

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

Department of Health Professions
Henrico, Virginia 23233

BUSINESS MEETING AGENDA

February 22, 2023 at 9:00 A.M.- **Board Room 4**

***DHP Mission** – the mission of the Department of Health Professions is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.*

Call To Order – Brandon Jones, MSN, RN, CEN, NEA-BC, Chair

Establishment of Quorum

Announcement

A. Review of Minutes

*A1 October 12, 2022 Business Meeting

*A2 October 12, 2022 Formal Hearing

- *A4 - Congress Eliminates X-Waiver Requirement to Prescribe Buprenorphine to Treat OUD
- *A5 - DEA changes Registration Requirement

Dialogue with DHP Director – Mr. Owens

Public Comment

B. Legislation/Regulations – Ms. Barrett

**B1 Chart of Regulatory Actions

B2 Report of the 2023 General Assembly

C. New Business

- Healthcare Workforce Data Center (HWDC) Reports
 - ❖ *Virginia's License Nurse Practitioner Workforce: 2022
 - ❖ *Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty
- Members of Advisory Committee Appointment
 - ❖ Sarah E. Hobgood, MD (2nd term ends 2022)
 - *CV – Rizwan Ali, MD for consideration
 - *CV – Adam T. Kaul, MD for consideration

Environmental Scan – Advisory Committee Members (verbal report)

Next Meeting – Wednesday, April 26, 2023, at 9:00 A.M in Board Room 2

**10:30 A.M – Consideration of Agency Subordinate Recommendations
Joint Boards Members ONLY**

- *Winter Marie McFarland, L.N.P.
- *Kimberly Butler Vivaldi, L.N.P.
- *Donna Marie Greenfield, L.N.P.
- **Christina Pacileo Blottner, L.N.P.

Adjourn

**11:00 A.M. – Administrative Proceeding
Members of the Committee of the Joint Boards ONLY**

(*mailed 2/1) (**mailed 2/8)

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
October 12, 2022**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:02 A.M., October 12, 2022 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Brandon A. Jones, MSN, RN, CEN, NEA-BC; Board of Nursing - **Chair**
Laurie Buchwald, MSN, WHNP, FNP; Board of Nursing
Helen M. Parke, DNP, FNP-BC; Board of Nursing
David Archer, MD; Board of Medicine
Blanton Marchese; Board of Medicine
Ryan Williams, MD; Board of Medicine

MEMBERS ABSENT: None

ADVISORY COMMITTEE MEMBERS PRESENT: Kevin E. Brigle, PhD, RN, ANP
Mark Coles, MSN, BA, RN, NP-C
Komkwuan P. Parachabutr, DNP, FNP-BC, WHNP-BC, CNM
David A. Ellington, MD
Stuart Mackler, MD
Olivia Mansilla, MD

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for
Advanced Practice
Tamika Claiborne, BS, Senior Licensing/Discipline Specialist
Huong Vu, Operations Manager; Board of Nursing

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General; Board Counsel
David Brown, DC, DHP Director
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE: Ben Traynham, Medical Society of Virginia (MSV)
Clark Barrineau, MSV
Becky Bowers-Lanier, Lobbyist for Virginia Association of Clinical Nurse
Specialists (VACNS)
Patricia Selig, Board of Nursing staff

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

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

ANNOUNCEMENT: Mr. Jones noted the announcements as presented on the Agenda.

New Committee Members:

- **Brandon Jones, MSN, RN, CEN, NEA-BC; Chair**
Unexpired Term ends June 2023
Roanoke
- **Helen M. Parke, DNP, FNP-BC**
1st Term Expires June 2026
Lynchburg
- **Joel Silverman, MD**
1st Term Expires June 2023
Richmond

New Staff Members:

- **Tamika Claiborne, BS**
Senior Licensing Discipline Specialist for Licensed Certified
Midwives profession

Mr. Jones, Dr. Parke, Dr. Silverman, and Ms. Claiborne shared their background information.

REVIEW OF MINUTES: The minutes of the April 20, 2022 Business Meeting, April 20, 2022 Formal Hearing, and July 20, 2022 Formal Hearing were reviewed. Dr. Williams moved to accept the minutes as presented. The motion was seconded by Ms. Buchwald and passed unanimously.

PUBLIC COMMENT: No public comments were received.

DIALOGUE WITH AGENCY DIRECTOR: Dr. Brown reviewed the following Reports to the General Assembly:

- **APRN Report** – recommendations included 1) update nomenclature from LNP to APRN, and 2) regulate APRNs solely by the BON
- **Hb 793-NP Autonomous Practice Report** focused on the geographic location and discipline of NPs who have been issued the autonomous practice designation
- **Midwifery Regulatory Entity Report** - no change in regulatory structure recommended at this time

LEGISLATION/
REGULATIONS:

B1 Chart of Regulatory Actions:

In Ms. Barrett’s absence, Dr. Hills reported that the only update on the Chart is that the proposed regulations for Licensed Certified Midwives have moved to Secretary’s Office.

NEW BUSINESS:

E-Prescribing Workgroup report - Dr. Brown reported:

- pharmacies are entirely compliant with utilizing SureScripts, software for compliance and security of E-prescriptions, esp for opioids
- Virginia falls in the middle on implementation
- there was some discussion whether to expand mandate of E-prescribing to all controlled substances (prior authorization included) but final decision was to not recommend an expansion since prescribing is already moving in that direction

2023 Committee of the Joint Boards dates

PRESENTATION:

Dr. Hills presented an overview of the Committee of Joint Boards

ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS

Mr. Jones asked for updates from the Advisory Committee Members.

Dr. Brigle reported that VCNP is preparing for new legislation.

Dr. Parachabutr advised that Virginia CNMs are anticipating the 2023 legislative session.

Mr. Jones thanked Advisory Committee Members for their participation.

Members of the Advisory Committee, Dr. Brown, Dr. Harp and the public left the meeting at 9:54 A.M.

RECESS:

The Committee recessed at 9:54 A.M.

RECONVENTION:

The Committee reconvened at 10:18 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Melanie Dorion, LNP

0024-171240

Ms. Dorion did not appear.

CLOSED MEETING: Ms. Buchwald 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 10:19 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Ms. Buchwald moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, Mr. Saunders, Ms. Vu, 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 Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:25 A.M.

Ms. Buchwald 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 by Mr. Marchese and carried unanimously.

Dr. Williams moved that the Committee of the Joint Boards of Nursing and Medicine reject the recommended decision of the agency subordinate regarding **Melanie Dorion L.N.P** and refer the matter to a formal hearing. The motion was seconded by Ms. Buchwald and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 10:26 A.M.

Robin L. Hills, DNP, RN, WHNP
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING
MINUTES
October 12, 2022**

TIME AND PLACE: The hearing of the Committee of the Joint Boards of Nursing and Medicine was called to order at 10:38 A.M., on October 12, 2022.

**COMMITTEE MEMBERS
PRESENT:**

Brandon A. Jones, MSN, RN, CEN, NEA-BC; **Chair**
Laurie Buchwald, MSN, WHNP, FNP
Helen M. Parke, DNP, FNP-BC;
Joel Silverman, MD
L. Blanton Marchese
Ryan P. Williams, MD

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Tamika Claiborne, BS, Senior Licensing Discipline Specialist
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Brent Saunders, Assistant Attorney General

**ESTABLISHMENT OF
A QUORUM:**

Mr. Jones called the meeting to order and established that a quorum consisting of 6 members was present.

FORMAL HEARING:

Amy Austin Dickenson, LNP (0024-172952)

Ms. Dickenson appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Kim Taylor, court reporter with Farnsworth & Taylor Reporting recorded the proceedings

Parke Slater, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING:

Ms. Buchwald moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(28) of the *Code of Virginia* at 11:26 A.M. for the purpose of deliberation to reach a decision in the matter of **Amy Austin Dickenson**. Additionally, Ms. Buchwald moved that Ms. Douglas, Ms. Claiborne, Ms.

Goode, Mr. Saunders, 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 Committee in its deliberations. The motion was properly seconded by Dr. Williams and the motion carried unanimously.

RECONVENTION: The Committee reconvened in open session at 12:01 P.M.

Ms. Buchwald 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 properly seconded by Mr. Marchese. A roll call was taken and the motion carried unanimously.

ACTION: Dr. Parke moved to indefinitely suspend the license of **Amy Austin Dickenson** to practice as a nurse practitioner in the Commonwealth of Virginia with suspension stayed contingent upon entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remind in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Williams and carried unanimously.

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

ADJOURNMENT: The meeting was adjourned at 12:02 P.M.

Robin Hills, DNP, RN, WHNP
Deputy Executive Director

Congress Eliminates X-Waiver Requirement to Prescribe Buprenorphine to Treat OUD

With the passage and signing into law of a federal omnibus appropriations bill, the requirement that healthcare providers possess a Drug Enforcement Administration (DEA) X-waiver to prescribe buprenorphine to treat opioid use disorder (OUD) has been eliminated. The move is intended to expand access to addiction treatment.

Named for the "x" that accompanies a narcotics prescribing license, DEA X-waivers have been required to prescribe buprenorphine, a Schedule III drug, as treatment for OUD. Applying for an X-waiver required providers to undergo additional training. The X-waiver requirement had also limited the number of patients providers can treat. It was largely seen as a barrier preventing many practitioners from treating addiction.

DEA Announces Important Change to Registration Requirement

Dear DEA Registrant:

On December 29, 2022, with the signing of the Consolidated Appropriations Act of 2023 (the Act), Congress eliminated the "DATA-Waiver Program."

DEA fully supports this significant policy reform. In this moment, when the United States is suffering tens of thousands of opioid-related drug poisoning deaths every year, the DEA's top priority is doing everything in our power to save lives. Medication for opioid use disorder helps those who are fighting to overcome opioid use disorder by sustaining recovery and preventing overdoses. At DEA, our goal is simple: we want medication for opioid use disorder to be readily and safely available to anyone in the country who needs it. The elimination of the X-Waiver will increase access to buprenorphine for those in need.

All DEA registrants should be aware of the following:

- A DATA-Waiver registration is no longer required to treat patients with buprenorphine for opioid use disorder.
- Going forward, all prescriptions for buprenorphine only require a standard DEA registration number. The previously used DATA-Waiver registration numbers are no longer needed for any prescription.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine.
- The Act does not impact existing state laws or regulations that may be applicable.

Separately, the Act also introduced new training requirements for all prescribers. These requirements will not go into effect until June 21, 2023. The DEA and SAMHSA are actively working to provide further guidance and DEA will follow up with additional information on these requirements shortly. Importantly, these new requirements do not impact the changes related to elimination of the DATA-Waiver Program described above.

Sincerely,

Anne Milgram
Administrator

For information regarding DEA's Diversion Control Division, please visit <https://www.DEAdiversion.usdoj.gov>. Please contact the Diversion Control Division Policy Section at ODLP@dea.gov if you seek additional assistance regarding this or any other matter.

Committee of the Joint Boards of Nursing and Medicine
Current Regulatory Actions
February 7, 2023

VAC	Stage	Subject Matter	Date submitted*	Office; time in office**	Notes
18VAC90-70	Proposed	New regulations for licensed certified midwives	8/21/2022	HHR; 126 days	Boards of Nursing and Medicine will only be able to license this category of practitioner once final regulations are published and become effective.
18VAC90-30	Fast-Track	Amendments to regulations governing clinical nurse specialist practice agreements	Board of Medicine approved 8/5; Board of Nursing approved 9/13	HHR 53 days	Implements changes from the 2022 General Assembly.

* Date submitted to current location

** As of February 7, 2023

**Report of the General Assembly
Committee of the Joint Boards of Nursing and Medicine
February 22, 2023**

HB 1426 Human trafficking; continuing education required for biennial renewal of licensure.

