groups across the life span.
3. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.
4. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60. Faculty with education and expertise in simulation and in the applicable subject area must be present during the simulation experience.
5. Documentation of the following shall be available for all simulated experiences:
 - a. Course description and objectives;
 - b. Type of simulation and location of simulated experience;
 - c. Number of simulated hours;
 - d. Faculty qualifications; and
 - e. Methods of pre-briefing and debriefing;
 - f. Evaluation of simulated experience; and
 - g. Method to communicate student performance to clinical faculty.

Agenda Item: Adoption of Proposed Regulation for Waiver of Electronic Prescribing – Nurse Practitioners

Included in agenda package:

Copy of Legislation passed in 2019

Copy of Emergency/NOIRA on Townhall

Amendments to 18VAC90-40, Regulations Governing Prescriptive Authority for Nurse Practitioners

Staff note:

Proposed amendments are identical to the emergency regulations that became effective on 12/23/19. There were no comments on the Notice of Intended Regulatory Action to replace emergency regulations.

The Board of Medicine adopted proposed regulations on February 20, 2020.

Board action:

Motion to adopt the proposed regulations for nurse practitioners that replace emergency regulations for a temporary waiver for e-prescribing of opioids

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 664

An Act to amend and reenact §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia, relating to electronic transmission of certain prescriptions; exceptions.

[H 2559]

Approved March 21, 2019

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions.

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an ~~opiate~~ *opioid* shall be issued as an electronic prescription.

C. *The requirements of subsection B shall not apply if:*

1. *The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient's agent;*

2. *The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;*

3. *The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;*

4. *The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;*

5. *The prescription is issued by a licensed veterinarian for the treatment of an animal;*

6. *The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;*

7. *The prescription is for an opioid under a research protocol;*

8. *The prescription is issued in accordance with an executive order of the Governor of a declared emergency;*

9. *The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or*

10. *The prescriber has been issued a waiver pursuant to subsection D.*

D. *The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, 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.*

§ 54.1-3410. When pharmacist may sell and dispense drugs.

A. A pharmacist, acting in good faith, may sell and dispense drugs and devices to any person pursuant to a prescription of a prescriber as follows:

1. A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription that is properly executed, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed;

2. In emergency situations, Schedule II drugs may be dispensed pursuant to an oral prescription in accordance with the Board's regulations;

3. Whenever a pharmacist dispenses any drug listed within Schedule II on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing the prescription serial number or name of the drug; the date of initial filling; his name and address, or the name and address of the pharmacy; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a chart order; and such directions as may be stated on the prescription.

B. A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription as follows:

1. If the prescription is written, it shall be properly executed, dated and signed by the person prescribing on the day when issued and bear the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. If the prescription is oral, the prescriber shall furnish the pharmacist with the same information as is required by law in the case of a written prescription for drugs and devices, except for the signature of the prescriber.

A pharmacist who dispenses a Schedule III through VI drug or device shall label the drug or device as required in subdivision A 3 of this section.

C. A drug controlled by Schedule VI may be refilled without authorization from the prescriber if, after reasonable effort has been made to contact him, the pharmacist ascertains that he is not available and the patient's health would be in imminent danger without the benefits of the drug. The refill shall be made in compliance with the provisions of § 54.1-3411.

If the written or oral prescription is for a Schedule VI drug or device and does not contain the address or registry number of the prescriber, or the address of the patient, the pharmacist need not reduce such information to writing if such information is readily retrievable within the pharmacy.

D. Pursuant to authorization of the prescriber, an agent of the prescriber on his behalf may orally transmit a prescription for a drug classified in Schedules III through VI if, in such cases, the written record of the prescription required by this subsection specifies the full name of the agent of the prescriber transmitting the prescription.

E. (Effective July 1, 2020) ~~No pharmacist shall dispense a controlled substance that contains an opiate unless the prescription for such controlled substance is issued as an electronic prescription. A dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is not required to verify that one of the exceptions set forth in § 54.1-3408.02 applies and may dispense such controlled substance pursuant to such prescription and applicable law.~~

2. That the Board of Medicine, the Board of Nursing, the Board of Dentistry, and the Board of Optometry shall promulgate regulations to implement the provisions of this act regarding prescriber waivers to be effective within 280 days of its enactment.

3. That the Secretary of Health and Human Resources shall convene a work group of interested stakeholders, including the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Dental Association, the Virginia Association of Health Plans, and the Virginia Pharmacists Association, to evaluate the implementation of the electronic prescription requirement for controlled substances and shall 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. The work group's report shall identify the successes and challenges of implementing the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid.

Virginia.gov Agencies | Governor

Agency **Department of Health Professions**Board **Board of Nursing**Chapter **Regulations for Prescriptive Authority for Nurse Practitioners [18 VAC 90 - 40]****Action:** Waiver for electronic prescribing**Emergency/NOIRA Stage**

Action 5413 / Stage 8798

[Edit Stage](#)
[Go to RIS Project](#)
[Request Emergency Extension](#)
Documents

Emergency Text	1/3/2020 8:23 am	Sync Text with RIS
Agency Background Document	10/23/2019 (modified 10/30/2019)	Upload / Replace
Attorney General Certification	11/13/2019	
Governor's Review Memo	12/23/2019	
Registrar Transmittal	12/23/2019	

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 <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 10/23/2019 Review Completed: 11/13/2019 Result: Certified
DPB Review	Submitted on 11/13/2019 Policy Analyst: Jeannine Rose Review Completed: 11/26/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 12/23/2019
Governor's Review	Review Completed: 12/23/2019 Result: Approved
Virginia Registrar	Submitted on 12/23/2019 The Virginia Register of Regulations Publication Date: 1/6/2020 Volume: 36 Issue: 10
Comment Period	Ended 2/5/2020 0 comments
Effective Date	12/23/2019

Expiration Date	6/22/2021
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This stage was created by Elaine J. Yeatts on 10/23/2019

14

Virginia.gov Agencies | Governor

**Emergency Text**[highlight](#)**Action:** Waiver for electronic prescribing**Stage:** Emergency/NOIRA

1/3/20 8:23 AM [latest] ▼

18VAC90-40-122

18VAC90-40-122. Waiver for electronic prescribing.

A. Beginning July 1, 2020, a prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia.

B. Upon written request, the boards may grant a one-time waiver of the requirement of subsection A of this section, 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.

**Report of the 2020 General Assembly
Board of Nursing**

HB 42 Prenatal and postnatal depression, etc.; importance of screening patients.

Chief patron: Samirah

Summary as passed House:

Health care providers; screening of patients for prenatal and postpartum depression; training. Directs the Board of Medicine to annually issue a communication to every practitioner licensed by the Board who provides primary, maternity, obstetrical, or gynecological health care services reiterating the standard of care pertaining to prenatal or postnatal depression or other depression and encouraging practitioners to screen every patient who is pregnant or who has been pregnant within the previous five years for prenatal or postnatal depression or other depression, as clinically appropriate. The bill requires the Board to include in such communication information about the factors that may increase susceptibility of certain patients to prenatal or postnatal depression or other depression, including racial and economic disparities, and to encourage providers to remain cognizant of the increased risk of depression for such patients.

HB 299 Fluoride varnish; possession and administration by medical assistants, etc.

Chief patron: Sickles

Summary as passed House:

Medical assistants; administration of fluoride varnish. Allows an authorized agent of a doctor of medicine, osteopathic medicine, or dentistry to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as passed House:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant. This bill is identical to SB 544.

HB 386 Conversion therapy; prohibited by certain health care providers.

Chief patron: Hope

Summary as passed House:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy with a person under 18 years of age, referring a person under 18 years of age for conversion therapy, or extending health benefits coverage for conversion therapy with a person under 18 years of age.

HB 517 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.

Chief patron: Bulova

Summary as passed House:

Collaborative practice agreements; nurse practitioners; physician assistants. Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. As introduced, this bill is a recommendation of the Joint Commission on Healthcare. This bill is identical to SB 565.

HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Information.

Chief patron: Hurst

Summary as introduced:

Prescription Monitoring Program; information disclosed to the Emergency Department Information Exchange; redisclosure. Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Information Exchange and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Information Exchange to a prescriber in an electronic report generated by the Emergency Department Information Exchange so long as the electronic report complies with relevant federal law and regulations governing privacy of health information.

HB 808 Survivors of sexual assault.; every hospital to provide treatment or transfer services.

Chief patron: Delaney

Summary as passed House:

Services for survivors of sexual assault. Requires every hospital in the Commonwealth to provide treatment or transfer services, as defined in the bill, to survivors of sexual assault pursuant to a plan approved by the Department of Health; establishes specific requirements for providers of services to pediatric survivors of sexual assault; requires the Criminal Injuries Compensation Fund to pay the costs of services provided to survivors of sexual assault; establishes the Task Force on Services for Survivors of Sexual Assault to facilitate the development of services for survivors of sexual assault; and establishes the Sexual Assault Forensic Examiner Program to increase the number of qualified sexual assault forensic services providers available in the Commonwealth.

HB 860 Inhaled asthma medications; school nurse, etc., may administer to a student.

Chief patron: Bell

Summary as passed House:

Professional use by practitioners; administration of inhaled asthma medication. Provides that, pursuant to an order or standing protocol issued by the prescriber within the course of his

professional practice, any school nurse, school board employee, employee of a local governing body, employee of a local health department, employee of a school for students with disabilities, or employee of an accredited private school who is authorized by a prescriber and trained in the administration of albuterol inhalers may possess or administer an albuterol inhaler to a student diagnosed with a condition requiring an albuterol inhaler when the student is believed to be experiencing or about to experience an asthmatic crisis. The bill also provides that a school nurse, employee of a school board, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of albuterol inhalers who provides, administers, or assists in the administration of an albuterol inhaler for a student believed in good faith to be in need of such medication, or is the prescriber of such medication, is not liable for civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

HB 908 Naloxone; possession and administration, employee or person acting on behalf of a public place.

Chief patron: Hayes

Summary as passed House:

Naloxone; possession and administration; employee or person acting on behalf of a public place. Authorizes an employee or other person acting on behalf of a public place, as defined in the bill, who has completed a training program on the administration of naloxone or other opioid antagonist to possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill also provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. The bill provides immunity from civil liability for a person who, in good faith, administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, unless such act or omission was the result of gross negligence or willful and wanton misconduct. This bill incorporates HB 650, HB 1465 and HB 1466.

HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.

Chief patron: Willett

Summary as passed House:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members who are (i) ordered to federal active duty under Title 10 of the United States Code or (ii) veterans who have left active duty service within one year of the submission of an application to a board if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver. This bill incorporates HB 930.

HB 1000 Prescription drugs; expedited partner therapy, labels.

Chief patron: Hope

Summary as introduced:

Prescription drugs; expedited partner therapy; labels. Eliminates the requirement that there exist a bona fide practitioner-patient relationship with a contact patient for a practitioner to prescribe expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention. A pharmacist dispensing a Schedule III through VI drug to a contact whose name and address are unavailable shall affix "Expedited Partner Therapy" or "EPT" to the written prescription and the label. The bill repeals the July 1, 2020, sunset on the provision that allows practitioners employed by the Department of Health to prescribe antibiotic therapy to the sexual partner of a patient diagnosed with a sexually transmitted disease without the physical examination normally required.

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and

regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

HB 1059 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Adams, D.M.

Summary as passed House:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. This bill is identical to SB 264.

HB 1084 Surgical assistants; definition, licensure.

Chief patron: Hayes

Summary as passed House:

Surgical assistants; licensure. Defines "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. Currently, the Board may issue a registration as a surgical assistant to eligible individuals. The bill also establishes the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

HB 1121 Massage therapists; qualifications, license.

Chief patron: Robinson

Summary as passed House:

Massage therapists; qualifications; license. Provides that an applicant who completed a massage therapy educational program in a foreign country may apply for licensure as a

massage therapist upon submission of evidence that the applicant (i) is at least 18 years old, (ii) has successfully completed a massage therapy educational program that is comparable to a massage therapy educational program required for licensure by the Board, and (iii) has passed a Board-approved English language proficiency examination, and (iv) has not committed any acts or omissions that would be grounds for disciplinary action or denial of licensure. The Board of Nursing shall issue a license to an applicant who completed his massage therapy educational program in a foreign country upon submission of evidence of completion of the English-language version of the Licensing Examination of the Federation of State Massage Therapy Boards or a comparable examination.

HB 1147 Epinephrine; certain public places may make available for administration.

Chief patron: Keam

Summary as passed House:

Epinephrine permitted in certain public places. Allows public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

HB 1506 Pharmacists; initiating of treatment with and dispensing and administering of controlled substances.

Chief patron: Sickles

Summary as passed House:

Pharmacists; prescribing, dispensing, and administration of controlled substances. Allows a pharmacist to initiate treatment with and dispense and administer certain drugs and devices to persons 18 years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of

Health. The bill directs the Board of Pharmacy to establish such protocols by November 1, 2020, and to convene a workgroup to provide recommendations regarding the development of protocols for the initiating of treatment with and dispensing and administering of additional drugs and devices for persons 18 years of age and older. The bill also clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the initiating of treatment with and dispensing and administration of controlled substances by a pharmacist when such initiating of treatment with or dispensing or administration is in accordance with regulations of the Board of Pharmacy.

HB 1562 Music therapy; definition of music therapist, licensure.

Chief patron: Head

Summary as passed House:

Music therapy; licensure. Requires the Board of Social Work to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board. This bill is identical to SB 633.

HB 1654 Schedule VI controlled substances and hypodermic syringes and needles; limited-use license.

Chief patron: Helmer

Summary as introduced:

Schedule VI controlled substances; hypodermic syringes and needles; limited-use license. Allows the Board of Pharmacy to issue a limited-use license for the purpose of dispensing Schedule VI controlled substances and hypodermic syringes and needles for the administration of prescribed controlled substances to a doctor of medicine, osteopathic medicine, or podiatry, a nurse practitioner, or a physician assistant, provided that such limited-use licensee is practicing at a nonprofit facility. The bill requires such nonprofit facilities to obtain a limited-use permit from the Board and comply with regulations for such a permit.

HB 1683 Diagnostic medical sonography; definition, certification.

Chief patron: Hope

Summary as introduced:

Diagnostic medical sonography; certification. Defines the practice of "diagnostic medical sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

SB 264 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Bell

Summary as passed Senate:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices to a patient requiring anesthesia, as part of the periprocedural care of the patient, provided that such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists and is done under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. This bill is identical to HB 1059.

SB 530 Epinephrine; possession and administration by a restaurant employee.

Chief patron: Edwards

Summary as introduced:

Possession and administration of epinephrine; restaurant employee. Authorizes any employee of a licensed restaurant to possess and administer epinephrine, provided that such employee is authorized by a prescriber and trained in the administration of epinephrine. The bill also requires the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in restaurants.

SB 540 Health professionals; unprofessional conduct, reporting.

Chief patron: Vogel

Summary as passed Senate:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. This bill is identical to HB 471.

SB 757 Medical Excellence Zone Program; VDH to determine feasibility of establishment.

Chief patron: Favola

Summary as passed Senate:

Department of Health; Department of Health Professions Medical Excellence Zone Program; telemedicine; reciprocal agreements. Directs the Department of Health to determine the feasibility of establishing a Medical Excellence Zone Program to allow citizens of the Commonwealth living in rural underserved areas to receive medical treatment via telemedicine services from providers licensed or registered in a state that is contiguous with the Commonwealth and directs the Department of Health Professions to pursue reciprocal agreements with such states for licensure for certain primary care practitioners licensed by the Board of Medicine. The bill requires the Department of Health to set out the criteria that would be required for a locality or group of localities in the Commonwealth to be eligible for the

designation as a medical excellence zone and report its findings to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020.