Chief patron: Tata

Companion Bill: SB1147 (Boysko)

Summary as passed House:

Board of Medicine; continuing education; human trafficking. Requires that, of the hours of continuing education required for renewal of licensure, any licensee of the Board of Medicine may be required by the Board of Medicine to complete up to two hours of continuing learning activities or courses in a specific subject area. Under the bill, if the Board of Medicine designates a subject area for continuing learning activities or courses, the first subject area shall be on the topic of human trafficking.

02/20/23 Senate: Passed Senate (40-Y 0-N)

HB 1511 Midwifery; administration of medication.

Chief patron: Adams, D.M.

Companion Bill: SB1275 (Dunnavant)

Summary as passed House:

Midwifery; administration of medication. Allows licensed midwives to obtain, possess, and administer drugs and devices within the scope of their practice. The bill requires the Board of Medicine, in consultation with the Midwifery Advisory Board, to establish regulations to allow for the possession and administration of medications by licensed midwives. The bill limits the liability of entities that provide or dispense drugs or devices to a licensed midwife and that rely in good faith upon the license information provided by the licensed midwife. The bill contains a technical amendment.

02/15/23 House: Senate substitute agreed to by House 23106519D-S1 (98-Y 0-N)

02/15/23 House: VOTE: Adoption (98-Y 0-N)

HB 1573 Mental health conditions & impairment; health regulatory board w/in DHP to amend its applications.

Chief patron: Walker

Companion Bill: SB970 (Mason)

Summary as passed House:

Department of Health Professions; applications for licensure, certification, and registration; mental health conditions and impairment; emergency. Directs each health regulatory board within the Department of Health Professions to amend its licensure, certification, and registration applications to remove any existing questions pertaining to mental health conditions and impairment and to include the following questions: (i) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? The bill contains an emergency clause.

EMERGENCY

02/13/23 Senate: Passed Senate (40-Y 0-N)

02/16/23 House: Enrolled

HB 1622 Health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

Chief patron: Wright

AGENCY BILL

Summary as introduced:

Health regulatory boards; delegation of authority to conduct Informal fact-finding proceedings. Removes the requirement that a health regulatory board receive information that a practitioner may be subject to a disciplinary action in order for the board to delegate to an appropriately qualified agency subordinate the authority to conduct informal fact-finding proceedings.

02/20/23 Senate: Passed Senate (38-Y 2-N)

HB 1638 DPOR, et al.; disclosure of certain information.

Chief patron: Walker

Companion Bill: SB1060 (Favola)

AGENCY BILL

Summary as introduced:

Department of Professional and Occupational Regulation, Department of Health Professions, and related regulatory boards; disclosure of information regarding examinations, licensure, certification, registration, or permitting. Allows the Department of Professional and Occupational Regulation, the Department of Health Professions, and professional, occupational, and health regulatory boards to mail or email upon request records regarding applications for admission to examinations or for licensure, certification, registration, or permitting and the related scoring records to the individual to whom such records pertain. Under current law, such records may be made available for copying by the subject individual at the office of the Department or board that possesses the material during normal working hours. This bill is identical to SB 1060.

02/13/23 Senate: Passed Senate (40-Y 0-N)

02/16/23 House: Enrolled

HB 1658 Health professions; proposed scope of practice changes, health regulatory board assessment required.

Dead Bill

Chief patron: Price

Summary as introduced:

Proposed scope of practice changes; health regulatory board assessment required; report. Directs the General Assembly to submit bills proposing scope of practice changes related to the health professions to the relevant health regulatory board for assessment. The bill provides that the relevant health regulatory board has 24 months to complete its assessment and directs the board to forward a report summarizing its assessment and recommendations to the chairman of the standing committee that requested the assessment.

01/26/23 House: Subcommittee recommends striking from docket (6-Y 0-N)

02/07/23 House: Left in Health, Welfare and Institutions

HB 1754 Telemedicine; practitioner-patient relationship, continuity of care.

Chief patron: Head

Companion Bill: SB1119 (Stuart)

Summary as passed House:

Telemedicine. Allows a patient located in the Commonwealth who is seeking continuity of care through telemedicine services from a practitioner licensed in another state or the District of Columbia with whom the patient has previously established a practitioner-patient relationship, if such practitioner is unavailable, to see another practitioner of the same subspecialty at the same group practice with access to the patient's treatment history for continuity of care via telemedicine services until the practitioner with whom the patient has previously established a practitioner-patient relationship becomes available.

02/20/23 Senate: Passed Senate (40-Y 0-N)

HB 1787 Schedule VI controlled substance; practitioner-patient relationship.

Dead Bill

Chief patron: Robinson

Summary as introduced:

Prescription for controlled substance; practitioner-patient relationship. Allows a practitioner to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance if the patient chooses not to seek reimbursement by a health plan or carrier for the prescribing and if such prescribing complies with federal requirements for the practice of telemedicine.

01/26/23 House: Subcommittee recommends striking from docket (10-Y 0-N)

02/07/23 House: Left in Health, Welfare and Institutions

HB 2183 Nurse practitioners; practice authority upon licensure.

Dead Bill

Chief patron: Robinson

Summary as introduced:

Nurse practitioners; practice authority upon licensure. Removes the requirement that nurse practitioners, other than a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist, who meet certain conditions may practice without a practice agreement only if they have completed the equivalent of at least five years of full-time clinical experience as a licensed nurse practitioner. The bill also removes patient care team requirements for nurse practitioners. The bill removes the existing provision allowing a physician to serve as a patient care team physician on a patient care team with up to 10 nurse practitioners licensed in the category of psychiatric-mental health nurse practitioner, thus limiting any patient care team physician to a patient care team with no more than six nurse practitioners.

01/19/23 House: House subcommittee amendments and substitutes offered

01/19/23 House: Subcommittee failed to recommend reporting (3-Y 3-N)

01/26/23 House: House subcommittee amendments and substitutes offered

02/07/23 House: Left in Health, Welfare and Institutions

HB 2287 Certified registered nurse anesthetists; practice.

Dead Bill

Chief patron: Wampler

Summary as introduced:

Practice of certified registered nurse anesthetists. Allows certified registered nurse anesthetists to practice in consultation with a doctor of medicine, osteopathy, podiatry, or dentistry. Currently, certified registered nurse anesthetists are required to practice under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry.

01/26/23 House: Subcommittee recommends striking from docket (5-Y 0-N)

02/07/23 House: Left in Health, Welfare and Institutions

SB 792 COVID-19 immunization; prohibition on requirement, discrimination prohibited, civil penalty.

Dead Bill

Chief patron: Chase

Summary as introduced:

COVID-19 immunization; prohibition on requirement; discrimination prohibited; civil penalty. Prohibits the State Health Commissioner and the Board of Health, the Board of Behavioral Health and Developmental Services, the Department of Health Professions and any regulatory board therein, and the Department of Social Services from requiring any person, including any child, to undergo vaccination for COVID-19 and prohibits discrimination based on a person's COVID-19 vaccination status (i) with regard to education, employment, or issuance of a driver's license or other state identification or (ii) in numerous other contexts. The bill establishes a civil penalty for violation of this prohibition by an employer.

02/02/23 Senate: Passed by indefinitely in Education and Health (8-Y 5-N)

SB 930 Health care; decision making, end of life, penalties.

Dead Bill

Chief patron: Hashmi

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled

substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/26/23 Senate: Passed by indefinitely in Education and Health (9-Y 5-N)

SB 932 Virginia Psilocybin Advisory Board; established, report.

Dead Bill

Chief patron: Hashmi

Summary as introduced:

Virginia Psilocybin Advisory Board established; report; Drug Control Act reclassification of psilocybin. Establishes the Virginia Psilocybin Advisory Board to develop a long-term strategic plan for establishing therapeutic access to psilocybin services and monitor and study federal laws, regulations, and policies regarding psilocybin. The bill requires the Board to report annually by December 1 to the Governor and the General Assembly regarding its activities and recommendations. The bill reclassifies psilocybin under the Drug Control Act from a Schedule I to a Schedule III controlled substance.

02/07/23 Senate: Read third time and passed Senate (25-Y 15-N)

02/10/23 House: Referred to Committee on Rules

02/14/23 House: Tabled In Rules (13-Y 5-N)

SB 948 Pharmacist scope of practice; initiation of treatment for various diseases and conditions.

Chief patron: Suetterlein

Summary as passed Senate:

Pharmacist scope of practice; Initiation of treatment for certain diseases and conditions. Allows pharmacists to initiate treatment with, dispense, or administer controlled substances or devices for treatment of Group A Streptococcus infection, influenza virus infection, and urinary tract infection to persons 18 years of age or older or persons otherwise authorize to consent with whom the pharmacist has a bona fide pharmacist-patient relationship in accordance with regulations set forth by the Board of Pharmacy. The bill directs the Board of

Pharmacy to adopt a statewide protocol for the initiation of treatment with and dispensing and administering of drugs and devices by pharmacists in accordance with the provisions of the bill by November 1, 2023. The bill requires that such protocol be developed by a work group consisting of representatives from the Board of Pharmacy, Board of Medicine, and Department of Health, with an equal number of members who are representatives of the Board of Pharmacy and Board of Medicine.

02/17/23 House: Passed House with amendments (65-Y 34-N)

02/17/23 House: VOTE: Passage (65-Y 34-N)

02/20/23 Senate: House amendments agreed to by Senate (39-Y 1-N)

SB 975 Certified nurse midwives, etc.; designation as advanced practice registered nurses.

Chief patron: Peake

Summary as passed Senate:

Certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists, and nurse practitioners; designation as advanced practice registered nurses. Changes references to certain practitioners in the Code to advanced practice registered nurse in order to align the Code with the professional designations established by the Consensus Model for Advanced Practice Registered Nurses Regulation established by the National Council of State Boards of Nursing.

02/17/23 House: VOTE: Block Vote Passage (99-Y 0-N)

SB 1054 Interjurisdictional compacts; criminal history record checks.

Chief patron: Peake

Companion Bill: HB2159 (Fariss)

AGENCY BILL

Summary as introduced:

Interjurisdictional compacts; criminal history record checks. Provides that when an interjurisdictional compact requires criminal history record checks as a condition of participation, the applicable health regulatory board shall require each applicant to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through

the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information.

02/14/23 House: Reported from Health, Welfare and Institutions (21-Y 0-N)

02/17/23 House: VOTE: Block Vote Passage (99-Y 0-N)

SB 1105 Nurse practitioners and licensed certified midwives; licensed by the Board of Nursing only.

Dead Bill

Chief patron: Boysko

Summary as introduced:

Board of Medicine; Board of Nursing; Joint licensing of nurse practitioners and licensed certified midwives. Moves the professions of nurse practitioners and licensed certified midwives from being licensed jointly by the Board of Medicine and the Board of Nursing to being licensed by the Board of Nursing only.

01/19/23 Senate: Passed by indefinitely in Education and Health (13-Y 1-N)

SB 1198 Drug Control Act; prohibition of distribution of hypodermic needles, exception.

Chief patron: Saslaw

Summary as introduced:

Drug Control Act; prohibition of distribution of hypodermic needles; exception. Provides an exception to the prohibition of distribution of hypodermic needles for the distribution of hypodermic needles that are designed to be used with a reusable injector pen for the administration of insulin.

02/17/23 House: VOTE: Block Vote Passage (99-Y 0-N)

02/20/23 Senate: Passed by for the day

SB 1440 Continuing education; implicit bias and cultural competency in health care.