The bill states that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on the acts of unprofessional conduct. The Department of Health Professions is required to report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill requires the Board of Medicine to prioritize applications for licensure by endorsement as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application. This bill is identical to HB 1701.

1 VIRGINIA ACTS OF ASSEMBLY — CHAPTER

2 *An Act to amend and reenact § 54.1-2957.01 of the Code of Virginia, relating to certified registered*
3 *nurse anesthetists; prescriptive authority.*

4 [H 1059]

5 Approved

6 Be it enacted by the General Assembly of Virginia:

7 1. That § 54.1-2957.01 of the Code of Virginia is amended and reenacted as follows:

8 § 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse
9 practitioners.10 A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33
11 (§ 54.1-3300 et seq.), a licensed nurse practitioner, ~~other than a certified registered nurse anesthetist,~~
12 shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices
13 as set forth in Chapter 34 (§ 54.1-3400 et seq.).14 B. A nurse practitioner who does not meet the requirements for practice without a written or
15 electronic practice agreement set forth in subsection I of § 54.1-2957 shall prescribe controlled
16 substances or devices only if such prescribing is authorized by a written or electronic practice agreement
17 entered into by the nurse practitioner and a patient care team physician. Such nurse practitioner shall
18 provide to the Boards of Medicine and Nursing such evidence as the Boards may jointly require that the
19 nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or
20 electronic practice agreement with a patient care team physician that clearly states the prescriptive
21 practices of the nurse practitioner. Such written or electronic practice agreements shall include the
22 controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such
23 prescriptive authority as described in the practice agreement. Evidence of a practice agreement shall be
24 maintained by a nurse practitioner pursuant to § 54.1-2957. Practice agreements authorizing a nurse
25 practitioner to prescribe controlled substances or devices pursuant to this section either shall be signed
26 by the patient care team physician or shall clearly state the name of the patient care team physician who
27 has entered into the practice agreement with the nurse practitioner.28 It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to
29 this section unless (i) such prescription is authorized by the written or electronic practice agreement or
30 (ii) the nurse practitioner is authorized to practice without a written or electronic practice agreement
31 pursuant to subsection I of § 54.1-2957.32 C. The Boards of Medicine and Nursing shall promulgate regulations governing the prescriptive
33 authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate
34 standard of care for patients. Such regulations shall include requirements as may be necessary to ensure
35 continued nurse practitioner competency, which may include continuing education, testing, or any other
36 requirement, and shall address the need to promote ethical practice, an appropriate standard of care,
37 patient safety, the use of new pharmaceuticals, and appropriate communication with patients.38 D. This section shall not limit the functions and procedures of certified registered nurse anesthetists
39 or of any nurse practitioners which are otherwise authorized by law or regulation.40 E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and
41 devices pursuant to this section:42 1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed
43 nurse practitioner. Any party to a practice agreement shall disclose, upon request of a patient or his legal
44 representative, the name of the patient care team physician and information regarding how to contact the
45 patient care team physician.46 2. Physicians shall not serve as a patient care team physician on a patient care team at any one time
47 to more than six nurse practitioners.48 F. This section shall not prohibit a licensed nurse practitioner from administering controlled
49 substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and
50 dispensing manufacturers' professional samples of controlled substances in compliance with the
51 provisions of this section.52 G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed
53 by the Boards of Medicine and Nursing in the category of certified nurse midwife and holding a license
54 for prescriptive authority may prescribe (i) Schedules II through V controlled substances in accordance
55 with any prescriptive authority included in a practice agreement with a licensed physician pursuant to
56 subsection H of § 54.1-2957 and (ii) Schedule VI controlled substances without the requirement for

57 inclusion of such prescriptive authority in a practice agreement.

58 *H. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed*
59 *by the Boards of Medicine and Nursing as a certified registered nurse anesthetist shall have the*
60 *authority to prescribe Schedule II through Schedule VI controlled substances and devices in accordance*
61 *with the requirements for practice set forth in subsection C of § 54.1-2957 to a patient requiring*
62 *anesthesia, as part of the periprocedural care of such patient. As used in this subsection,*
63 *"periprocedural" means the period beginning prior to a procedure and ending at the time the patient is*
64 *discharged.*

20106435D

HOUSE BILL, NO. 1121

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions
on January 28, 2020)

(Patron Prior to Substitute—Delegate Robinson)

*A BILL to amend and reenact § 54.1-3029 of the Code of Virginia, relating to massage therapists; qualifications; license.***Be it enacted by the General Assembly of Virginia:****1. That § 54.1-3029 of the Code of Virginia is amended and reenacted as follows:****§ 54.1-3029. Qualifications for a licensed massage therapist.****A.** In order to be licensed as a massage therapist, the applicant shall furnish evidence satisfactory to the Board that the applicant:

1. Is at least 18 years old;

2. Has successfully completed a minimum of 500 hours of training from a massage therapy educational program; *that required a minimum of 500 hours of training. The massage therapy educational program shall be* certified or approved by the State Council of Higher Education for Virginia or an agency in another state, the District of Columbia, or a United States territory that approves educational programs, notwithstanding the provisions of § 23.1-226;

3. Has passed the Licensing Examination of the Federation of State Massage Therapy Boards or an examination deemed acceptable to the Board of Nursing; and

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of licensure as set forth in this chapter.

B. The Board may issue a provisional license to an applicant prior to passing the Licensing Examination of the Federation of State Massage Therapy Boards for such time and in such manner as prescribed by the Board. No more than one provisional license shall be issued to any applicant.**C.** The Board may license without examination any applicant who is licensed as a massage therapist in another state, the District of Columbia, a United States possession or territory, or another country, and, in the opinion of the Board, meets the requirements for licensed massage therapists in the Commonwealth.**D.** *An applicant who completed a massage therapy educational program in a foreign country may apply for licensure as a massage therapist upon submission of evidence, satisfactory to the Board, that the applicant:*

1. Is at least 18 years old;

2. Has successfully completed a massage therapy educational program in a foreign country that is comparable to a massage therapy educational program required for licensure by the Board as demonstrated by submission of evidence of comparability and equivalency provided by an agency that evaluates credentials for persons who have studied outside the United States;

3. Has passed a Board-approved English language proficiency examination; and

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of licensure as set forth in this chapter.

The Board shall issue a license to an applicant who meets the requirements in this subsection upon submission by the applicant of evidence satisfactory to the Board that the applicant has completed an English version of the Licensing Examination of the Federation of State Massage Therapy Boards or a comparable examination deemed acceptable to the Board.

HOUSE SUBSTITUTE

HB1121H1

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: 2019

Healthcare Workforce Data Center

November 2019

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

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

3,593 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
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Nathaniel Ray Tuck, Jr, DC
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William Harp, MD

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The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

Licensees:	11,840
Virginia's Workforce:	9,891
FTEs:	8,827

Background

Rural Childhood:	34%
HS Degree in VA:	44%
Prof. Degree in VA:	50%

Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	65%
Satisfied?:	95%

Survey Response Rate

All Licensees:	30%
Renewing Practitioners:	75%

Education

Master's Degree:	78%
Post-Masters Cert.:	9%

Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	55%

Demographics

Female:	90%
Diversity Index:	35%
Median Age:	44

Finances

Median Income:	\$100k-\$110k
Health Benefits:	66%
Under 40 w/ Ed debt:	64%

Time Allocation

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

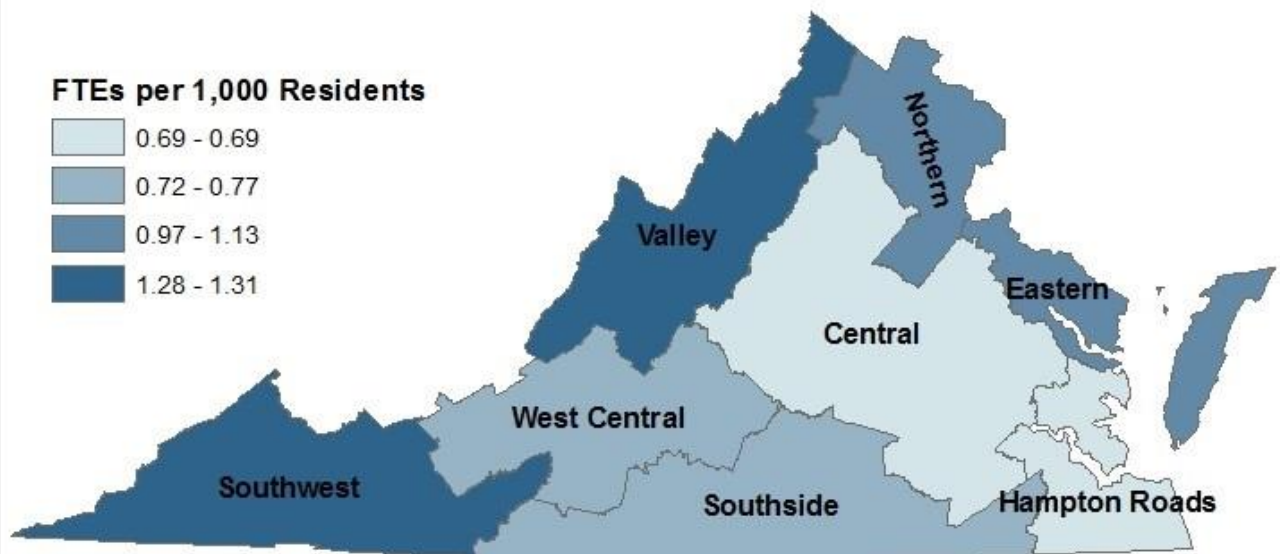
Source: Va. Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Licensed Nurse Practitioners per 1,000 Residents by Virginia Perform Regions

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents

0.69 - 0.69
0.72 - 0.77
0.97 - 1.13
1.28 - 1.31



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division

0 25 50 100 150 200 Miles



Over 3,000 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2019 Licensed Nurse Practitioner Workforce Survey¹. 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. Approximately half of all NPs have access to the survey in any given year. Thus, these survey respondents represent 30% of the 11,840 NPs who are licensed in the state but 75% of renewing practitioners.

The HWDC estimates that 9,891 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 2018 and September 2019, Virginia's NP workforce provided 8,827 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 NPs are female; while the median age of all NPs is 44. In a random encounter between two NPs, there is a 35% 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 57% chance that two randomly chosen people would be of different races or ethnicities. Among NPs who are under the age of 40, however, the diversity index increases to 38%.

One-third of NPs grew up in a rural area, and 24% of these professionals currently work in non-Metro areas of the state. Overall, 11% of NPs work in rural areas. Meanwhile, 44% of Virginia's NPs graduated from high school in Virginia, and 50% of NPs earned their initial professional degree in the state. In total, 55% of Virginia's NP workforce have some educational background in the state.

About three quarters of all NPs hold a Master's degree as their highest professional degree, while another 9% have a Post-Masters certificate. Nearly half of all NPs currently carry educational debt, including 64% of those under the age of 40. The median debt burden for those NPs with educational debt is between \$60,000 and \$70,000.

Summary of Trends

Several significant changes have occurred in the NP workforce in the past five years. The number of licensed NPs in the state has grown by 52%; the number in the state's workforce has grown by 57% and the FTEs provided has increased by 53%. Compared to 2018, the response rate of renewing NPs increased from 68% in 2018 to 75% in 2019 even though it is still lower than the 2014 level of 79%. The percent of licensed NPs working in Virginia increased from 81% in 2014 to 82% in 2017 and most recently increased to 83% in 2019. For the first time in five years, 11% of NPs reported that they worked in non-metro areas compared to the 10% who did the same in the past five years.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to a five-year high of 35% in 2019. The diversity index for NPs under 40 years of age, however, declined from 39% in 2018 to 38% in 2019. Median age also declined from 48 years in 2014 to 44 years in 2019.

Over the past five years, educational attainment has improved for NPs. In the 2019 survey, the percent of NPs with a master's degree increased to 78% from 76% in 2018. Additionally, the percent with a post-master's certificate increased to 9% after declining to 8% in 2017 from 10% in 2014. However, the percent with a doctorate NP stayed at 8% since last year; this level is still higher than the 2014 level of 4%. Not surprisingly, the median debt and the percent carrying debt has also increased. Half of all NPs now carry debt compared to 40% in 2014; median debt is now \$60,000-\$70,000 from \$40,000-\$50,000 in 2014 and \$50,000-\$60,000 in 2018. Retirement expectation has changed slightly; 38% expect to retire by age 65 compared with 36% to 37% in the past surveys.

¹ To reduce respondents' burden, HWDC changed its procedure in 2019 so that nurses now complete a survey for the highest profession in which they are practicing. This may have resulted in a higher number of NPs responding. This distinction should be kept in mind when comparing this year's survey to previous years.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,442	38%
New Licensees	1,376	12%
Non-Renewals	595	5%
Renewal date not in survey period	5,427	46%
All Licensees	11,840	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. 75% of renewing NPs submitted a survey. These represent 30% 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	376	69	16%
30 to 34	1,177	524	31%
35 to 39	1,459	423	23%
40 to 44	986	632	39%
45 to 49	1,125	421	27%
50 to 54	750	446	37%
55 to 59	888	341	28%
60 and Over	1,486	737	33%
Total	8,247	3,593	30%
New Licenses			
Issued After Sept. 2018	1,265	111	8%
Metro Status			
Non-Metro	668	363	35%
Metro	5,148	2,800	35%
Not in Virginia	2,431	429	15%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2018 and September 2019 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.

Response Rates	
Completed Surveys	3,593
Response Rate, all licensees	30%
Response Rate, Renewals	75%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number:	11,840
New:	12%
Not Renewed:	5%

Response Rates

All Licensees:	30%
Renewing Practitioners:	75%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's NP Workforce: 9,891
FTEs: 8,827

Utilization Ratios

Licenses in VA Workforce: 84%
Licenses per FTE: 1.34
Workers per FTE: 1.12

Source: Va. Healthcare Workforce Data Center

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	9,679	98%
Looking for Work in Virginia	211	2%
Virginia's Workforce	9,891	100%
Total FTEs	8,827	
Licenses	11,840	

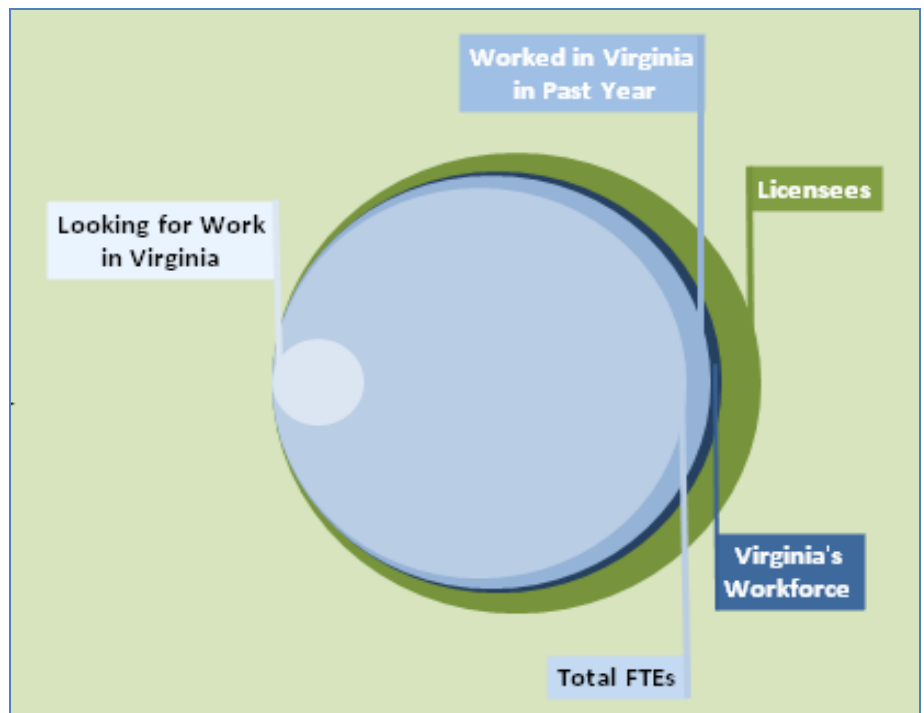
Source: Va. Healthcare Workforce Data Center

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. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses 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.