Dead Bill

Chief patron: Locke

Companion Bill: HB1734 (Head)

Summary as introduced:

Board of Medicine; continuing education; implicit bias and cultural competency in health care. Requires the Board of Medicine to adopt and implement policies that require each practitioner licensed by the Board who has direct contact with persons who are or may become pregnant to complete two hours of continuing education related to implicit bias, defined in the bill, and cultural competency in health care at least once every other license renewal cycle.

02/01/23 Senate: Senate subcommittee amendments and substitutes offered

02/01/23 Senate: Senate subcommittee amendments and substitutes offered

02/02/23 Senate: Passed by indefinitely in Education and Health with letter (15-Y 0-N)

SB 1458 Assisted living facilities; Sec. of Labor, et al., to study regulating staffing agencies.

Dead Bill

Chief patron: Ebbin

Summary as passed Senate:

Secretary of Labor; Department of Health Professions; work group to study regulation of temporary staffing agencies; temporary health care staff; report. Directs the Secretary of Labor, in collaboration with the Department of Health Professions, to convene a work group to study the use of and potential to regulate temporary staffing agencies providing temporary health care staff in assisted living facilities, adult day care centers, nursing homes, and hospices.

02/16/23 House: Tabled in Health, Welfare and Institutions (12-Y 10-N)

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: 2022

Healthcare Workforce Data Center

October 2022

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 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/>

5,789 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 their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

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Contents

Results in Brief	2
Summary of Trends	2
Survey Response Rates	3
The Workforce	4
Demographics	5
Background	6
Education	8
Specialties & Certifications	9
Current Employment Situation	10
Employment Quality	11
2022 Labor Market	12
Work Site Distribution	13
Establishment Type	14
Time Allocation	16
Retirement & Future Plans	17
Full-Time Equivalency Units	19
Maps	20
Virginia Performs Regions	20
Area Health Education Center Regions	21
Workforce Investment Areas	22
Health Services Areas	23
Planning Districts.....	24
Appendices	25
Appendix A: Weights	25

The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

Licenses:	17,057
Virginia's Workforce:	13,178
FTEs:	11,655

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:	64%
Satisfied?:	93%

Survey Response Rate

All Licensees:	34%
Renewing Practitioners:	86%

Education

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

Job Turnover

Switched Jobs:	9%
Employed over 2 yrs:	53%

Demographics

Female:	90%
Diversity Index:	43%
Median Age:	44

Finances

Median Income:	\$100k-\$110k
Health Benefits:	64%
Under 40 w/ Ed debt:	63%

Time Allocation

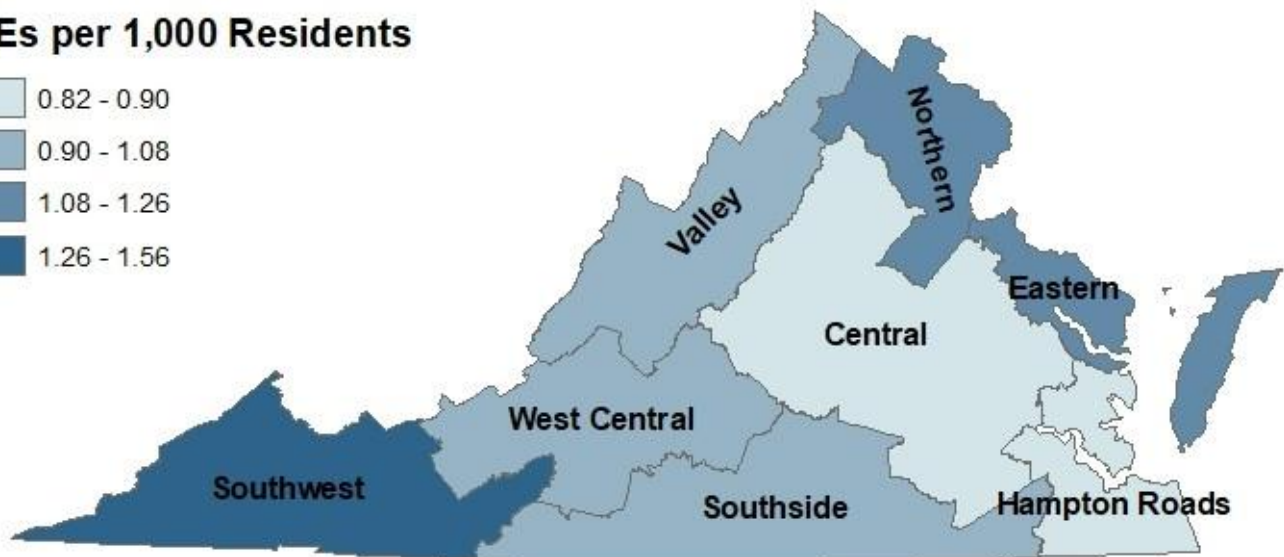
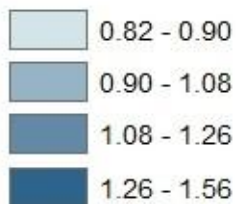
Patient Care:	90%-99%
Patient Care Role:	87%
Admin. Role:	3%

Source: Va. Healthcare Workforce Data Center

Full Time Equivalency Units Provided by Nurse Practitioners per 1,000 Residents by Virginia Performs Areas

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2021
Source: U.S. Census Bureau, Population Division



Over 5,700 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2022 Licensed Nurse Practitioner Workforce Survey¹. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during license renewal, which takes place during a two-year renewal cycle in the birth month of each respondent. About half of all NPs have access to the survey every year. The 2022 survey respondents represent 34% of the 17,057 NPs who are licensed in the state and 86% of renewing practitioners. This report includes any advanced practice registered nurse. Detailed information on NPs, nurse anesthetists, and/or certified nurse midwives is available as a separate report.

The HWDC estimates that 13,178 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 2021 and September 2022, Virginia's NP workforce provided 11,655 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 NPs are female, and the median age of all NPs is 44. In a random encounter between two NPs, there is a 43% chance that they would be of different races or ethnicities; this measure is known as the diversity index. This makes Virginia's NP workforce less diverse than the state's overall population which has a diversity index of 58%. The diversity index is 46% among NPs under age 40. Over one-third of NPs grew up in a rural area, and 23% of these professionals currently work in non-Metro areas of the state. Overall, 14% 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.

Over three quarters of all NPs hold a Master's degree as their highest professional degree and over 20% have at least a Master's degree. Half of all NPs currently carry educational debt, including 63% 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 six years. In 2018, the General Assembly authorized the Committee of the Joint Boards of Nursing and Medicine (the Joint Boards) to promulgate regulations that permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner. A separate report on this policy was submitted to the General Assembly². In 2020, the General Assembly reduced the required clinical experience to two years before autonomous practice. This change sunsets July 1, 2022; if not reenacted, the prerequisite years of clinical experience will again be 5 years. The number of licensed NPs in the state has more than doubled since 2014; the number in the state's workforce also has more than doubled, and the FTEs provided increased by 102%. Compared to 2020, the response rate of renewing NPs increased from 77% to 86%. The percent of NPs working in non-metro areas also reached a high of 14% compared to 11% in 2020.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to a high of 43% in 2022, though the diversity index is still lower than the statewide diversity index (58%). Median age declined from 48 years in 2014 to 44 years in 2020 and stayed at 44 through 2022. NPs educational attainment has increased since 2014. In 2022, the percent of NPs with a doctorate NP increased to an all-time high of 11%, this level is considerably higher than the 2014 level of 4%. Not surprisingly, the percent carrying debt also has increased across the years; 50% of all NPs now carry debt compared to 40% in 2014. Median debt is now \$60,000-\$70,000, up from \$40,000-\$50,000 in 2014. Median income has stayed at \$100,000-\$110,000 since 2017. Involuntary unemployment increased from less than 1% in previous years to 4% in 2020 and then decreased to 1% in 2022. Retirement expectations have declined over time; and 20% of NPs intend to retire within a decade of the survey, as compared to 24% in 2014.

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 more NPs responding. This distinction should be kept in mind when comparing this year's survey to previous years.

² <https://rga.lis.virginia.gov/Published/2021/RD625/PDF>

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	6,280	37%
New Licensees	2,124	12%
Non-Renewals	822	5%
Renewal date not in survey period	7,831	46%
All Licensees	17,057	100%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. More than eight of every ten renewing NPs submitted a survey. These represent 34% of NPs who held a license at some point during the licensing period.

Definitions

- 1. The Survey Period:** The survey was conducted between October 2021 and September 2022 in the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey 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.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
By Age			
Under 30	394	78	17%
30 to 34	1,437	792	36%
35 to 39	2,234	854	28%
40 to 44	1,663	1,004	38%
45 to 49	1,563	680	30%
50 to 54	1,194	829	41%
55 to 59	1,017	471	32%
60 and Over	1,766	1,081	38%
Total	11,268	5,789	34%
New Licenses			
Issued After Sept. 2021	1,986	138	6%
Metro Status			
Non-Metro	862	519	38%
Metro	6,248	3,963	39%
Not in Virginia	4,157	1,307	24%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	5,789
Response Rate, all licensees	34%
Response Rate, Renewals	86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number: 17,057
 New: 12%
 Not Renewed: 5%

Response Rates

All Licensees: 34%
 Renewing Practitioners: 86%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's NP Workforce: 13,178
 FTEs: 11,655

Utilization Ratios

Licenses in VA Workforce: 77%
 Licenses per FTE: 1.46
 Workers per FTE: 1.13

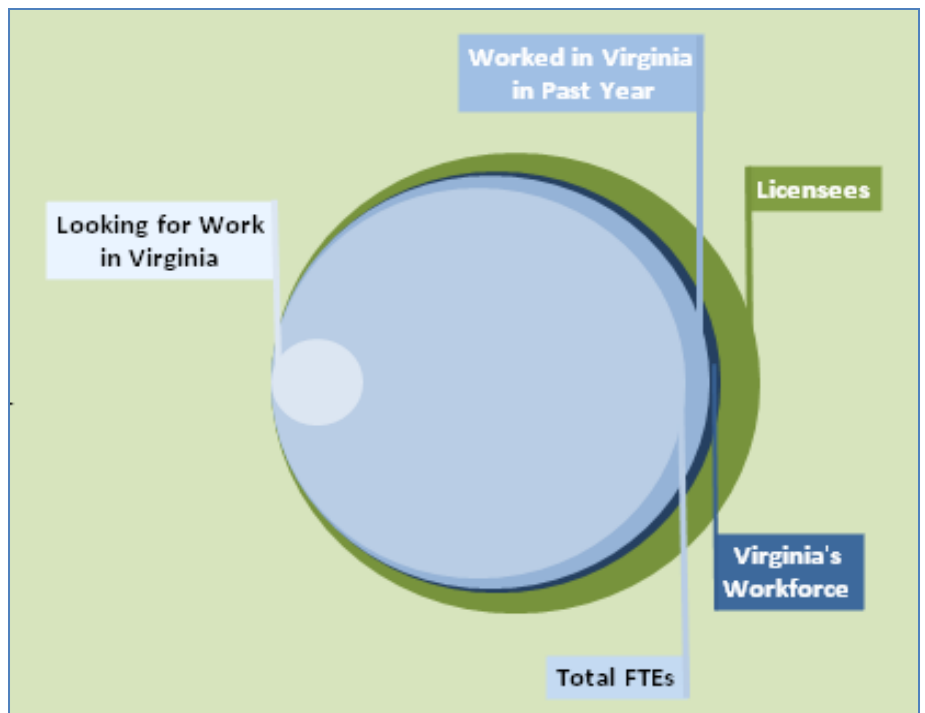
Source: Va. Healthcare Workforce Data Center

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.