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	33	8%	377	92%	410	5%
30 to 34	102	7%	1,301	93%	1,404	16%
35 to 39	156	10%	1,368	90%	1,523	17%
40 to 44	136	11%	1,083	89%	1,219	14%
45 to 49	119	11%	997	89%	1,115	13%
50 to 54	96	11%	772	89%	867	10%
55 to 59	87	10%	778	90%	865	10%
60 +	157	11%	1,270	89%	1,427	16%
Total	886	10%	7,945	90%	8,830	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	7,079	80%	2,593	78%
Black	19%	797	9%	273	8%
Asian	7%	473	5%	234	7%
Other Race	0%	113	1%	51	2%
Two or more races	3%	143	2%	63	2%
Hispanic	10%	230	3%	102	3%
Total	100%	8,835	100%	3,316	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, 2018.

Source: Va. Healthcare Workforce Data Center

38% of NPs are under the age of 40. 91% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 38%, which is slightly higher than the diversity index among Virginia's overall NP workforce.

At a Glance:

Gender

% Female: 90%

% Under 40 Female: 91%

Age

Median Age: 44

% Under 40: 38%

% 55+: 26%

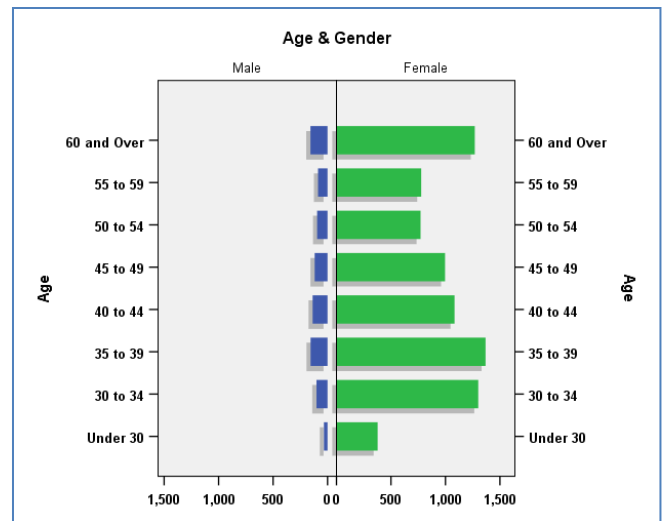
Diversity

Diversity Index: 35%

Under 40 Div. Index: 38%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NPs, there is a 35% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 57% chance for Virginia's population as a whole.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 13%
Rural Childhood: 34%

Virginia Background

HS in Virginia: 44%
Prof. Ed. in VA: 50%
HS or Prof. Ed. in VA: 55%
Initial NP Degree in VA: 54%

Location Choice

% Rural to Non-Metro: 24%
% Urban/Suburban
to Non-Metro: 5%

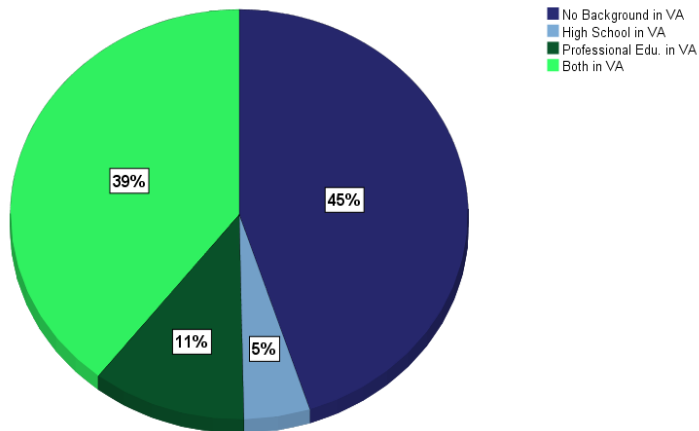
Source: Va. Healthcare Workforce Data Center

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	51%	39%	11%
3	Metro, 250,000 or less	46%	45%	9%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adjacent	70%	16%	14%
6	Urban pop, 2,500-19,999, Metro adjacent	66%	28%	5%
7	Urban pop, 2,500-19,999, non adjacent	87%	12%	2%
8	Rural, Metro adjacent	71%	19%	10%
9	Rural, non adjacent	55%	37%	8%
Overall		34%	53%	13%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

34% of all NPs grew up in self-described rural areas, and 24% of these professionals currently work in non-Metro counties. Overall, 11% 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	3,858	Virginia	4,395	Virginia	4,678
2	Outside of U.S./Canada	527	Pennsylvania	459	Washington, D.C.	623
3	Pennsylvania	468	New York	429	Pennsylvania	386
4	New York	467	West Virginia	316	New York	245
5	West Virginia	376	Maryland	286	Tennessee	240
6	Maryland	265	North Carolina	273	North Carolina	232
7	North Carolina	229	Florida	220	West Virginia	225
8	New Jersey	227	Tennessee	188	Florida	187
9	Ohio	221	Ohio	187	Illinois	173
10	Florida	219	Outside of U.S./Canada	166	Minnesota	172

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	1,819	Virginia	2,104	Virginia	1,941
2	Outside of U.S./Canada	322	Pennsylvania	213	Washington, D.C.	317
3	West Virginia	215	West Virginia	180	Pennsylvania	193
4	Pennsylvania	196	New York	158	Minnesota	166
5	New York	149	North Carolina	137	Tennessee	149
6	Maryland	139	Maryland	135	North Carolina	139
7	Florida	115	Florida	117	Illinois	136
8	North Carolina	108	Tennessee	110	West Virginia	100
9	New Jersey	103	South Carolina	95	Ohio	93
10	Ohio	90	Outside of U.S./Canada	92	Florida	88

Source: Va. Healthcare Workforce Data Center

17% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. 91% of these licensees worked at some point in the past year, including 85% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

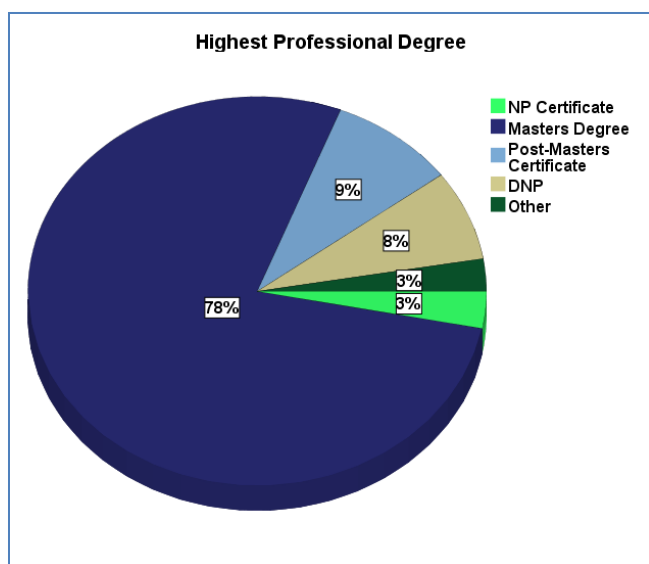
Total:	1,976
% of Licensees:	17%
Federal/Military:	17%
Va. Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	266	3%
Master's Degree	6,790	78%
Post-Masters Cert.	775	9%
Doctorate of NP	654	8%
Other Doctorate	234	3%
Post-Ph.D. Cert.	0	0%
Total	8,719	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three-quarters of all NPs hold a Master's degree as their highest professional degree. Half of NPs carry education debt, including 64% of those under the age of 40. The median debt burden among NPs with educational debt is between \$60,000 and \$70,000.

At a Glance:

Education

Master's Degree: 78%

Post-Masters Cert.: 9%

Educational Debt

Carry debt: 50%

Under age 40 w/ debt: 64%

Median debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	3,987	50%	1,075	36%
\$10,000 or less	271	3%	112	4%
\$10,000-\$19,999	287	4%	121	4%
\$20,000-\$29,999	302	4%	112	4%
\$30,000-\$39,999	358	5%	145	5%
\$40,000-\$49,999	292	4%	146	5%
\$50,000-\$59,999	296	4%	132	4%
\$60,000-\$69,999	286	4%	161	5%
\$70,000-\$79,999	296	4%	134	5%
\$80,000-\$89,999	270	3%	144	5%
\$90,000-\$99,999	192	2%	58	2%
\$100,000-\$109,999	288	4%	158	5%
\$110,000-\$119,999	114	1%	59	2%
\$120,000 or more	711	9%	414	14%
Total	7,950	100%	2,971	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health:	27%
RN Anesthetist:	19%
Acute Care/ER:	8%

Credentials

AANPCP – Family NP:	20%
ANCC – Family NP:	20%
ANCC – Adult NP:	3%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,361	27%
Certified Registered Nurse Anesthetist	1,672	19%
Acute Care/Emergency Room	701	8%
Pediatrics	587	7%
Adult Health	572	7%
Psychiatric/Mental Health	369	4%
OB/GYN - Women's Health	319	4%
Surgical	275	3%
Geriatrics/Gerontology	247	3%
Certified Nurse Midwife	216	2%
Neonatal Care	126	1%
Gastroenterology	59	1%
Pain Management	42	0%
Organ Transplant	27	0%
Other	1,122	13%
Total	8,695	100%

Source: Va. Healthcare Workforce Data Center

Credentials

Credential	#	%
AANPCP: Family NP	2,020	20%
ANCC: Family NP	1,951	20%
ANCC: Adult NP	344	3%
ANCC: Adult-Gerontology Acute Care NP	308	3%
ANCC: Acute Care NP	265	3%
NCC: Women's Health Care NP	261	3%
ANCC: Pediatric NP	171	2%
ANCC: Family Psychiatric- Mental Health NP	158	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	155	2%
ANCC: Adult Psychiatric-Mental Health NP	149	2%
ANCC: Adult-Gerontology Primary Care NP	137	1%
NCC: Neonatal NP	124	1%
AANPCP: Adult NP	100	1%
All Other Credentials	68	1%
At Least One Credential	5,926	60%

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 19% had a primary specialty as a Certified RN Anesthetist. 60% of all NPs also held at least one credential. AANPCP: 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: 17%

Weekly Hours:

40 to 49: 50%

60 or more: 5%

Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status

Status	#	%
Employed, capacity unknown	5	0%
Employed in a nursing- related capacity	8,391	96%
Employed, NOT in a nursing-related capacity	37	0%
Not working, reason unknown	0	0%
Involuntarily unemployed	28	0%
Voluntarily unemployed	222	3%
Retired	85	1%
Total	8,768	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 17% currently have multiple jobs. Half of all NPs work between 40 and 49 hours per week, while just 5% work at least 60 hours per week.

Current Weekly Hours

Hours	#	%
0 hours	250	3%
1 to 9 hours	143	2%
10 to 19 hours	202	2%
20 to 29 hours	596	7%
30 to 39 hours	1,659	20%
40 to 49 hours	4,291	50%
50 to 59 hours	895	11%
60 to 69 hours	284	3%
70 to 79 hours	60	1%
80 or more hours	121	1%
Total	8,501	100%

Source: Va. Healthcare Workforce Data Center

Current Positions

Positions	#	%
No Positions	250	3%
One Part-Time Position	1,253	15%
Two Part-Time Positions	215	3%
One Full-Time Position	5,598	65%
One Full-Time Position & One Part-Time Position	1,040	12%
Two Full-Time Positions	26	0%
More than Two Positions	165	2%
Total	8,547	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	61	1%
Less than \$40,000	324	5%
\$40,000-\$49,999	129	2%
\$50,000-\$59,999	225	3%
\$60,000-\$69,999	250	4%
\$70,000-\$79,999	357	5%
\$80,000-\$89,999	611	9%
\$90,000-\$99,999	995	14%
\$100,000-\$109,999	1,178	17%
\$110,000-\$119,999	628	9%
\$120,000 or more	2,301	33%
Total	7,059	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: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	5,382	63%
Somewhat Satisfied	2,720	32%
Somewhat Dissatisfied	314	4%
Very Dissatisfied	97	1%
Total	8,514	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	1,324	16%	17%
Dental Insurance	5,024	60%	63%
Health Insurance	5,248	63%	66%
Paid Leave	5,809	69%	74%
Group Life Insurance	4,365	52%	56%
Retirement	6,009	72%	76%
Receive at least one benefit	6,836	81%	86%

*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?	90	1%
Experience Voluntary Unemployment?	440	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	218	2%
Work two or more positions at the same time?	1,696	17%
Switch employers or practices?	775	8%
Experienced at least 1	2,783	28%

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 2.8% during the same period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	133	2%	92	5%
Less than 6 Months	621	7%	204	10%
6 Months to 1 Year	942	11%	291	14%
1 to 2 Years	2,056	25%	513	25%
3 to 5 Years	1,838	22%	500	25%
6 to 10 Years	1,251	15%	247	12%
More than 10 Years	1,494	18%	172	9%
Subtotal	8,334	100%	2,020	100%
Did not have location	219		7,801	
Item Missing	1,337		70	
Total	9,891		9,891	

Source: Va. Healthcare Workforce Data Center

68% of NPs receive a salary at their primary work location, while 27% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 8%
New Location: 25%
Over 2 years: 55%
Over 2 yrs, 2nd location: 45%

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	4,588	68%
Hourly Wage	1,812	27%
By Contract	319	5%
Business/ Practice Income	0	0%
Unpaid	30	0%
Subtotal	6,749	100%
Missing location	219	
Item missing	2,774	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics. In the past 12 months, the non-seasonally adjusted monthly unemployment rate ranged from a low of 2.5% in September 2019 to 3.2% in January and February 2019. At the time of publication, the unemployment rate for September 2019 was still preliminary.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	71%
Lowest Region:	2%

Locations

2 or more (Past Year):	24%
2 or more (Now*):	22%

Source: Va. Healthcare Workforce Data Center

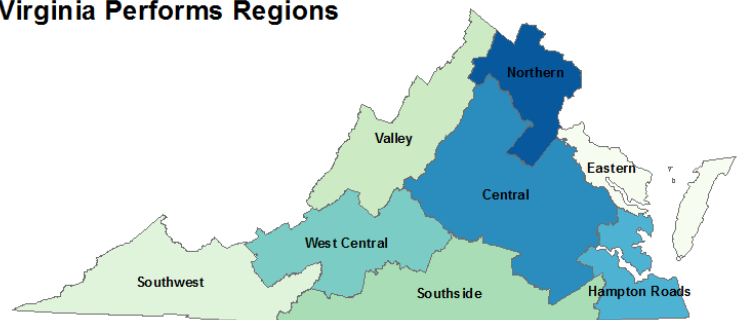
Northern Virginia is the region that has the largest number of NPs in the state, while Eastern Virginia has the fewest number of NPs in Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,185	26%	362	18%
Eastern	127	2%	42	2%
Hampton Roads	1,541	18%	375	18%
Northern	2,235	27%	521	26%
Southside	261	3%	93	5%
Southwest	475	6%	179	9%
Valley	582	7%	107	5%
West Central	745	9%	182	9%
Virginia Border State/DC	86	1%	61	3%
Other US State	131	2%	106	5%
Outside of the US	0	0%	10	0%
Total	8,368	100%	2,038	100%
Item Missing	1,304		52	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



73% of all NPs had just one work location during the past year, while 24% of NPs had multiple work locations.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	209	2%	319	4%
1	6,267	73%	6,325	74%
2	1,134	13%	1,081	13%
3	662	8%	631	7%
4	131	2%	89	1%
5	61	1%	46	1%
6 or More	91	1%	63	1%
Total	8,555	100%	8,555	100%

*At the time of survey completion (Oct. 2018 - Sept. 2019, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,035	51%	1,137	59%
Non-Profit	2,778	35%	580	30%
State/Local Government	687	9%	136	7%
Veterans Administration	204	3%	18	1%
U.S. Military	212	3%	44	2%
Other Federal Government	72	1%	24	1%
Total	7,988	100%	1,939	100%
Did not have location	219		7,801	
Item Missing	1,684		152	

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 51% in for-profit establishments. Meanwhile, 9% of NPs work for state or local governments, and 6% work for the federal government.