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	12,944	98%
Looking for Work in Virginia	235	2%
Virginia's Workforce	13,178	100%
Total FTEs	11,655	
Licenses	17,057	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	44	12%	334	88%	378	3%
30 to 34	137	8%	1,475	92%	1,612	14%
35 to 39	153	7%	1,918	93%	2,071	18%
40 to 44	191	11%	1,569	89%	1,760	15%
45 to 49	191	13%	1,300	87%	1,490	13%
50 to 54	139	11%	1,157	89%	1,296	11%
55 to 59	123	12%	881	88%	1,005	9%
60 +	202	11%	1,590	89%	1,792	16%
Total	1,180	10%	10,223	90%	11,403	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Age
 Median Age: 44
 % Under 40: 36%
 % 55+: 25%

Diversity
 Diversity Index: 43%
 Under 40 Div. Index: 46%

Source: Va. Healthcare Workforce Data Center

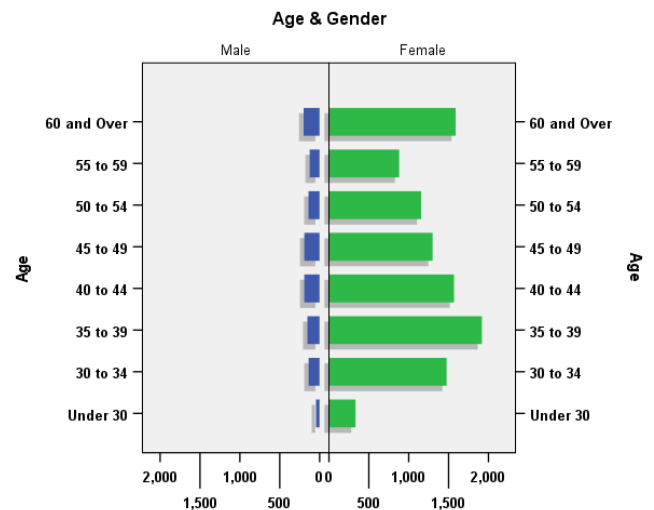
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	8,385	74%	2,870	72%
Black	19%	1,565	14%	534	13%
Asian	7%	691	6%	314	8%
Other Race	0%	128	1%	31	1%
Two or more races	3%	244	2%	97	2%
Hispanic	10%	363	3%	168	4%
Total	100%	11,376	100%	4,014	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2021.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NPs, there is a 43% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 58% chance for Virginia's population as a whole.

36% of NPs are under the age of 40. 92% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 46%, which is slightly higher than the diversity index among Virginia's overall NP workforce.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
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: 49%

Location Choice

% Rural to Non-Metro: 23%
% Urban/Suburban to Non-Metro: 5%

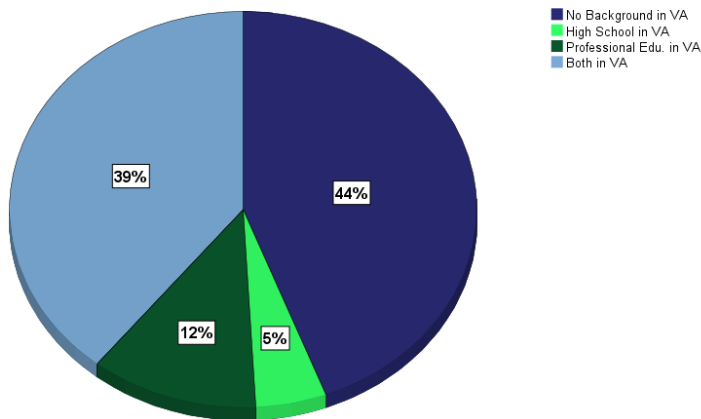
Source: Va. Healthcare Workforce Data Center

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+	23.0%	60.8%	16.2%
2	Metro, 250,000 to 1 million	51.8%	36.6%	11.5%
3	Metro, 250,000 or less	44.6%	45.1%	10.2%
Non-Metro Counties				
4	Urban pop 20,000+, Metro adjacent	67.6%	25.7%	6.7%
6	Urban pop, 2,500-19,999, Metro adjacent	66.2%	29.4%	4.5%
7	Urban pop, 2,500-19,999, non adjacent	78.5%	12.8%	8.8%
8	Rural, Metro adjacent	61.1%	34.3%	4.6%
9	Rural, non adjacent	62.5%	26.3%	11.3%
Overall		34%	52%	14%

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 23% 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	4,941	Virginia	5,638	Virginia	5,487
2	Outside of U.S./Canada	853	Pennsylvania	500	Washington, D.C.	746
3	New York	539	New York	491	Tennessee	570
4	Pennsylvania	500	North Carolina	429	Pennsylvania	400
5	Maryland	426	Tennessee	412	North Carolina	390
6	North Carolina	377	Maryland	364	Minnesota	309
7	Florida	324	Florida	321	Maryland	299
8	Ohio	257	West Virginia	264	New York	272
9	West Virginia	247	Washington, D.C.	243	Illinois	266
10	New Jersey	245	Outside of U.S./Canada	217	Florida	233

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	2,381	Virginia	2,770	Virginia	2,465
2	Outside of U.S./Canada	558	North Carolina	238	Tennessee	326
3	New York	233	Pennsylvania	237	Washington, D.C.	299
4	Maryland	232	New York	226	Illinois	235
5	Florida	206	Maryland	213	Minnesota	235
6	North Carolina	198	Tennessee	200	Pennsylvania	224
7	Pennsylvania	197	Florida	189	North Carolina	185
8	New Jersey	149	Outside of U.S./Canada	130	Florida	154
9	Ohio	131	Texas	124	Maryland	138
10	Tennessee	120	South Carolina	114	Georgia	133

Source: Va. Healthcare Workforce Data Center

23% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. Ninety-four percent of these licensees worked at some point in the past year, including 91% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	3,871
% of Licensees:	23%
Federal/Military:	13%
Va. Border State/DC:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

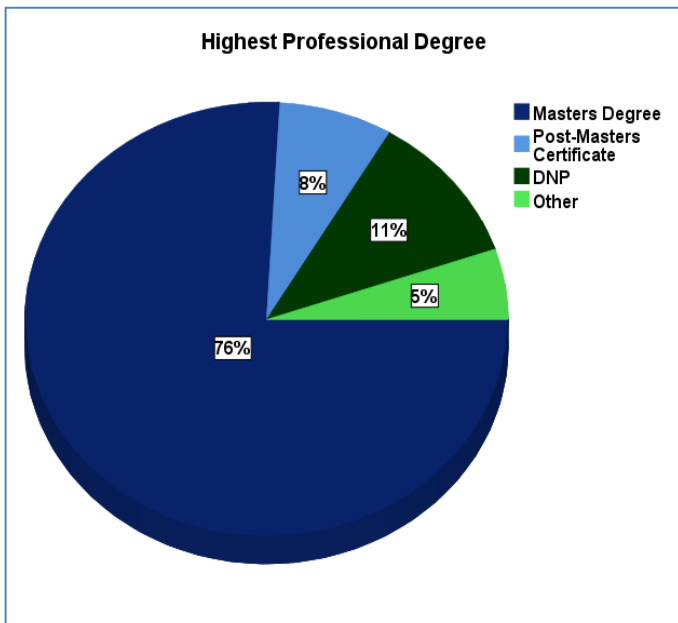
Highest Degree		
Degree	#	%
NP Certificate	205	2%
Master's Degree	8,477	76%
Post-Masters Cert.	851	8%
Doctorate of NP	1,256	11%
Other Doctorate	381	3%
Post-Ph.D. Cert.	2	0%
Total	11,172	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Educational Debt
 Carry debt: 50%
 Under age 40 w/ debt: 63%
 Median debt: \$60k-\$70k



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 63% of those under the age of 40. The median debt burden among NPs with educational debt is between \$60,000 and \$70,000.

Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	5,052	50%	1,298	37%
\$10,000 or less	313	3%	117	3%
\$10,000-\$19,999	331	3%	121	3%
\$20,000-\$29,999	373	4%	158	4%
\$30,000-\$39,999	337	3%	162	5%
\$40,000-\$49,999	425	4%	208	6%
\$50,000-\$59,999	358	4%	137	4%
\$60,000-\$69,999	397	4%	224	6%
\$70,000-\$79,999	350	3%	212	6%
\$80,000-\$89,999	370	4%	170	5%
\$90,000-\$99,999	255	3%	112	3%
\$100,000-\$109,999	355	4%	139	4%
\$110,000-\$119,999	190	2%	106	3%
\$120,000 or more	961	10%	371	10%
Total	10,067	100%	3,535	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health:	28%
RN Anesthetist:	14%
Acute Care/ER:	8%

Credentials

AANPCP – Family NP:	23%
ANCC – Family NP:	19%
ANCC – Adult-Gerontology	
Acute Care NP:	4%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	3,125	28%
Certified Registered Nurse Anesthetist	1,556	14%
Acute Care/Emergency Room	907	8%
Psychiatric/Mental Health	839	8%
Adult Health	707	6%
Pediatrics	634	6%
OB/GYN - Women's Health	468	4%
Surgical	364	3%
Geriatrics/Gerontology	342	3%
Medical Specialties (Not Listed)	320	3%
Certified Nurse Midwife	219	2%
Neonatal Care	162	1%
Gastroenterology	122	1%
Pain Management	72	1%
Other	19,425	11%
Total	12,111	100%

Source: Va. Healthcare Workforce Data Center

Credentials

Credential	#	%
AANPCP: Family NP	3,081	23%
ANCC: Family NP	2,566	19%
ANCC: Adult-Gerontology Acute Care NP	538	4%
ANCC: Family Psychiatric-Mental Health NP	473	4%
ANCC: Adult Psychiatric-Mental Health NP	382	3%
NCC: Women's Health Care NP	355	3%
ANCC: Acute Care NP	326	2%
ANCC: Adult NP	318	2%
ANCC: Adult-Gerontology Primary Care NP	247	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	241	2%
ANCC: Pediatric NP	159	1%
NCC: Neonatal NP	157	1%
AANPCP: Adult NP	89	1%
All Other Credentials	20	0%
At Least One Credential	8,409	64%

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 14% had a primary specialty as a Certified RN Anesthetist. 64% of all NPs also held at least one credential. AANPCP: Family NP was the most reported credential held by Virginia's NP workforce.