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	2,574	26%
Remote Health, Caring for Patients in Virginia	600	6%
Remote Health, Caring for Patients Outside of Virginia	175	2%
Use at least one	2,891	29%

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

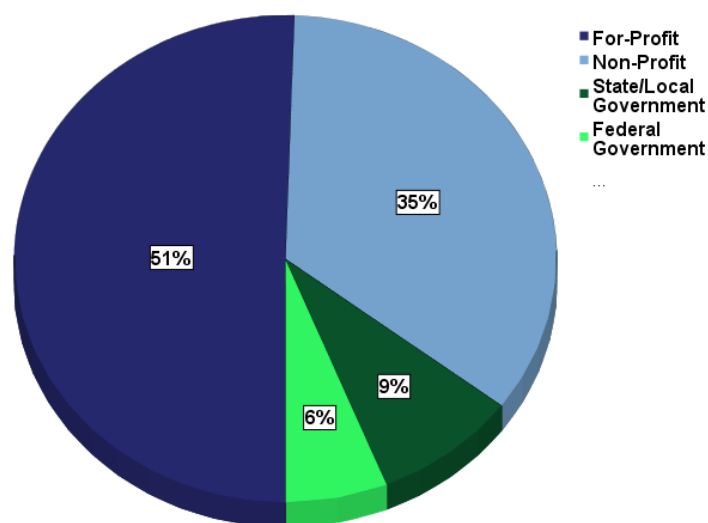
For Profit: 51%
Federal: 6%

Top Establishments

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

Source: Va. Healthcare Workforce Data Center

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

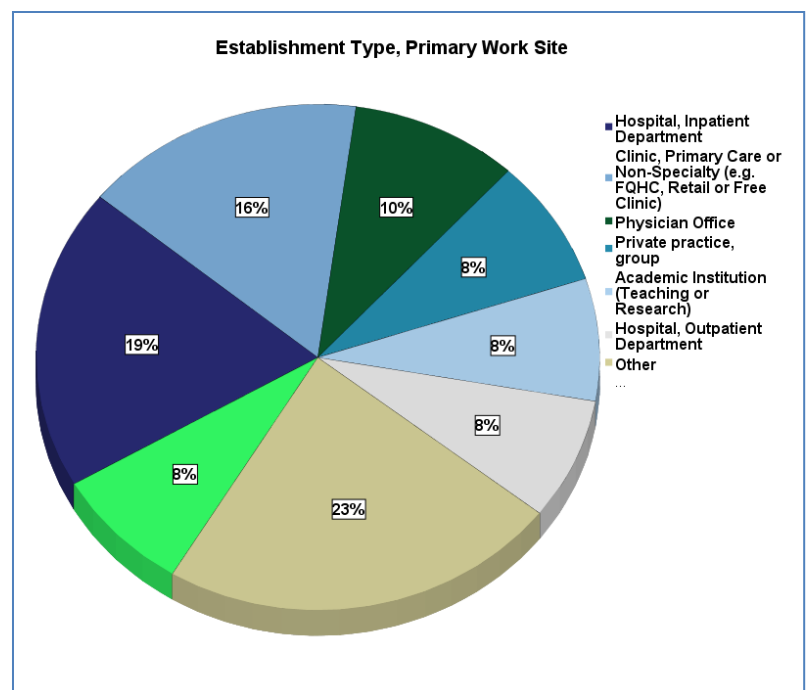
Over a quarter of the state's NP workforce use EHRs. 6% also provide remote health care for Virginia patients.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1,476	19%	375	20%
Clinic, Primary Care or Non-Specialty	1,244	16%	222	12%
Physician Office	738	10%	98	5%
Private practice, group	624	8%	79	4%
Academic Institution (Teaching or Research)	598	8%	157	8%
Hospital, Outpatient Department	596	8%	91	5%
Ambulatory/Outpatient Surgical Unit	357	5%	138	7%
Clinic, Non-Surgical Specialty	268	4%	55	3%
Long Term Care Facility, Nursing Home	182	2%	79	4%
Hospital, Emergency Department	179	2%	83	4%
Private practice, group	136	2%	24	1%
Mental Health, or Substance Abuse, Outpatient Center	132	2%	47	3%
Hospice	87	1%	39	2%
Other Practice Setting	1,040	14%	387	21%
Total	7,657	100%	1,874	100%
Did Not Have a Location	219		7,801	

Source: Va. Healthcare Workforce Data Center

The single largest employer of Virginia's NPs is the inpatient department of hospitals, where 19% of all NPs have their primary work location. Primary care/non-specialty clinics, physicians' offices, group private practices, and academic institutions were also common primary establishment types for Virginia's NP workforce.

Among those NPs who also have a secondary work location, 20% work at the inpatient department of a hospital and 12% 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

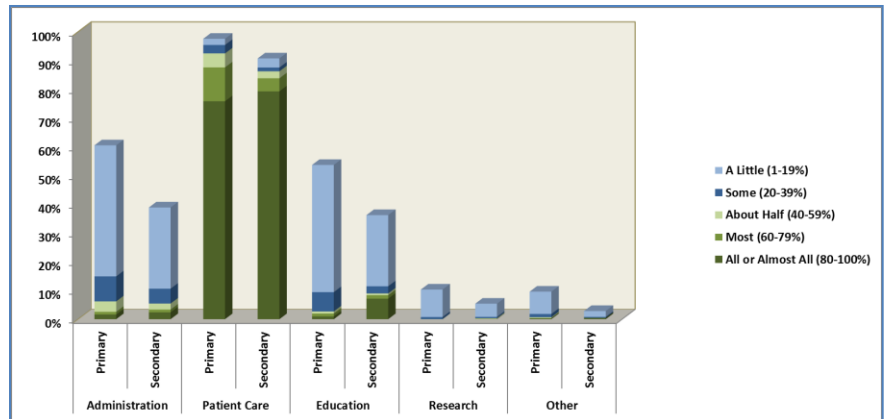
Patient Care:	88%
Administration:	3%
Education:	2%

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%	76%	79%	1%	7%	0%	0%	0%	0%
Most (60-79%)	1%	1%	12%	5%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	4%	2%	5%	2%	1%	1%	0%	0%	0%	0%
Some (20-39%)	9%	5%	3%	1%	7%	2%	1%	0%	1%	0%
A Little (1-20%)	46%	28%	2%	3%	44%	25%	10%	5%	8%	2%
None (0%)	40%	61%	2%	9%	46%	64%	90%	95%	90%	97%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
Under age 50	89	1%	0	0%
50 to 54	189	2%	10	0%
55 to 59	661	9%	107	4%
60 to 64	1,925	25%	581	21%
65 to 69	2,924	39%	1,162	43%
70 to 74	1,116	15%	517	19%
75 to 79	202	3%	110	4%
80 or over	98	1%	49	2%
I do not intend to retire	385	5%	185	7%
Total	7,589	100%	2,721	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs	
Under 65:	38%
Under 60:	12%
NPs 50 and over	
Under 65:	26%
Under 60:	4%

Time until Retirement

Within 2 years:	6%
Within 10 years:	20%
Half the workforce:	By 2043

Source: Va. Healthcare Workforce Data Center

38% of NPs expect to retire by the age of 65, while 26% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 39% of all NPs expect to retire in their late 60s, and 24% 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, 10% of NPs plan on increasing patient care hours, and 13% plan on pursuing additional educational opportunities.

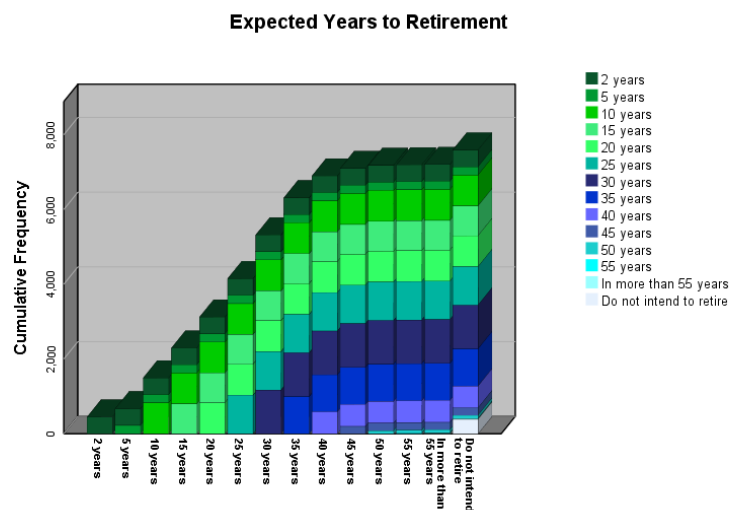
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	86	1%
Leave Virginia	284	3%
Decrease Patient Care Hours	820	8%
Decrease Teaching Hours	112	1%
Increase Participation		
Increase Patient Care Hours	954	10%
Increase Teaching Hours	1,096	11%
Pursue Additional Education	1,266	13%
Return to Virginia’s Workforce	96	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 20% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2044.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	445	6%	6%
5 years	223	3%	9%
10 years	828	11%	20%
15 years	796	10%	30%
20 years	827	11%	41%
25 years	1,030	14%	55%
30 years	1,170	15%	70%
35 years	994	13%	83%
40 years	585	8%	91%
45 years	197	3%	94%
50 years	83	1%	95%
55 years	15	0%	95%
In more than 55 years	10	0%	95%
Do not intend to retire	385	5%	100%
Total	7,588	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 2029. Retirements will peak at 15% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2059.

At a Glance:

FTEs

Total: 8,827
FTEs/1,000 Residents: 1.05
Average: 0.91

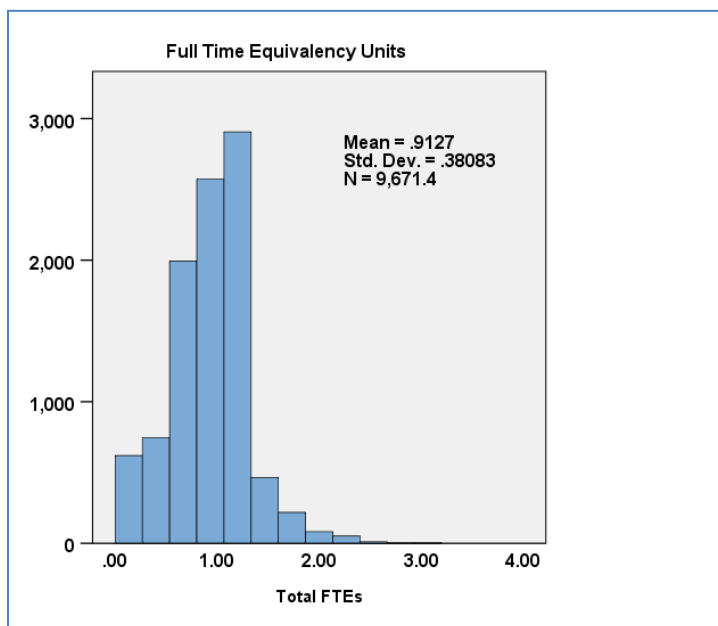
Age & Gender Effect

Age, Partial Eta²: Negligible
Gender, Partial Eta²: Negligible

Partial Eta² Explained:
Partial Eta² is a statistical
measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

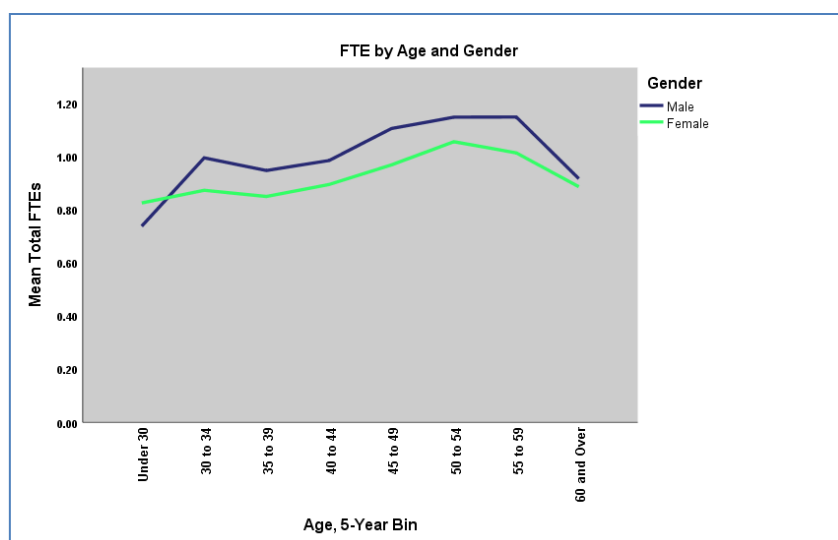


Source: Va. Healthcare Workforce Data Center

The typical (median) NP provided 0.91 FTEs, or approximately 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.³