At a Glance:

Employment

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

Positions Held

1 Full-time: 64%
 2 or More Positions: 20%

Weekly Hours:

40 to 49: 49%
 60 or more: 7%
 Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	2	0%
Employed in a nursing- related capacity	10,774	96%
Employed, NOT in a nursing-related capacity	60	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	29	<1%
Voluntarily unemployed	268	2%
Retired	115	1%
Total	11,248	100%

Source: Va. Healthcare Workforce Data Center

96% of NPs are currently employed in their profession. 64% of NPs hold one full-time job, while 20% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while 7% work at least 60 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	297	3%
1 to 9 hours	119	1%
10 to 19 hours	316	3%
20 to 29 hours	749	7%
30 to 39 hours	2,142	20%
40 to 49 hours	5,334	49%
50 to 59 hours	1,172	11%
60 to 69 hours	430	4%
70 to 79 hours	104	1%
80 or more hours	197	2%
Total	10,860	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	297	3%
One Part-Time Position	1,397	13%
Two Part-Time Positions	460	4%
One Full-Time Position	7,041	64%
One Full-Time Position & One Part-Time Position	1,410	13%
Two Full-Time Positions	51	0%
More than Two Positions	284	3%
Total	10,940	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	74	1%
Less than \$40,000	352	4%
\$40,000-\$49,999	127	1%
\$50,000-\$59,999	195	2%
\$60,000-\$69,999	298	3%
\$70,000-\$79,999	403	5%
\$80,000-\$89,999	554	6%
\$90,000-\$99,999	850	10%
\$100,000-\$109,999	1466	17%
\$110,000-\$119,999	1188	13%
\$120,000 or more	3,298	37%
Total	8,805	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$100k-\$110k

Benefits
Retirement: 71%
Health Insurance: 64%

Satisfaction
Satisfied: 93%
Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	6,529	59%
Somewhat Satisfied	3,712	34%
Somewhat Dissatisfied	599	5%
Very Dissatisfied	153	1%
Total	10,993	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, 71% also had access to a retirement plan and 64% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	7,014	85%	71%
Retirement	7,040	85%	71%
Health Insurance	6,285	76%	64%
Dental Insurance	6,100	74%	62%
Group Life Insurance	4,971	60%	51%
Signing/Retention Bonus	1,678	20%	17%
Receive at least one benefit	8,257	77%	83%

*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?	166	1%
Experience Voluntary Unemployment?	599	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	338	3%
Work two or more positions at the same time?	2,597	20%
Switch employers or practices?	1,172	9%
Experienced at least 1	4,037	31%

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 2.9% during the same period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	240	2%	179	6%
Less than 6 Months	1,090	10%	458	16%
6 Months to 1 Year	1,258	12%	394	14%
1 to 2 Years	2,429	23%	588	20%
3 to 5 Years	2,575	24%	654	23%
6 to 10 Years	1,448	14%	320	11%
More than 10 Years	1,679	16%	277	10%
Subtotal	10,719	100%	2,871	100%
Did not have location	252		10,268	
Item Missing	2,207		39	
Total	13,178		13,178	

Source: Va. Healthcare Workforce Data Center

67% 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: 5%

Turnover & Tenure

Switched Jobs: 9%
New Location: 30%
Over 2 years: 53%
Over 2 yrs, 2nd location: 44%

Employment Type

Salary: 67%
Hourly Wage: 27%

Source: Va. Healthcare Workforce Data Center

53% 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	5,642	67%
Hourly Wage	2,239	27%
By Contract	521	6%
Business/ Practice Income	0	0%
Unpaid	46	1%
Subtotal	8,448	
Missing location	252	
Item missing	4,226	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.2% and a high of 5.7%. At the time of publication, the unemployment rate for September 2022 was still preliminary.

At a Glance:

Concentration

Top Region:	26%
Top 3 Regions:	70%
Lowest Region:	2%

Locations

2 or more (Past Year):	27%
2 or more (Now*):	25%

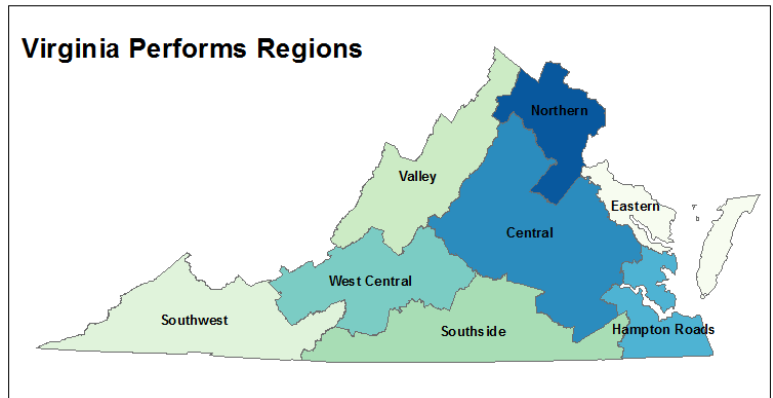
Source: Va. Healthcare Workforce Data Center

Northern Virginia has the highest 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	2,743	26%	572	20%
Eastern	186	2%	36	1%
Hampton Roads	1,911	18%	499	17%
Northern	2,799	26%	739	26%
Southside	372	3%	58	2%
Southwest	716	7%	168	6%
Valley	536	5%	141	5%
West Central	1,054	10%	257	9%
Virginia Border State/DC	127	1%	100	3%
Other US State	230	2%	317	11%
Outside of the US	10	0%	2	0%
Total	10,685	100%	2,889	100%
Item Missing	2,241		21	

Source: Va. Healthcare Workforce Data Center



71% of all NPs had just one work location during the past year, while 27% of NPs had multiple work locations.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	235	2%	391	4%
1	7,784	71%	7,800	71%
2	1,680	15%	1,738	16%
3	871	8%	756	7%
4	154	1%	101	1%
5	67	1%	58	1%
6 or More	126	1%	73	1%
Total	10,917	100%	10,917	100%

*At the time of survey completion (Oct. 2021 - Sept. 2022, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	5,395	53%	1,730	62%
Non-Profit	3,475	34%	773	28%
State/Local Government	757	7%	196	7%
Veterans Administration	220	2%	17	1%
U.S. Military	223	2%	17	1%
Other Federal Government	87	1%	39	1%
Total	10,157	100%	2,772	100%
Did not have location	252		10,268	
Item Missing	2,769		139	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For Profit:	53%
Federal:	5%

Top Establishments

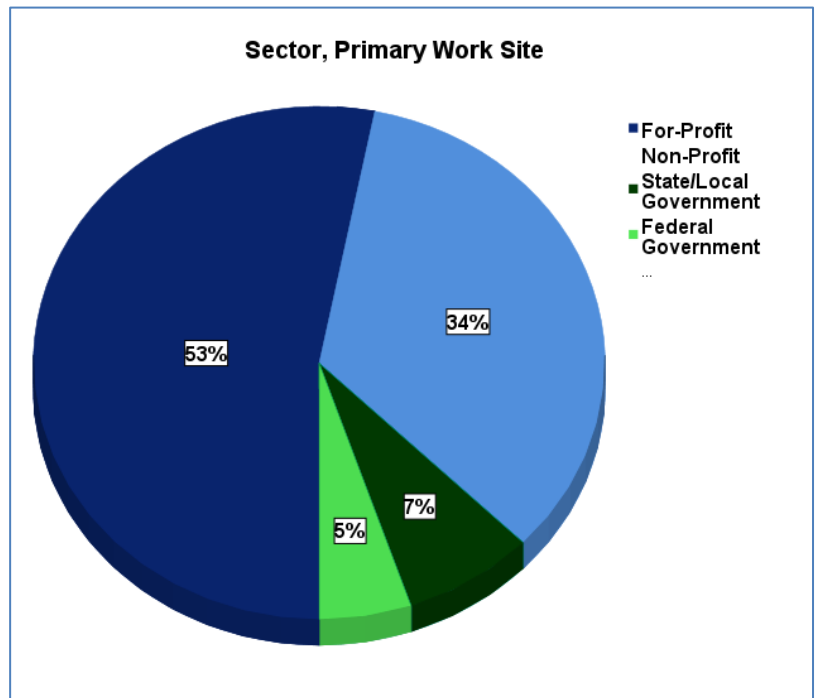
Clinic, Primary Care:	19%
Hospital, Inpatient:	19%
Physician Office:	7%

Source: Va. Healthcare Workforce Data Center

More than 85% of all NPs work in the private sector, including 53% in for-profit establishments. Meanwhile, 7% of NPs work for state or local governments, and 5% work for the federal government.

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	3,561	27%
Remote Health, Caring for Patients in Virginia	3,144	24%
Remote Health, Caring for Patients Outside of Virginia	692	5%
Use at least one	4,985	38%

Source: Va. Healthcare Workforce Data Center



Over a quarter of the state's NP workforce use EHRs. 24% also provide remote health care for Virginia patients.

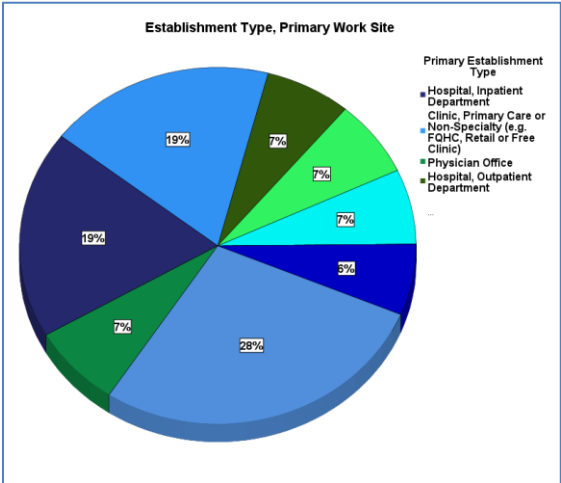
Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1,831	19%	466	18%
Clinic, Primary Care or Non-Specialty	1,804	19%	360	14%
Physician Office	721	7%	106	4%
Hospital, Outpatient Department	682	7%	117	4%
Academic Institution (Teaching or Research)	673	7%	196	7%
Private practice, group	660	7%	139	5%
Ambulatory/Outpatient Surgical Unit	396	4%	171	6%
Clinic, Non-Surgical Specialty	385	4%	93	4%
Mental Health, or Substance Abuse, Outpatient Center	382	4%	78	3%
Long Term Care Facility, Nursing Home	313	3%	108	4%
Hospital, Emergency Department	232	2%	98	4%
Private practice, solo	217	2%	71	3%
Home Health Care	119	1%	54	2%
Other Practice Setting	1,296	13%	600	23%
Total	9,711	100%	2,657	100%
Did Not Have a Location	252		10,268	

Source: Va. Healthcare Workforce Data Center

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

Among those NPs who also have a secondary work location, 18% work at the inpatient department of a hospital and 14% work in a primary care/non-specialty clinic.

92% of NPs who responded to the question about forms of payment reported accepting private insurance as a form of payment for services rendered.



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment	#	% of Workforce
Private Insurance	7,885	92%
Medicaid	7,198	84%
Medicare	7,195	84%
Cash/Self-Pay	6,835	80%

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

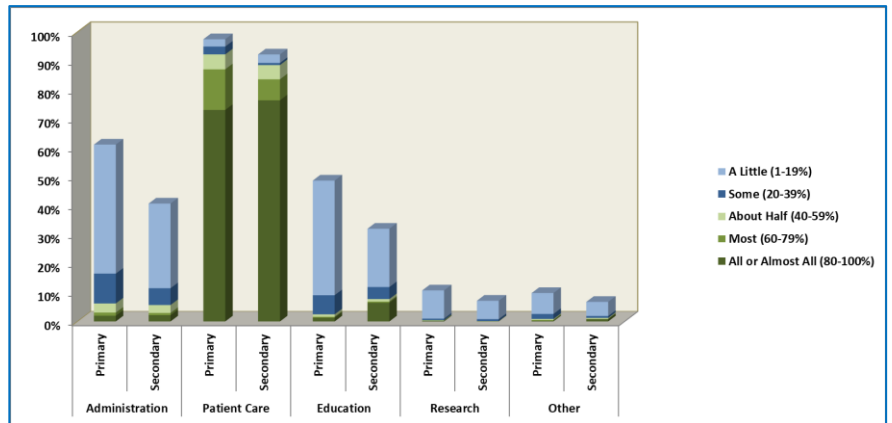
Patient Care: 87%
Administration: 3%
Education: 2%

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. 87% 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%	73%	76%	1%	6%	0%	0%	0%	1%
Most (60-79%)	1%	1%	14%	7%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	3%	3%	5%	5%	1%	1%	0%	0%	0%	0%
Some (20-39%)	10%	6%	3%	1%	7%	4%	1%	1%	2%	1%
A Little (1-20%)	45%	29%	3%	3%	40%	20%	10%	6%	7%	5%
None (0%)	39%	59%	3%	8%	51%	68%	89%	93%	90%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
Under age 50	182	2%	0	0%
50 to 54	332	4%	19	1%
55 to 59	795	8%	141	4%
60 to 64	2,402	26%	782	23%
65 to 69	3,522	37%	1,376	40%
70 to 74	1,195	13%	627	18%
75 to 79	343	4%	214	6%
80 or over	76	1%	33	1%
I do not intend to retire	564	6%	248	7%
Total	9,411	100%	3,440	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs

Under 65: 39%
Under 60: 14%

NPs 50 and over

Under 65: 27%
Under 60: 5%

Time until Retirement

Within 2 years: 5%
Within 10 years: 20%
Half the workforce: By 2047

Source: Va. Healthcare Workforce Data Center

39% of NPs expect to retire by the age of 65, while 27% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 37% of all NPs expect to retire in their late 60s, and 24% of all NPs expect to work until at least age 70, including 6% who do not expect to retire at all.