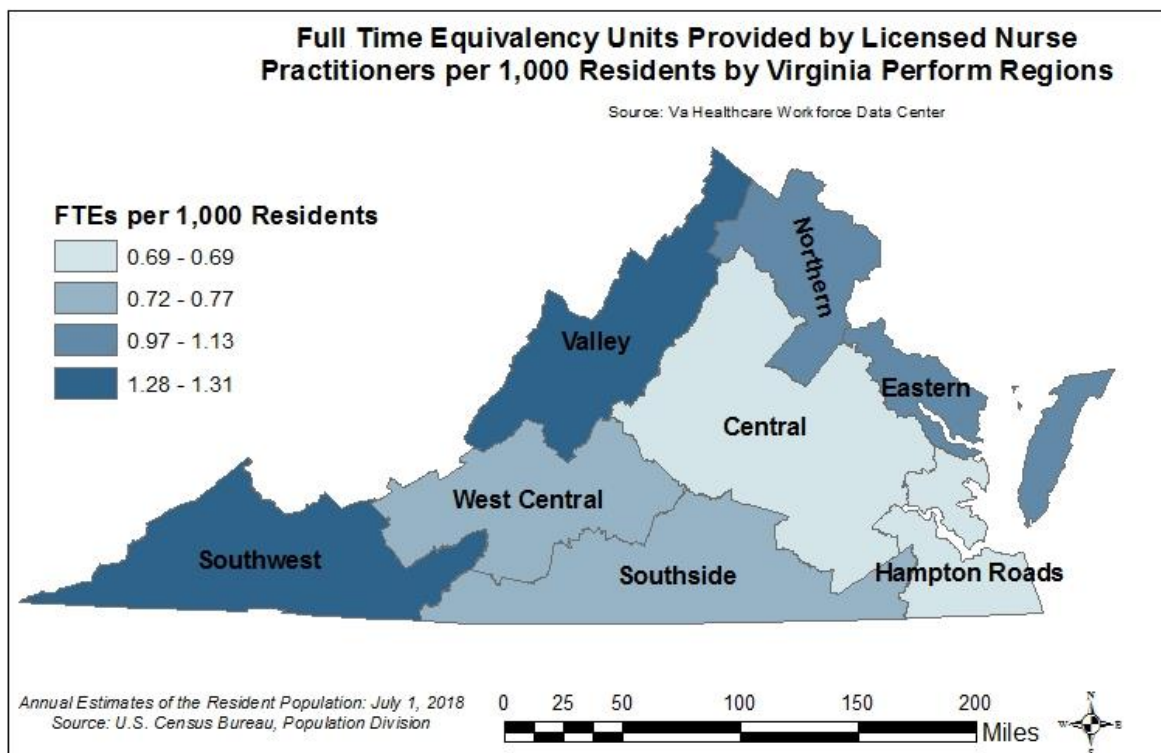
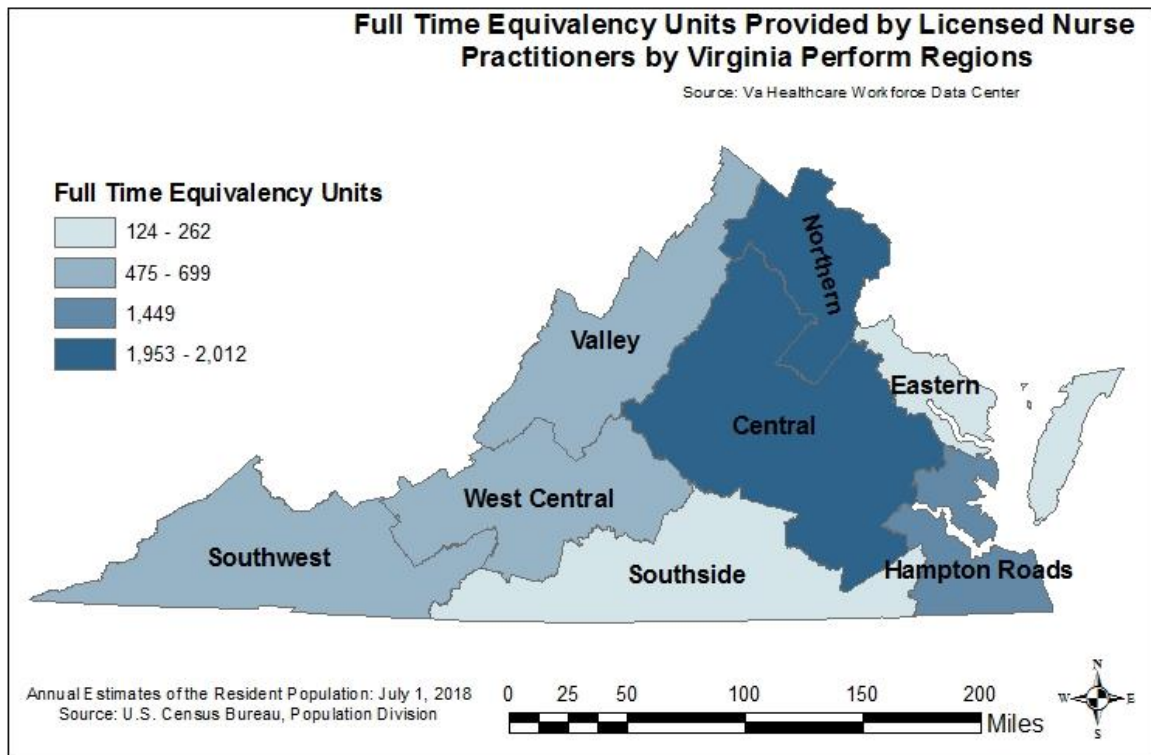
Full-Time Equivalency Units		
Age	Average Age	Median
Under 30	0.82	0.88
30 to 34	0.90	1.01
35 to 39	0.85	0.86
40 to 44	0.89	0.90
45 to 49	0.96	0.99
50 to 54	1.02	1.03
55 to 59	0.99	1.03
60 and Over	0.89	0.90
Gender		
Male	1.01	1.06
Female	0.91	0.95

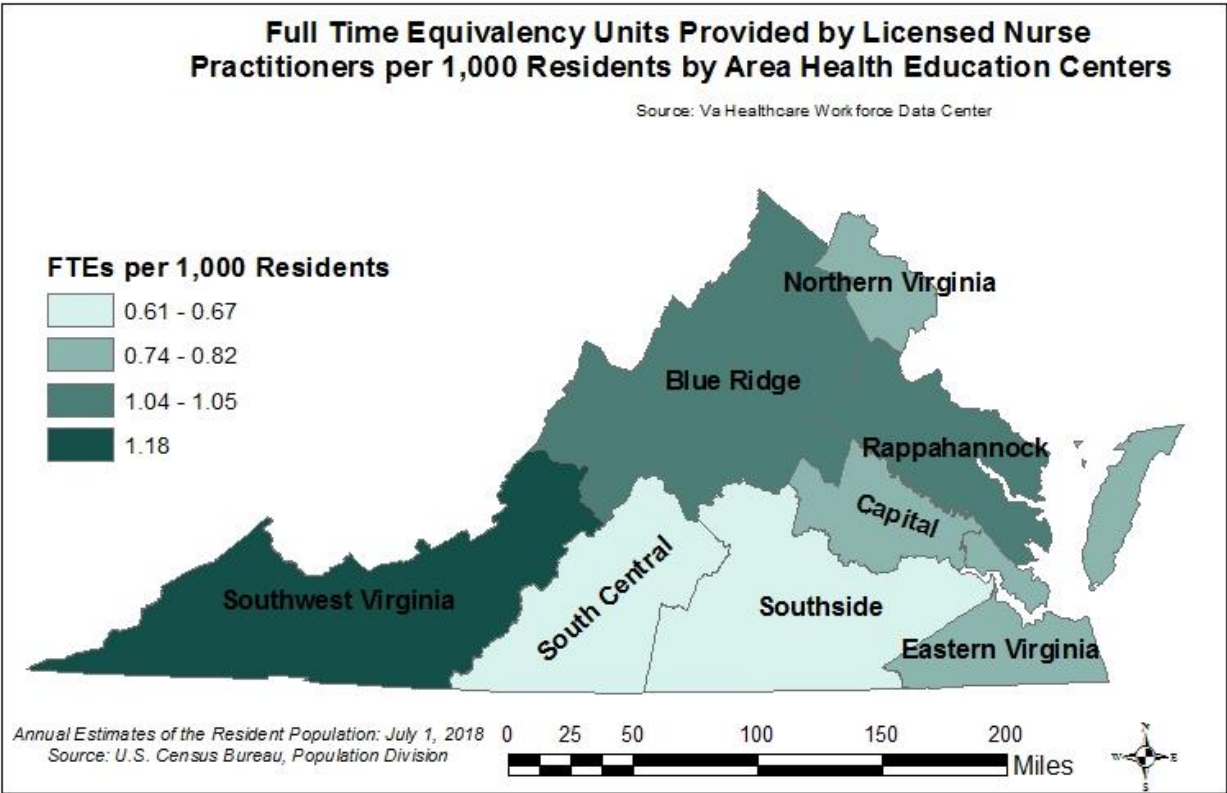
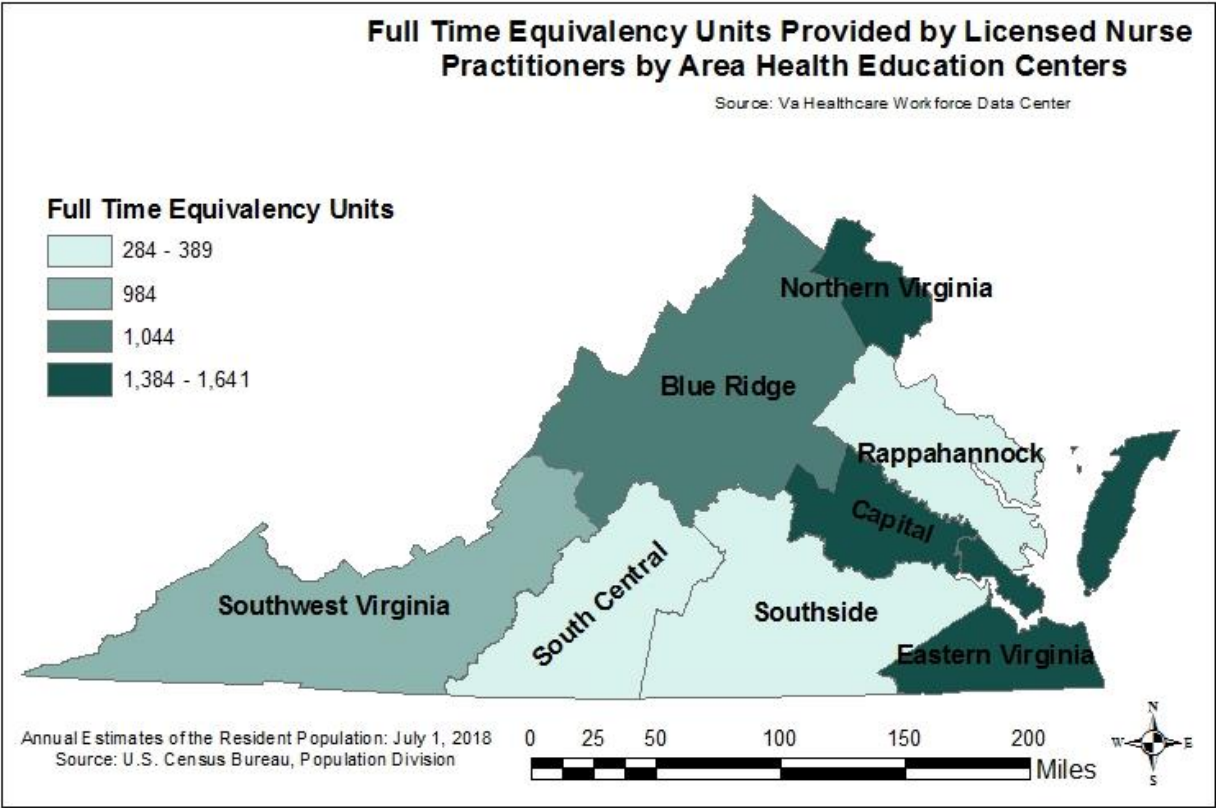
Source: Va. Healthcare Workforce Data Center

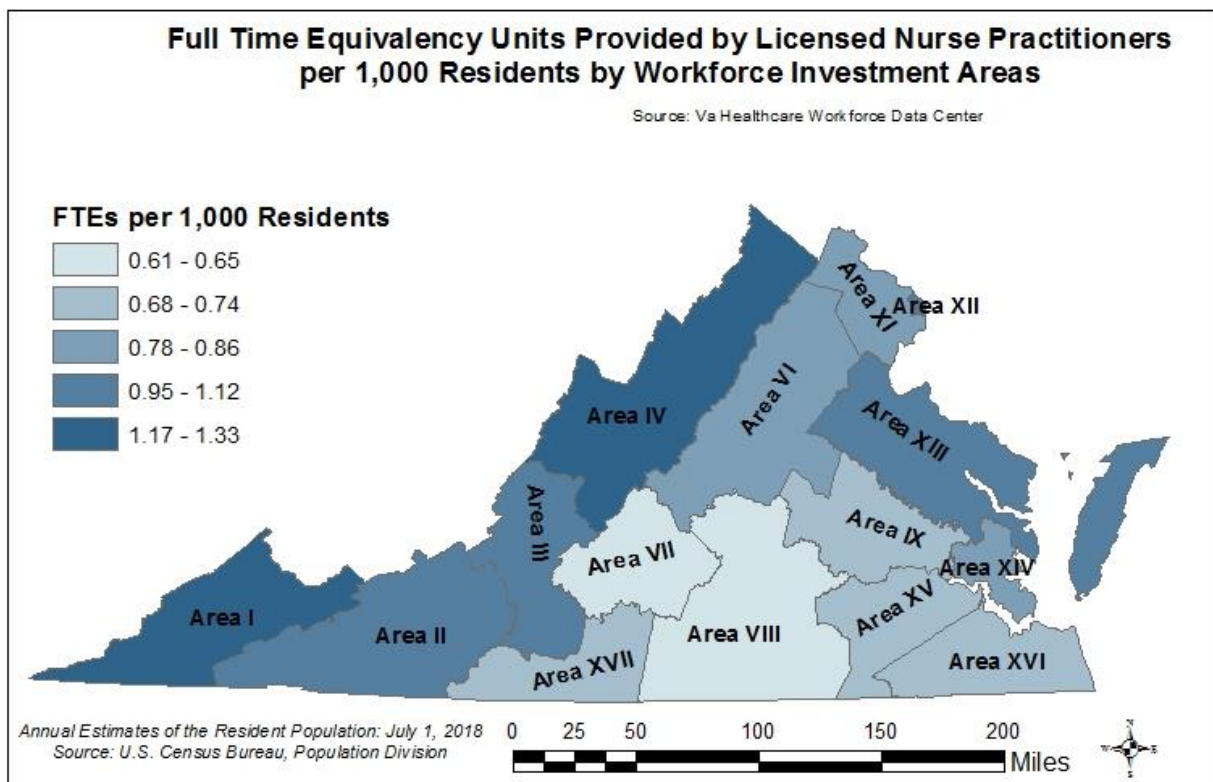
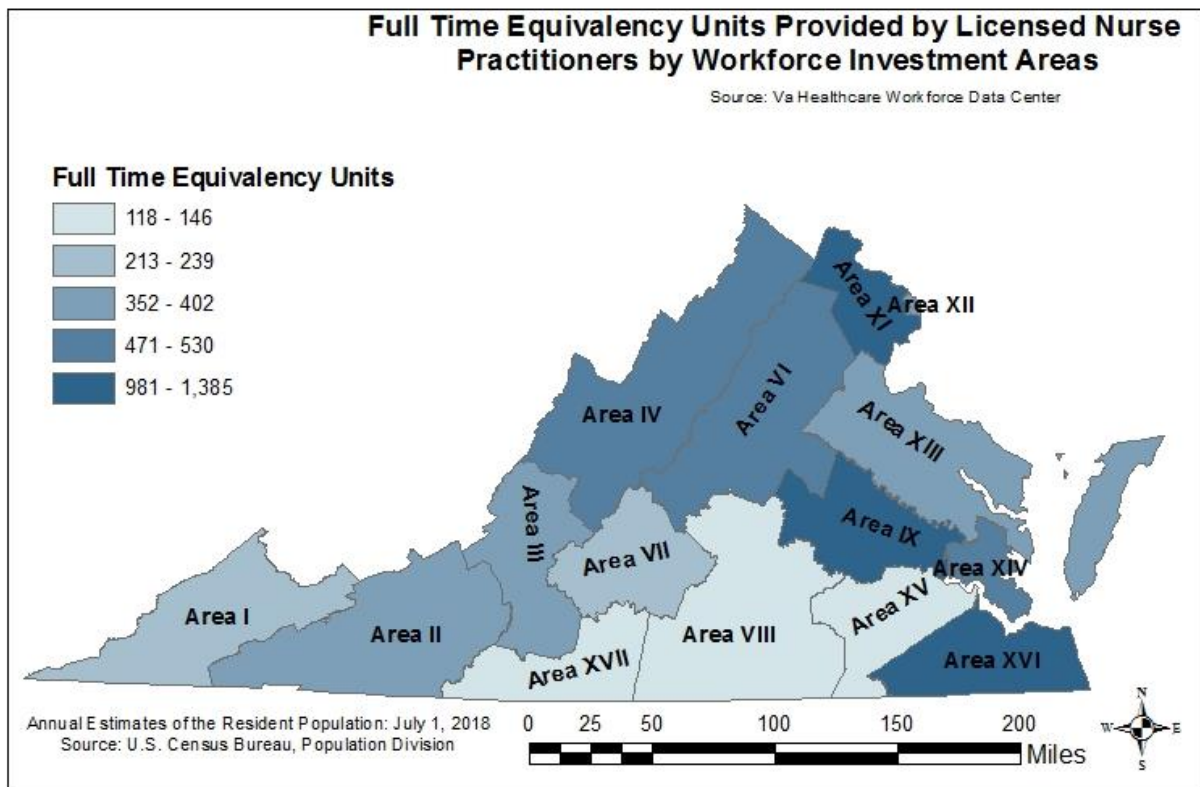