Within the next two years, only 3% of Virginia's NPs plan on leaving either the profession or the state. Meanwhile, 11% of NPs plan on increasing patient care hours, and 12% plan on pursuing additional educational opportunities.

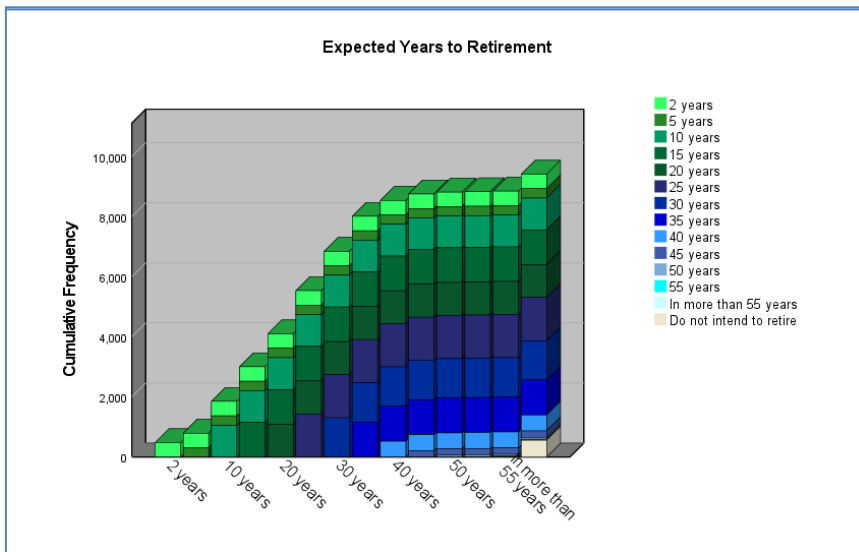
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	124	1%
Leave Virginia	317	2%
Decrease Patient Care Hours	1,399	11%
Decrease Teaching Hours	106	1%
Increase Participation		
Increase Patient Care Hours	1,388	11%
Increase Teaching Hours	1,368	10%
Pursue Additional Education	1,547	12%
Return to Virginia's Workforce	73	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 5% of NPs expect to retire in the next two years, while 20% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2047.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	482	5%	5%
5 years	313	3%	8%
10 years	1,059	11%	20%
15 years	1,152	12%	32%
20 years	1,095	12%	44%
25 years	1,438	15%	59%
30 years	1,309	14%	73%
35 years	1,165	12%	85%
40 years	530	6%	91%
45 years	212	2%	93%
50 years	62	1%	94%
55 years	12	0%	94%
In more than 55 years	20	0%	94%
Do not intend to retire	564	6%	100%
Total	9,412	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2032. Retirement will peak at 15% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2062.

At a Glance:

FTEs

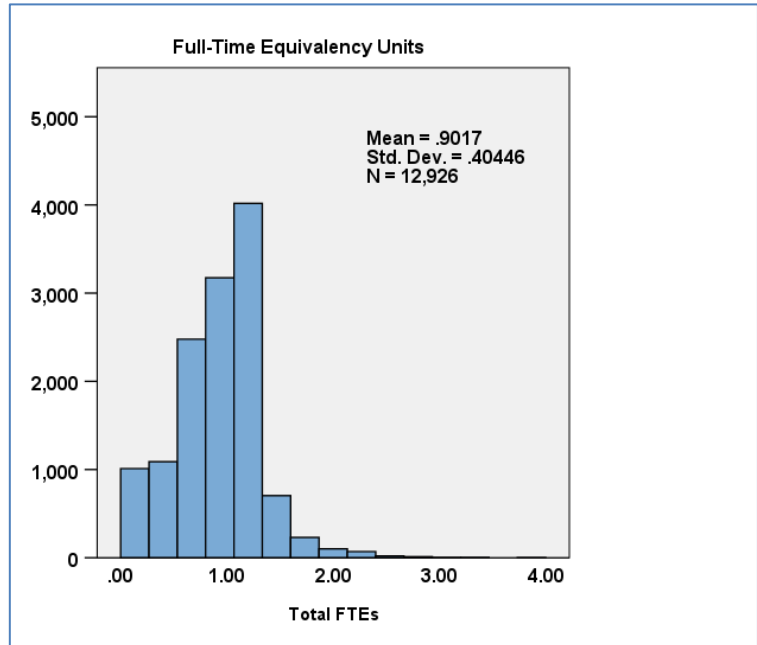
Total: 11,655
 FTEs/1,000 Residents: 1.37
 Average: 0.90

Age & Gender Effect

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

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

A Closer Look:

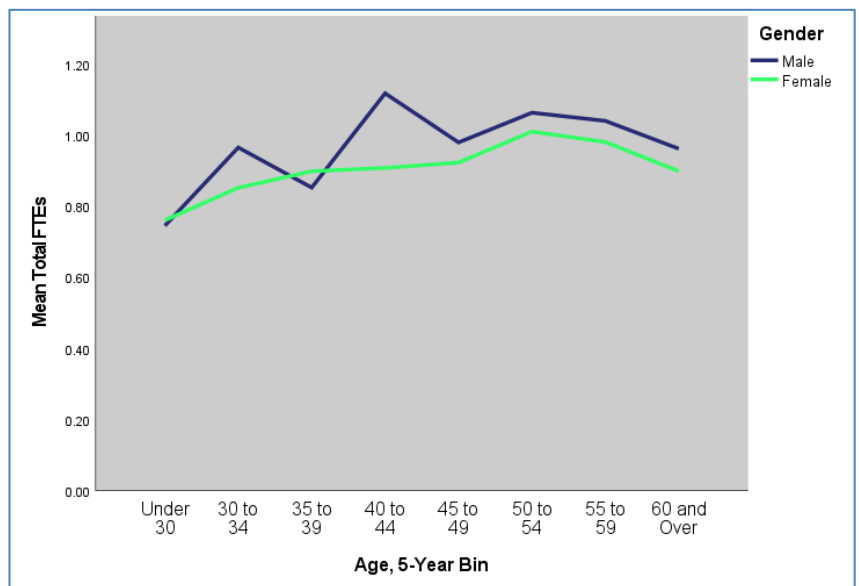


Source: Va. Healthcare Workforce Data Center

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 exists².

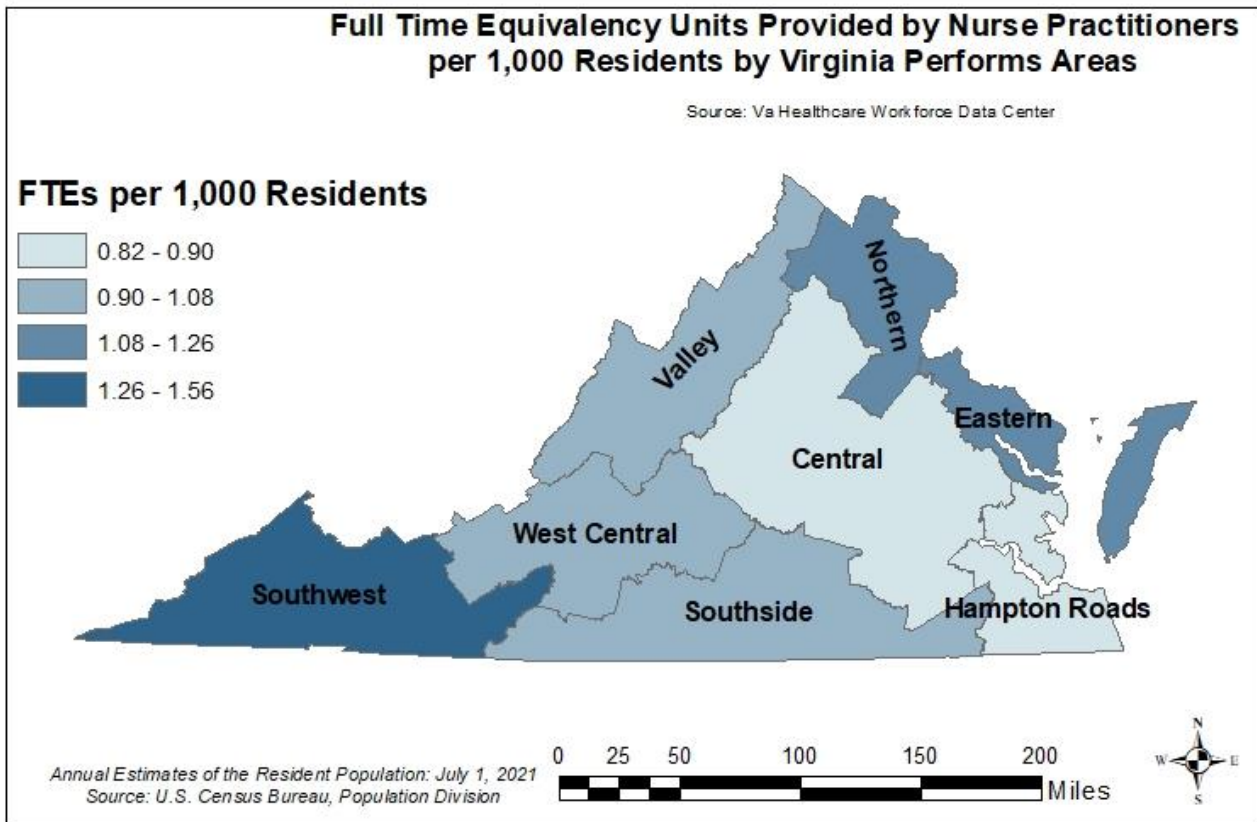
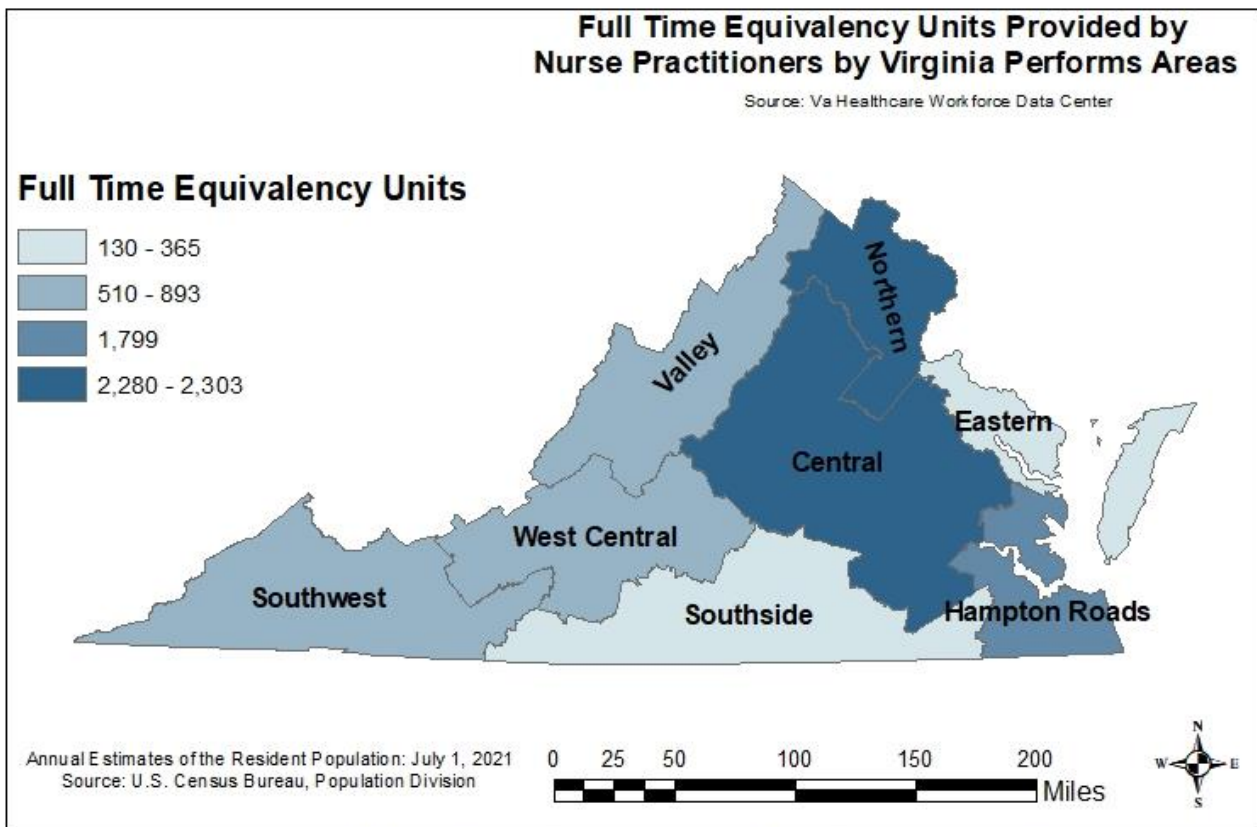
Full-Time Equivalency Units		
Age	Average Age	Median
Under 30	0.87	0.90
30 to 34	0.88	0.96
35 to 39	0.85	0.86
40 to 44	0.86	0.88
45 to 49	0.93	0.90
50 to 54	1.00	1.06
55 to 59	0.91	0.91
60 and Over	0.93	1.08
Gender		
Male	0.94	1.02
Female	0.90	0.91

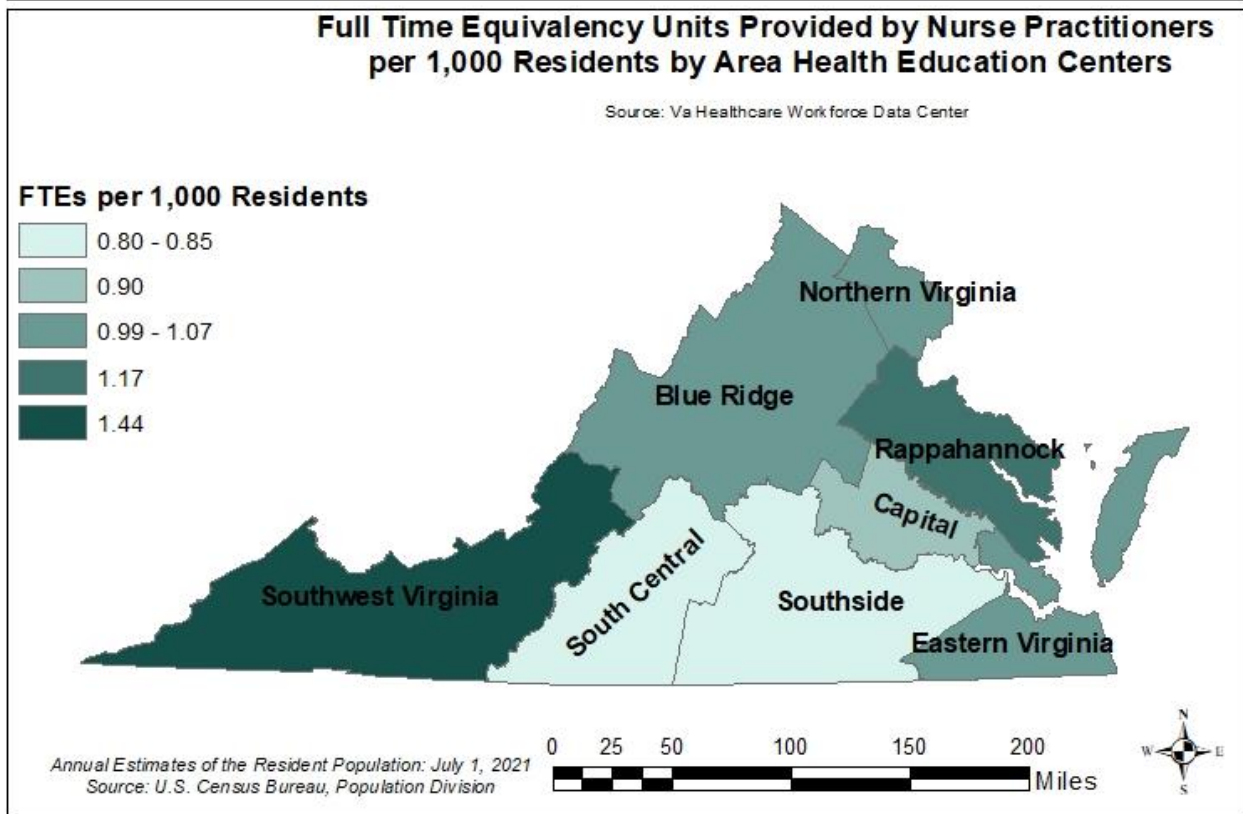
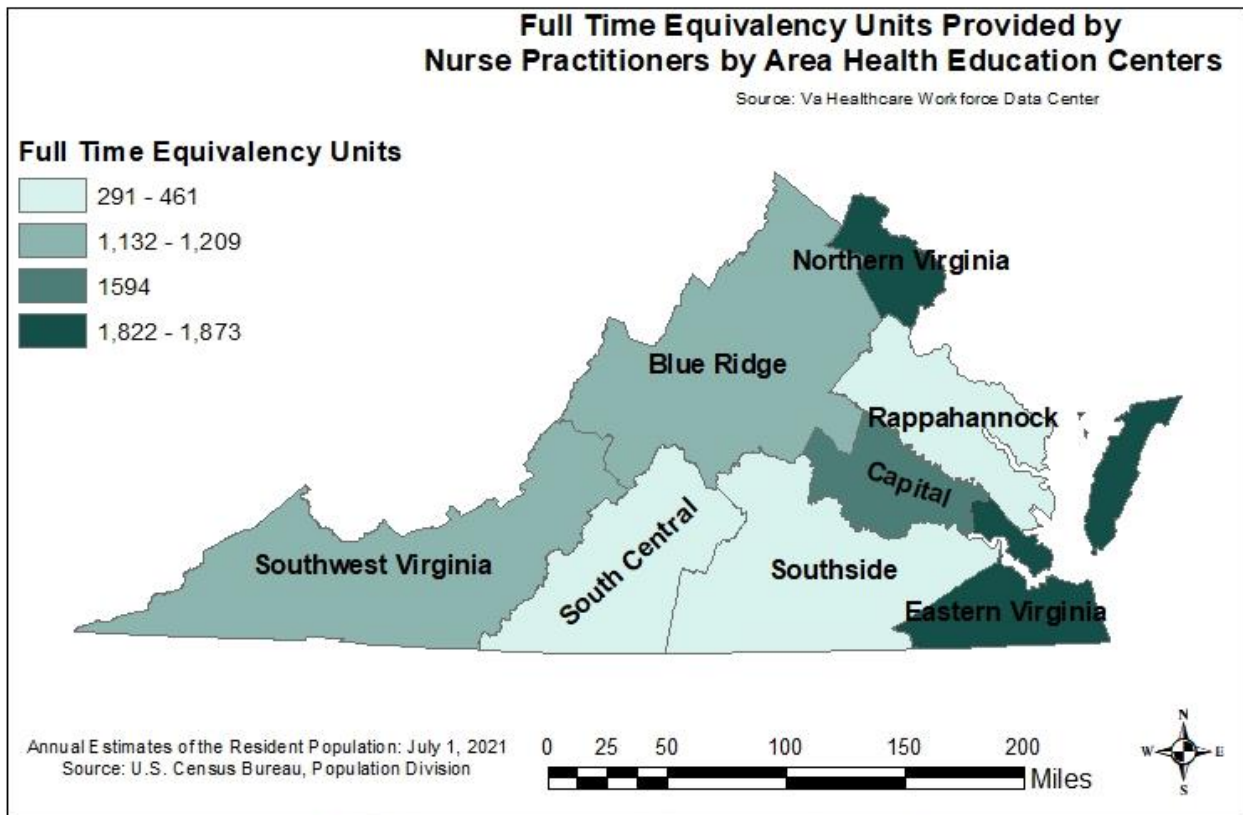
Source: Va. Healthcare Workforce Data Center