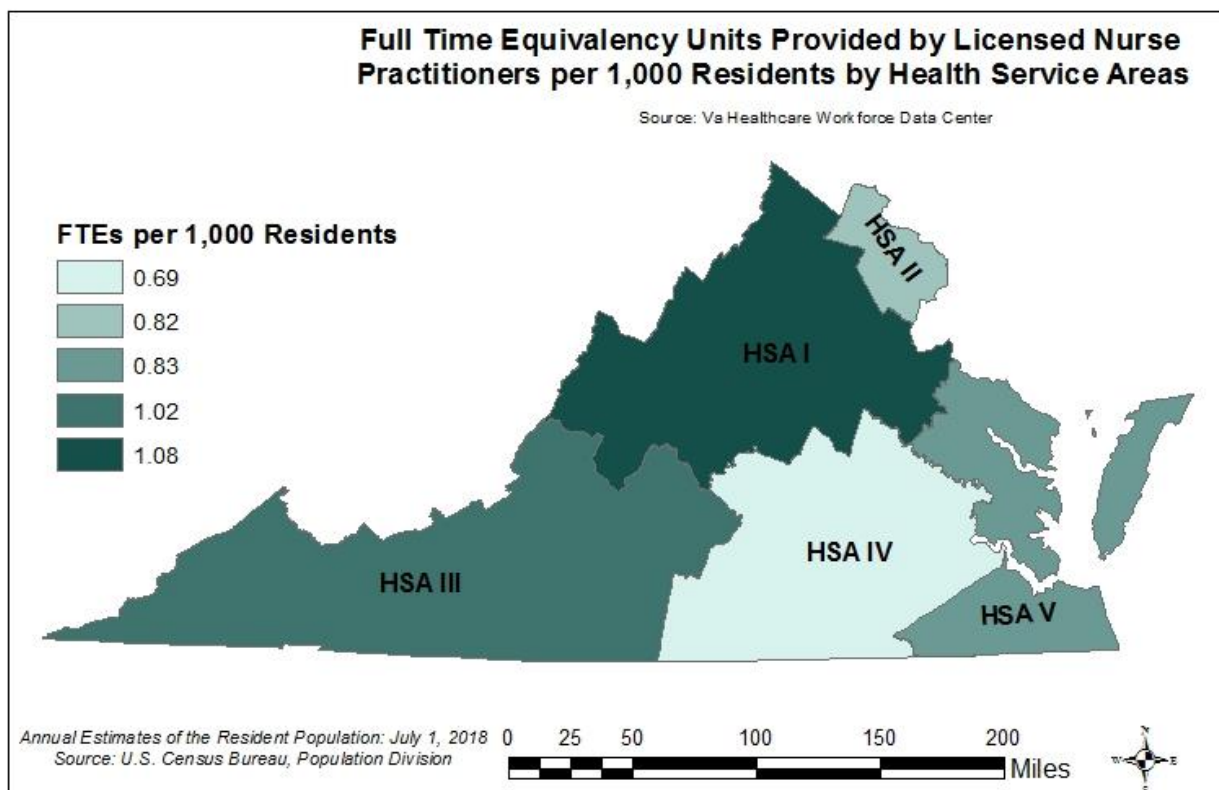
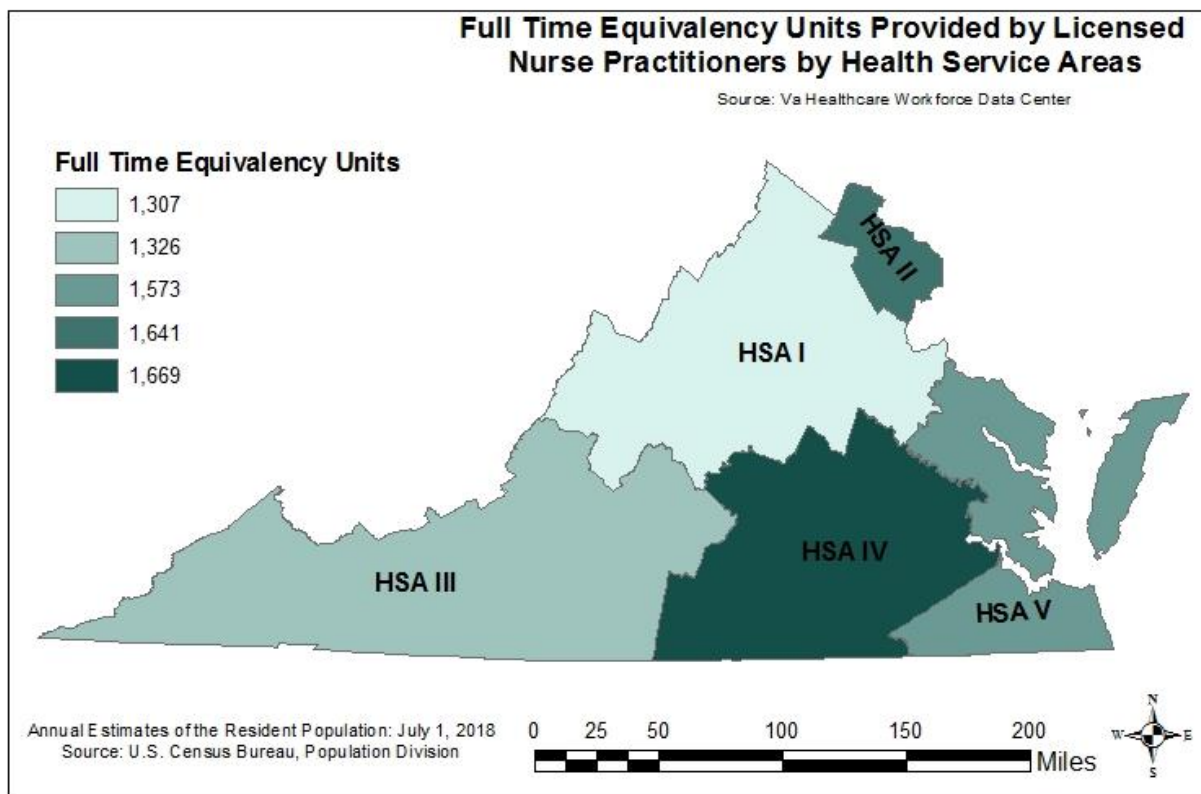
Source: Va. Healthcare Workforce Data Center

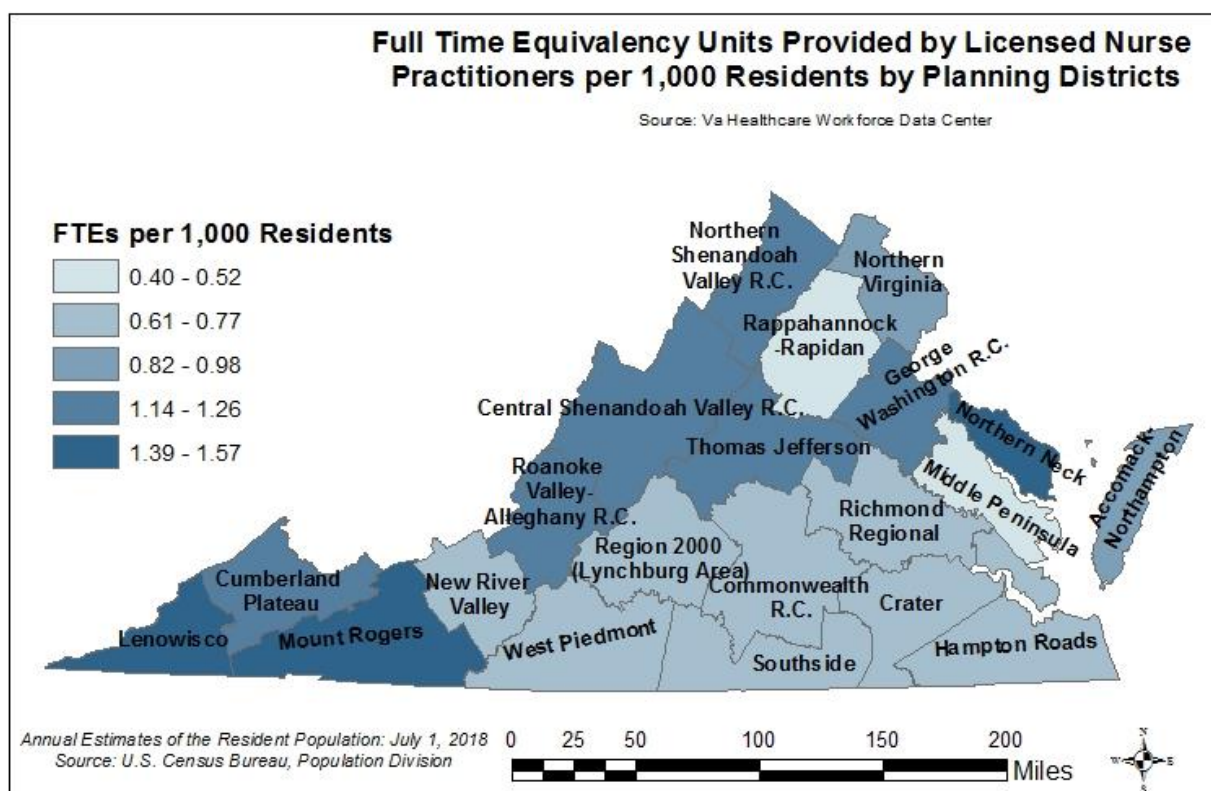
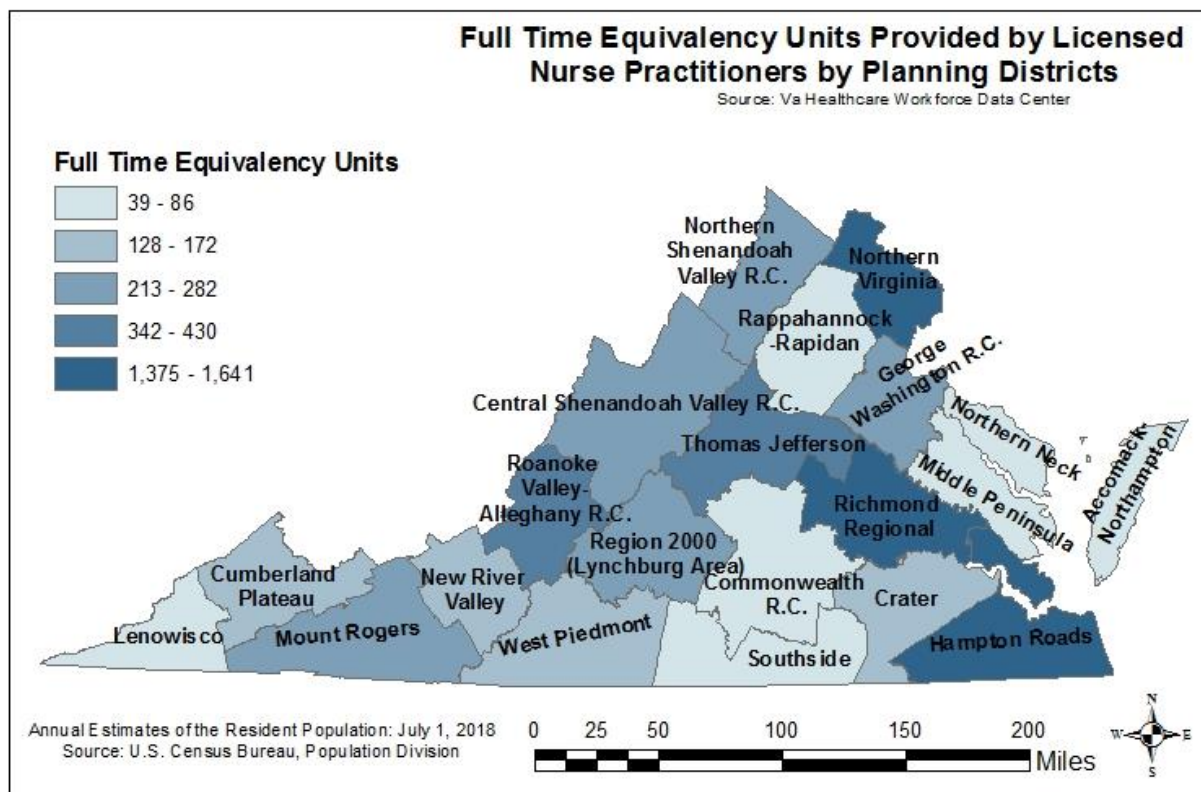
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	6,177	35.37%	2.8270	2.1963	5.5328
Metro, 250,000 to 1 million	753	35.59%	2.8097	2.1829	5.4989
Metro, 250,000 or less	1,018	34.09%	2.9337	2.2792	5.7416
Urban pop 20,000+, Metro adj	150	31.33%	3.1915	2.4795	4.3090
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	298	38.59%	2.5913	2.0132	5.0715
Urban pop, 2,500-19,999, nonadj	280	38.21%	2.6168	2.0330	5.1214
Rural, Metro adj	204	29.90%	3.3443	2.5982	6.5451
Rural, nonadj	99	33.33%	3.0000	2.3307	5.8713
Virginia border state/DC	1,437	9.05%	11.0538	8.5878	21.6337
Other US State	1,423	21.01%	4.7592	3.6974	9.3143

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	445	15.51%	6.4493	5.0715	21.6337
30 to 34	1,701	30.81%	3.2462	2.5527	10.8891
35 to 39	1,882	22.48%	4.4492	3.4987	14.9244
40 to 44	1,618	39.06%	2.5601	2.0132	8.5878
45 to 49	1,546	27.23%	3.6722	2.8877	12.3182
50 to 54	1,196	37.29%	2.6816	2.1087	8.9953
55 to 59	1,229	27.75%	3.6041	2.8341	12.0897
60 and Over	2,223	33.15%	3.0163	2.3719	10.1179

Source: Va. Healthcare Workforce Data Center

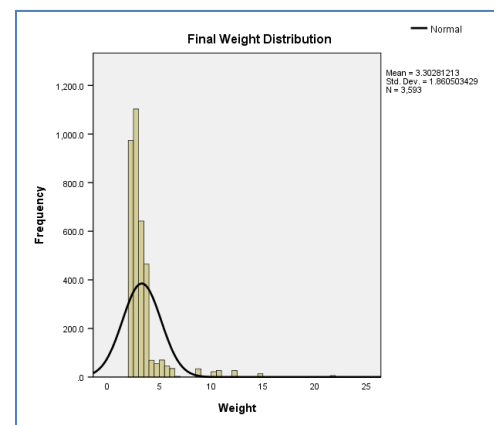
See the Methods section on the HWDC website for details on HWDC Methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

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

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.30346



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Healthcare Workforce Data Center

December 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

6,600 Licensed Nurse Practitioners voluntarily participated in the 2018 and 2019 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!