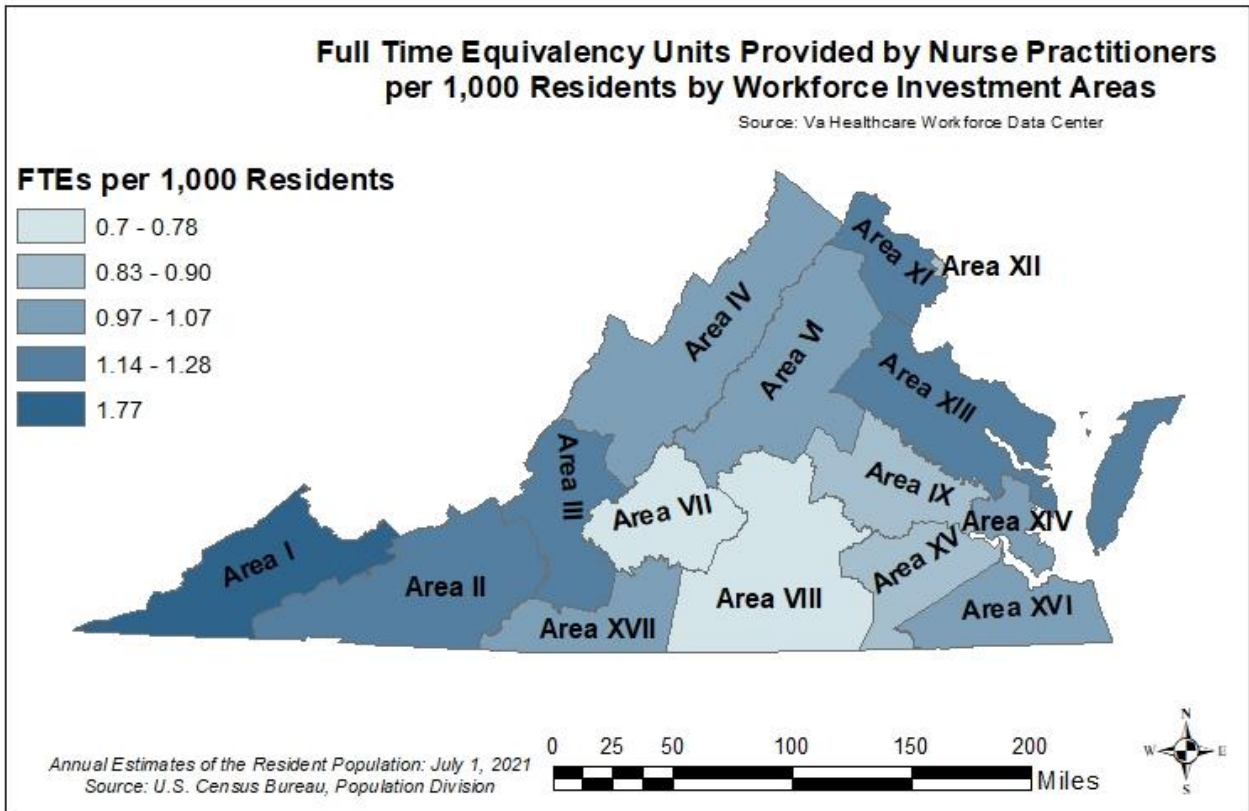
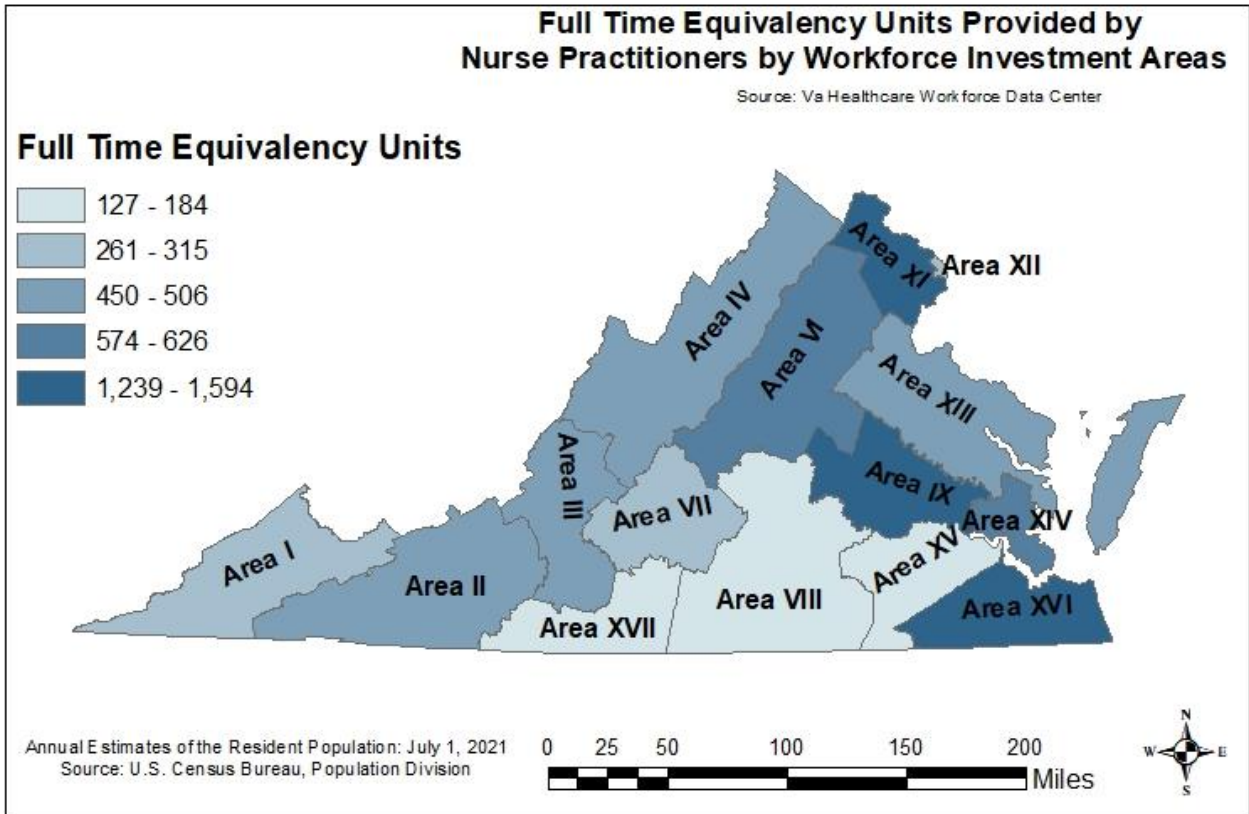


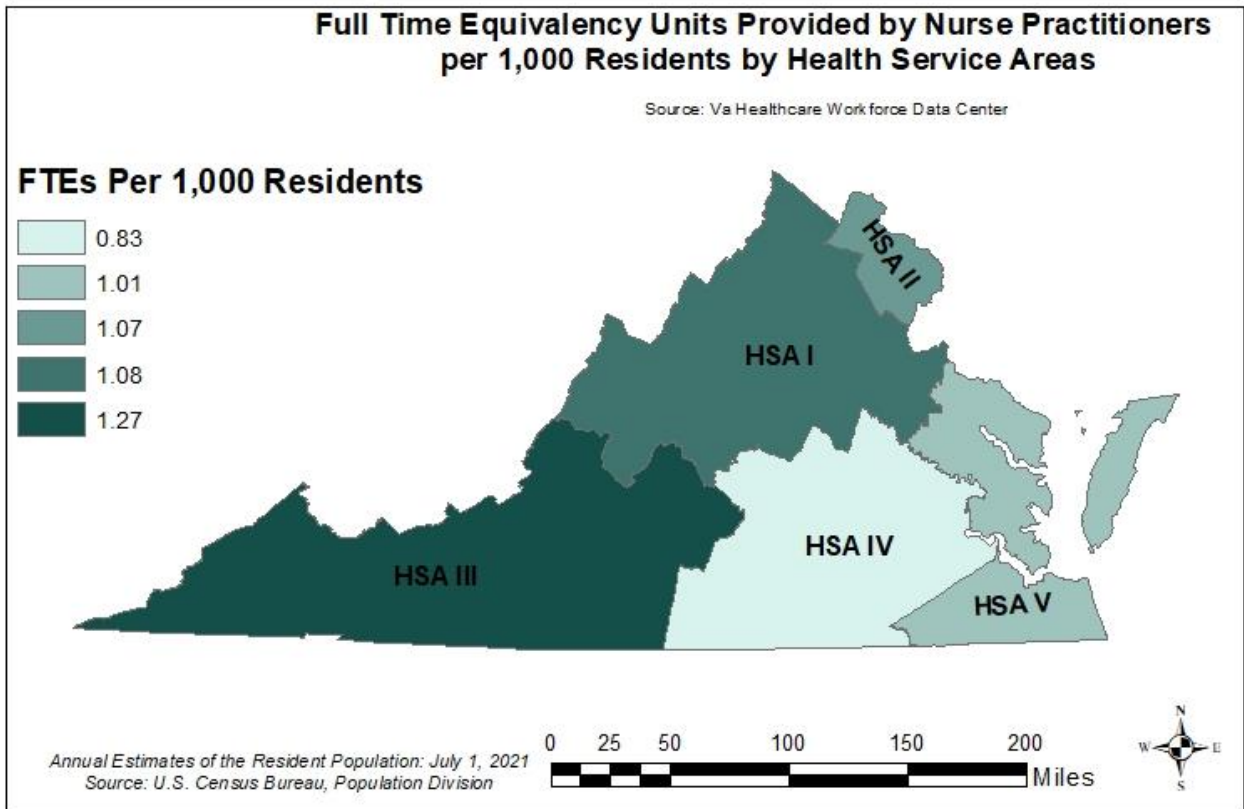
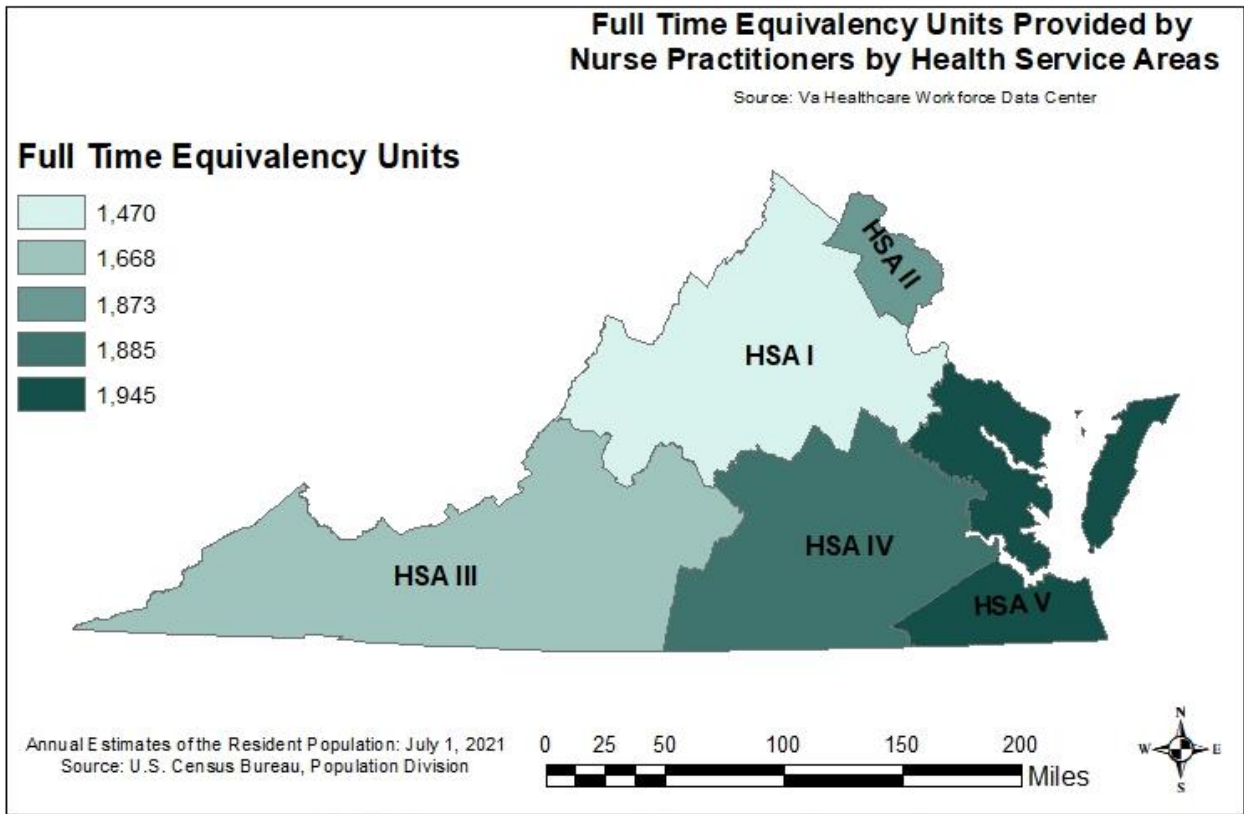
Source: Va. Healthcare Workforce Data Center

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









Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	7,930	38.90%	2.5705	2.1289	5.2792
Metro, 250,000 to 1 million	1,008	36.31%	2.7541	2.2810	5.6562
Metro, 250,000 or less	1,273	40.22%	2.4863	2.0592	5.1063
Urban pop 20,000+, Metro adj	201	38.31%	2.6104	2.1620	3.2035
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	398	32.66%	3.0615	2.5356	6.2876
Urban pop, 2,500-19,999, nonadj	355	40.85%	2.4483	2.0277	5.0282
Rural, Metro adj	310	35.48%	2.8182	2.3341	5.7879
Rural, nonadj	117	48.72%	2.0526	1.7000	4.2156
Virginia border state/DC	2,494	24.82%	4.0291	3.3369	8.2747
Other US State	2,970	23.16%	4.3169	3.5753	8.8658

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	472	16.53%	6.0513	4.2156	8.8658
30 to 34	2,229	35.53%	2.8144	1.9606	4.1234
35 to 39	3,088	27.66%	3.6159	2.5190	5.2977
40 to 44	2,667	37.65%	2.6564	1.8506	3.8919
45 to 49	2,243	30.32%	3.2985	2.2979	4.8327
50 to 54	2,023	40.98%	2.4403	1.7000	3.5753
55 to 59	1,488	31.65%	3.1592	2.2009	4.6286
60 and Over	2,847	37.97%	2.6337	1.8347	3.8586

Source: Va. Healthcare