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Results in Brief

This is a special report created for the Joint Boards of Nursing and Medicine. The report uses data from the 2018 and 2019 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 2018 survey occurred between October 2017 and September 2018; the 2019 survey occurred between October 2018 and September 2019. 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 who were 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 (CNP). 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. Some CNPs now practice autonomously because of House Bill 793 which was implemented in January 2019. Subsequent reports will examine this group separately if there are sufficient data.

Nine out of 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 is 44. However, the median age of CRNAs and CNMs is 46 and the median age for CNPs is 44. In a random encounter between two NPs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 22% diversity index whereas CRNAs and CNPs had 30% and 36% diversity index, respectively. Overall, 11% of NPs work in rural areas. CNPs had the highest rural workforce participation; 12% of CNPs work in rural areas compared to 4% and 2% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 15% reporting a doctorate degree; only 8% of CNMs and 9% of CNPs did. Not surprisingly, CRNAs also reported the highest median education debt although less than half of CRNAs had debt; CRNAs reported \$80-\$90k in education debt. CNMs also had \$80-\$90k in education debt but 51% of them had debt. CNPs reported \$50k-\$60k in educational debt but 49% had debt. Further, 16% of CRNAs reported over \$120,000 in education debt compared to 16% of CNMs and 6% 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 26% of CNMs and 18% of CNPs. However, only 78% of CRNAs and 81% of 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 86% of CNMs are satisfied compared to 97% of CRNAs and 95% of CNPs. Close to a third of CNPs reported employment instability in the year prior to the survey compared to 27% of CRNAs and CNMs.

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 87% of CNMs and 84% of CNPs. 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 5% and 3% of CNMs and CRNAs, respectively.

About 26% of CRNAs plan to retire within the next decade compared to 23% of CNMs and 19% of CNPs. About 38%, 32% and 37% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Further, 26%, 22%, and 24% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 10%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

A Closer Look:

At a Glance:

Licensed NPs

Total:	11,846
CRNA:	2,070
CNM:	355
CNP:	9,361

Response Rates

All Licensees: (2018 & 2019)	56%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2018 and 2019 Nurse Practitioner Surveys, and licensure data retrieved in October 2019. 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. Newly licensed NPs do not complete the survey so they will be excluded from the survey. From the licensure data, 2,070 of NPs reported their first specialty as CRNA; 355 had first specialty of CNM, 9,361 had other first specialties. Of the 9,361, 50 had a second specialty of CNM and six had a second specialty of CRNA. 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 2018	556	99	2,329	2,984
Completed Surveys 2019	649	146	2,821	3,616
Response Rate, all licensees	58%	69%	55%	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 2018 and 2019. As shown above, response rates are most similar between CRNAs and CNPs; CNMs had a much higher response rate.

Not in Workforce in Past Year

	CRNA	CNM	CNP	All 2019
% of Licensees not in VA Workforce	22%	19%	16%	17%
% in Federal Employee or Military:	8%	20%	22%	17%
% Working in Virginia Border State or DC	19%	38%	28%	26%

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 2017 and September 2018, and between October 2018 and September 2019, 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.

A Closer Look:

At a Glance:

2018 and 2019 Workforce

Virginia's NP Workforce: 9,891
FTEs: 8,827

Workforce by Specialty

CRNA: 1,634
CNM: 306
CNP: 7,833

FTE by Specialty

CRNA: 1,444
CNM: 304
CNP: 6,954

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								
	CRNA		CNM		CNP		All (2019)	
Status	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	1,619	99%	299	98%	7,647	98%	9,679	98%
Looking for Work in Virginia	15	1%	8	3%	186	2%	211	2%
Virginia's Workforce	1,634	100%	306	100%	7,833	100%	9,891	100%
Total FTEs	1,444		304		6,954		8,827	
Licensees	2,070		355		9,361		11,840	

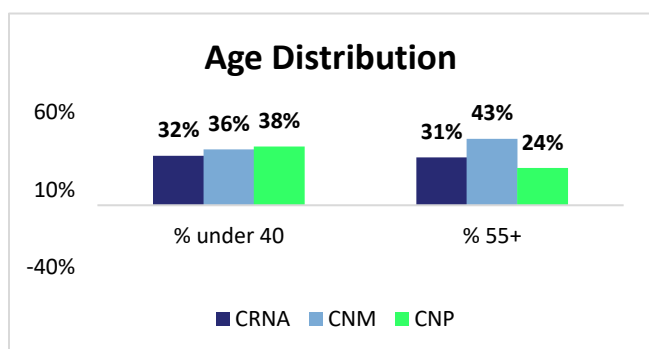
Source: Va. Healthcare Workforce Data Center

CNPs provided about 80% of the nurse practitioner FTEs in the state. CRNAs provided 17% whereas CNMs provided 3% of the FTEs.

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	33	8%	377	92%	410	5%
30 to 34	102	7%	1,301	93%	1,404	16%
35 to 39	156	10%	1,368	90%	1,523	17%
40 to 44	136	11%	1,083	89%	1,219	14%
45 to 49	119	11%	997	89%	1,115	13%
50 to 54	96	11%	772	89%	867	10%
55 to 59	87	10%	778	90%	865	10%
60 +	157	11%	1,270	89%	1,427	16%
Total	886	10%	7,945	90%	8,830	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 90%
% Under 40 Female: 91%

% Female by Specialty

CRNA: 72%
CNM: 100%
CNP: 94%

% Female <40 by Specialty

CRNA: 79%
CNM: 100%
CNP: 94%

Source: Va. Healthcare Workforce Data Center

Median age is 46 for CRNAs and CNMs, and 44 for CNPs.

Age & Gender by Specialty												
Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
Under 30	22	73%	30	2%	16	100%	16	6%	322	93%	346	5%
30 to 34	181	79%	229	15%	42	100%	42	16%	1,229	96%	1,279	18%
35 to 39	176	79%	221	15%	36	100%	36	14%	984	92%	1,066	15%
40 to 44	161	69%	234	16%	37	100%	37	14%	982	92%	1,066	15%
45 to 49	121	68%	178	12%	21	100%	21	8%	728	93%	781	11%
50 to 54	89	60%	148	10%	24	100%	24	9%	739	93%	794	11%
55 to 59	108	76%	141	9%	28	100%	28	11%	539	94%	576	8%
60 +	223	71%	317	21%	59	100%	59	23%	1,057	95%	1,116	16%
Total	1,081	72%	1,499	100%	262	100%	262	100%	6,579	94%	7,023	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Race & Ethnicity (2019)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	62%	7,079	80%	2,593	78%
Black	19%	797	9%	273	8%
Asian	6%	473	5%	234	7%
Other Race	0%	113	1%	51	2%
Two or more races	3%	143	2%	63	2%
Hispanic	9%	230	3%	102	3%
Total	100%	8,835	100%	3,316	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, 2018.

Source: Va. Healthcare Workforce Data Center

At a Glance:

2019 Diversity

Diversity Index: 35%

Under 40 Div. Index: 38%

By Specialty

CRNA: 30%

CNM: 22%

CNP: 36%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender												
Race/ Ethnicity	CRNA				CNM				CNP			
	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,243	83%	398	83%	233	88%	83	87%	5,576	79%	2,051	77%
Black	66	4%	16	3%	15	6%	2	2%	732	10%	271	10%
Asian	86	6%	31	6%	2	1%	2	2%	343	5%	166	6%
Other Race	27	2%	11	2%	7	3%	6	6%	80	1%	35	1%
Two or more races	38	3%	8	2%	0	0%	0	0%	116	2%	61	2%
Hispanic	33	2%	15	3%	8	3%	2	2%	179	3%	90	3%
Total	1,493	100%	479	100%	265	100%	95	100%	7,026	100%	2,674	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Rural Childhood

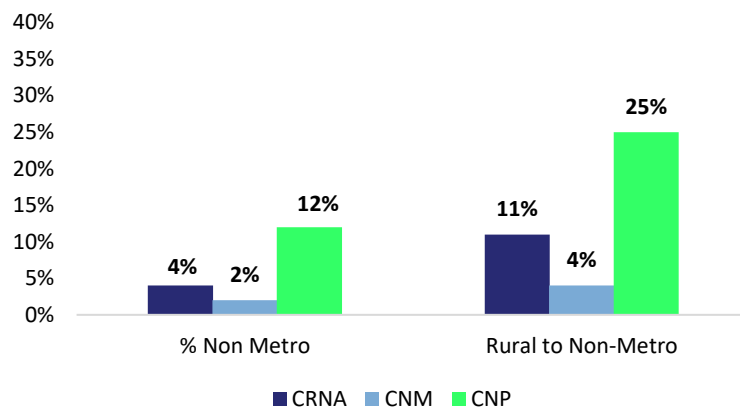
CRNA:	28%
CNM:	17%
CNP:	35%
All:	34%

Non-Metro Location

CRNA:	4%
CNM:	2%
CNP:	12%
All:	11%

Source: Va. Healthcare Workforce Data Center

Current Metro Status

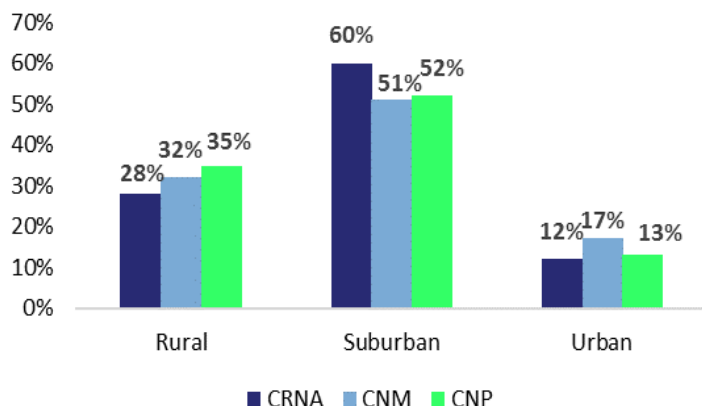


Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	29%	31%	36%	41%
CNM	28%	33%	38%	23%
CNP	50%	56%	61%	59%
All (2019)	44%	50%	55%	54%

Source: Va. Healthcare Workforce Data Center

Metro Status during Youth



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. Also, CNPs had the highest percent reporting a non-metro work location.

A Closer Look:

At a Glance:

Median Educational Debt

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

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 51% and 79% of all CNMs and of CNMs under age 40, respectively, had education debt. Their median debt was \$80k-\$90k. CRNAs also had the same median education debt as CNMs but only 46% of them had education debt. CNPs had the lowest median education debt.

	Highest Degree							
	CRNA		CNM		CNP		All (2019)	
Degree	#	%	#	%	#	%	#	%
NP Certificate	189	13%	9	3%	104	2%	266	3%
Master's Degree	1,054	72%	192	74%	5,447	79%	6,790	78%
Post-Masters Cert.	11	1%	38	15%	690	10%	775	9%
Doctorate of NP	146	10%	16	6%	500	7%	654	8%
Other Doctorate	71	5%	5	2%	170	2%	234	3%
Post-Ph.D. Cert.	0	0%	0	0%	1	0%	0	0%
Total	1,471	100%	260	100%	6,912	100%	8,719	100%

Source: Va. Healthcare Workforce Data Center

	Educational Debt							
	CRNA		CNM		CNP		All (2019)	
Amount Carried	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	54%	25%	49%	21%	51%	38%	50%	36%
\$20,000 or less	5%	3%	5%	6%	8%	10%	3%	8%
\$20,000-\$29,999	4%	3%	6%	5%	4%	5%	4%	4%
\$30,000-\$39,999	3%	3%	2%	2%	5%	5%	5%	5%
\$40,000-\$49,999	3%	4%	0%	0%	4%	5%	4%	5%
\$50,000-\$59,999	3%	4%	4%	7%	4%	5%	4%	4%
\$60,000-\$69,999	2%	3%	4%	6%	4%	6%	4%	5%
\$70,000-\$79,999	2%	4%	4%	6%	4%	5%	4%	5%
\$80,000-\$89,999	3%	7%	3%	3%	3%	5%	3%	5%
\$90,000-\$99,999	1%	2%	3%	2%	2%	2%	2%	2%
\$100,000-\$109,999	2%	4%	2%	0%	3%	5%	4%	5%
\$110,000-\$119,999	1%	1%	4%	7%	1%	2%	1%	2%
\$120,000 or more	16%	37%	16%	34%	6%	7%	9%	14%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	98%
CNM:	91%
CNP:	96%

Involuntary Unemployment

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All (2019)
0 hours	2%	6%	3%	3%
1 to 9 hours	1%	3%	2%	2%
10 to 19 hours	2%	0%	3%	2%
20 to 29 hours	7%	5%	7%	7%
30 to 39 hours	22%	12%	19%	20%
40 to 49 hours	55%	34%	49%	50%
50 to 59 hours	9%	15%	11%	11%
60 to 69 hours	1%	14%	4%	3%
70 to 79 hours	0%	4%	1%	1%
80 or more hours	0%	7%	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. Half of CNPs work 40-49 hours and 16% work more than 50 hours.

Current Positions								
Positions	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
No Positions	25	2%	16	6%	198	3%	250	3%
One Part-Time Position	203	14%	38	15%	1,003	15%	1,253	15%
Two Part-Time Positions	51	3%	4	2%	181	3%	215	3%
One Full-Time Position	940	64%	165	64%	4,449	66%	5,598	65%
One Full-Time Position & One Part-Time Position	206	14%	27	11%	823	12%	1,040	12%
Two Full-Time Positions	1	0%	1	0%	16	0%	26	0%
More than Two Positions	36	2%	5	2%	115	2%	165	2%
Total	1,462	100%	256	100%	6,785	100%	8,547	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employer-Sponsored Benefits*				
Benefit	CRNA	CNM	CNP	All (2019)
Signing/Retention Bonus	24%	15%	13%	16%
Dental Insurance	60%	67%	60%	60%
Health Insurance	61%	72%	62%	63%
Paid Leave	65%	68%	69%	69%
Group Life Insurance	56%	50%	50%	52%
Retirement	71%	75%	71%	72%
Receive at least one benefit	78%	86%	81%	81%

*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 (2019): \$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 the most satisfied. 2% of CNMs reported being very dissatisfied whereas 1% or less of the other NPs, including CRNAs, reported being very dissatisfied.

Income				
Annual Income	CRNA	CNM	CNP	All (2019)
Volunteer Work Only	0%	0%	1%	1%
Less than \$40,000	1%	6%	5%	5%
\$40,000-\$49,999	1%	2%	2%	2%
\$50,000-\$59,999	1%	3%	3%	3%
\$60,000-\$69,999	0%	6%	4%	4%
\$70,000-\$79,999	2%	7%	6%	5%
\$80,000-\$89,999	2%	13%	12%	9%
\$90,000-\$99,999	2%	14%	19%	14%
\$100,000-\$109,999	4%	11%	19%	17%
\$110,000-\$119,999	3%	12%	11%	9%
\$120,000 or more	83%	26%	18%	33%
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 (2019)
Experience Involuntary Unemployment?	1%	4%	1%	1%
Experience Voluntary Unemployment?	3%	6%	5%	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	5%	2%	2%
Work two or more positions at the same time?	19%	13%	17%	17%
Switch employers or practices?	7%	8%	9%	8%
Experienced at least 1	27%	27%	30%	28%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA:	1%
CNM:	4%
CNP:	1%

Underemployed

CRNA:	1%
CNM:	5%
CNP:	2%

Over 2 Years Job Tenure

CRNA:	64%
CNM:	51%
CNP:	53%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	1%	3%	6%	0%	1%	6%
< 6 Months	5%	10%	2%	10%	9%	11%
6 Months-1 yr	8%	13%	9%	7%	12%	14%
1 to 2 Years	21%	25%	32%	10%	25%	23%
3 to 5 Years	21%	25%	31%	33%	22%	23%
6 to 10 Years	17%	13%	9%	20%	14%	13%
> 10 Years	26%	11%	11%	20%	17%	10%
Total	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to be paid by salary or commission. Over three-quarters of them were paid that way, compared to 71% of CNPs and 57% of CRNAs.

Forms of Payment				
Primary Work Site	CRNA	CNM	CNP	All (2019)
Salary/ Commission	57%	76%	71%	68%
Hourly Wage	35%	17%	24%	27%
By Contract	7%	6%	4%	5%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

% in Top 3 Regions

CRNA:	79%
CNM:	71%
CNP:	70%

2 or More Locations

CRNA:	28%
CNM:	16%
CNP:	21%

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Virginia Performs Region	Regional Distribution of Work Locations					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	28%	17%	20%	19%	26%	19%
Eastern	1%	3%	1%	0%	1%	1%
Hampton Roads	23%	27%	18%	28%	18%	16%
Northern	28%	33%	33%	23%	26%	23%
Southside	2%	4%	0%	2%	4%	4%
Southwest	2%	3%	1%	2%	6%	9%
Valley	2%	4%	15%	12%	7%	6%
West Central	8%	6%	12%	7%	10%	11%
Virginia Border State/DC	2%	1%	0%	2%	1%	3%
Other US State	3%	4%	0%	5%	1%	7%
Outside of the US	0%	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%

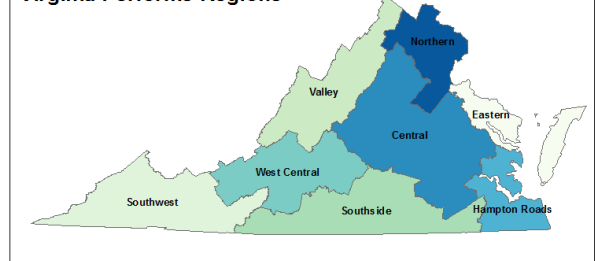
Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations Now*					
	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	26	2%	21	8%	253	4%
1	1,043	71%	193	75%	5,077	75%
2	214	15%	27	11%	874	13%
3	158	11%	15	6%	431	6%
4	19	1%	0	0%	57	1%
5	9	1%	0	0%	34	1%
6 +	8	1%	0	0%	52	1%
Total	1,477	100%	256	100%	6,779	100%

Source: Va. Healthcare Workforce Data Center

*At survey completion (birth month of respondents)

Virginia Performs Regions



A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2019)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	54%	72%	60%	55%	50%	57%	51%	59%
Non-Profit	37%	24%	27%	39%	34%	29%	35%	30%
State/Local Government	3%	1%	7%	2%	10%	10%	9%	7%
Veterans Administration	2%	0%	0%	0%	3%	1%	3%	1%
U.S. Military	3%	2%	6%	5%	2%	2%	3%	2%
Other Federal Government	0%	0%	0%	0%	1%	1%	1%	1%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 84% of CNPs and 87% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government.

At a Glance: (Primary Locations)

For-Profit Primary Sector

CRNA:	54%
CNM:	60%
CNP:	50%

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 (2019)
Meaningful use of EHRs	13%	29%	33%	30%
Remote Health, Caring for Patients in Virginia	3%	5%	9%	8%
Remote Health, Caring for Patients Outside of Virginia	1%	2%	2%	2%
Use at least one	15%	31%	38%	34%

Source: Va. Healthcare Workforce Data Center

A third of the state NP workforce use EHRs. 8% 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 likely because of the nature of their job.

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2019)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Hospital, Inpatient Department	37%	36%	21%	26%	15%	13%	19%	20%
Clinic, Primary Care or Non-Specialty	1%	2%	11%	19%	21%	16%	16%	12%
Physician Office	1%	3%	8%	2%	11%	6%	10%	5%
Private practice, group	4%	3%	21%	16%	9%	5%	8%	4%
Academic Institution (Teaching or Research)	9%	3%	10%	9%	8%	10%	8%	8%
Hospital, Outpatient Department	11%	10%	1%	0%	7%	4%	8%	5%
Ambulatory/Outpatient Surgical Unit	21%	33%	0%	0%	1%	1%	5%	7%
Clinic, Non-Surgical Specialty	0%	1%	5%	7%	4%	3%	4%	3%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	3%	4%	2%	4%
Hospital, Emergency Department	2%	4%	0%	0%	3%	6%	2%	4%
Private practice, group	0%	0%	4%	5%	2%	2%	2%	1%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	0%	0%	2%	3%	2%	3%
Hospice	0%	0%	0%	0%	1%	3%	1%	2%
Other Practice Setting	13%	5%	19%	16%	13%	24%	14%	21%
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, both the inpatient department of a hospital and private practice were the most mentioned primary work establishments whereas for CNPs, primary care clinic was the most mentioned primary work establishment.

At a Glance: (Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	85%
CNP:	86%

Education Role

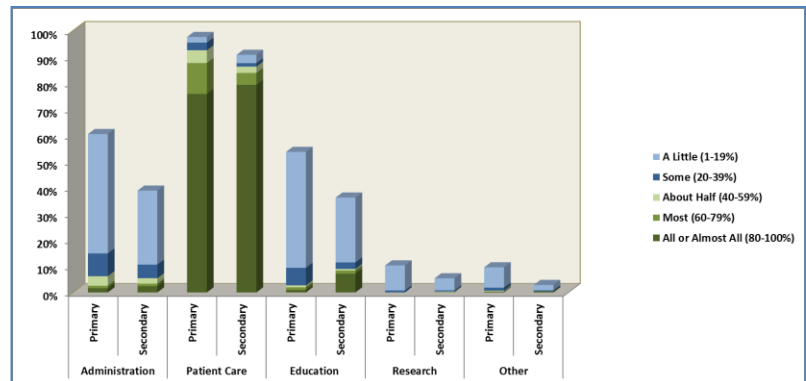
CRNA:	0%
CNM:	3%
CNP:	2%

Admin Role

CRNA:	2%
CNM:	6%
CNP:	3%

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 85% and 86% of CNMs and CNPs, respectively.

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2019)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	89%	94%	63%	78%	73%	73%	76%	79%
Most (60-79%)	6%	3%	22%	8%	14%	6%	12%	5%
About Half (40-59%)	2%	0%	2%	5%	6%	4%	5%	2%
Some (20-39%)	1%	0%	3%	0%	3%	2%	3%	1%
A Little (1-20%)	1%	0%	6%	0%	2%	3%	2%	3%
None (0%)	1%	2%	4%	11%	3%	12%	2%	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Future Plans						
	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
Decrease Participation						
Leave Profession	20	1%	2	1%	67	1%
Leave Virginia	81	5%	10	3%	207	3%
Decrease Patient Care Hours	162	10%	27	9%	631	8%
Decrease Teaching Hours	6	0%	1	0%	98	1%
Increase Participation						
Increase Patient Care Hours	111	7%	14	5%	776	10%
Increase Teaching Hours	87	5%	41	13%	1,012	13%
Pursue Additional Education	76	5%	56	18%	1,094	14%
Return to Virginia's Workforce	1	0%	5	2%	70	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA:	10%
CNM:	8%
CNP:	5%

Retirement within 10 Years

CRNA:	26%
CNM:	23%
CNP:	19%

Source: Va. Healthcare Workforce Data Center

38%, 32% and 37% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 26%, 22%, and 24% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 3%, 10%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

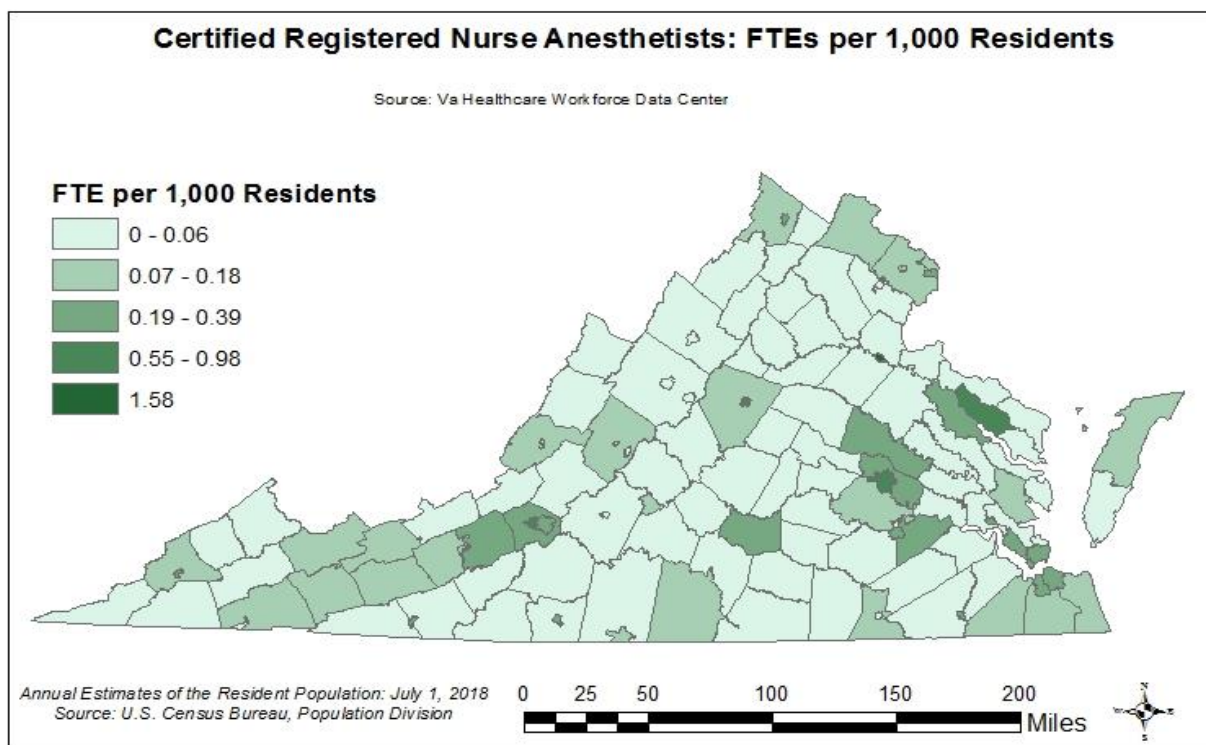
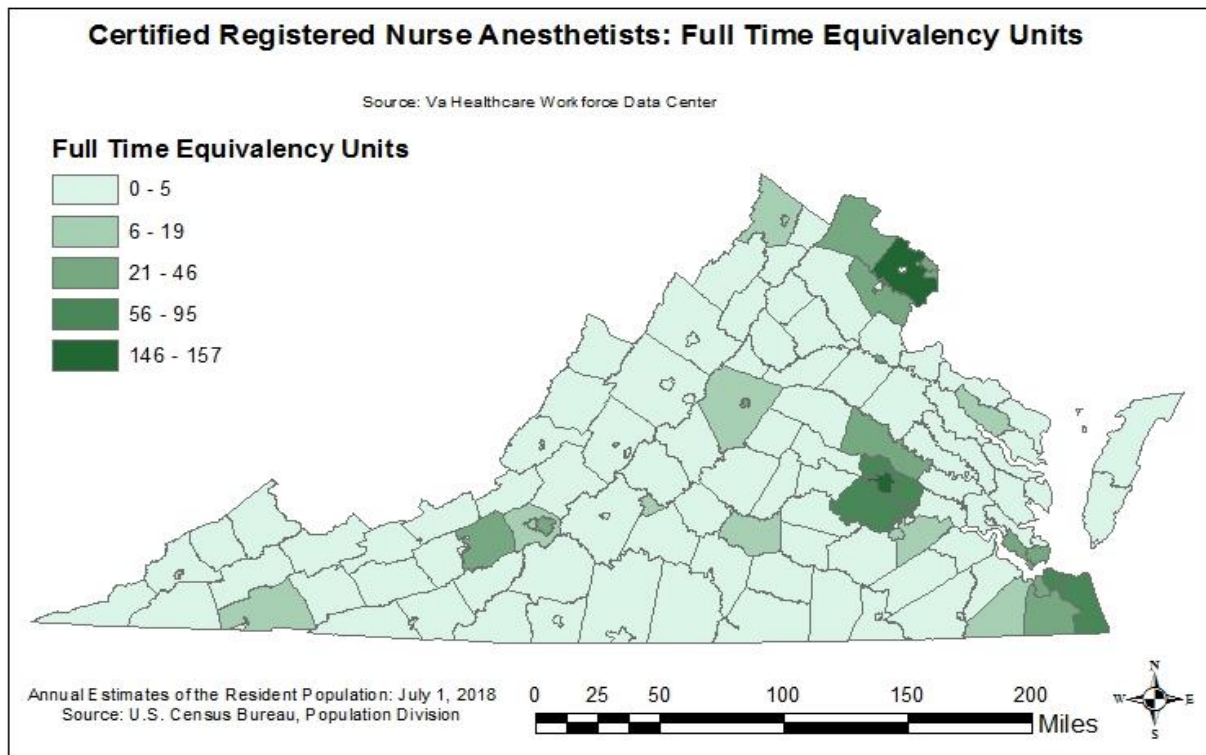
Expected Retirement Age	CRNA		CNM		CNP		All (2019)	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
Under age 50	1%	-	2%	-	1%	-	1%	-
50 to 54	2%	0%	0%	0%	3%	0%	2%	0%
55 to 59	11%	4%	5%	0%	8%	4%	9%	4%
60 to 64	25%	21%	24%	22%	24%	20%	25%	21%
65 to 69	42%	49%	35%	46%	39%	43%	39%	43%
70 to 74	14%	19%	14%	14%	14%	19%	15%	19%
75 to 79	2%	2%	7%	4%	3%	4%	3%	4%
80 or over	1%	1%	2%	1%	1%	2%	1%	2%
I do not intend to retire	3%	3%	10%	12%	6%	7%	5%	7%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Expect to retire within. . .	Time to Retirement							
	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
2 years	128	10%	17	8%	291	5%	445	6%
5 years	66	5%	13	6%	184	3%	223	3%
10 years	140	11%	22	10%	626	11%	828	11%
15 years	155	12%	26	12%	633	11%	796	10%
20 years	149	12%	21	9%	669	11%	827	11%
25 years	161	12%	14	6%	801	14%	1,030	14%
30 years	206	16%	25	11%	859	15%	1,170	15%
35 years	119	9%	27	12%	791	13%	994	13%
40 years	100	8%	14	6%	493	8%	585	8%
45 years	19	1%	12	5%	181	3%	197	3%
50 years	17	1%	6	3%	40	1%	83	1%
55 years	0	0%	4	2%	5	0%	15	0%
In more than 55 years	3	0%	0	0%	8	0%	10	0%
Do not intend to retire	33	3%	23	10%	334	6%	385	5%
Total	1,294	100%	224	100%	5,916	100%	7,588	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 2029. Retirements will peak at 13% of the current workforce around 2044 before declining to under 10% of the current workforce again around 2059.



Note:

Maps show 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%.

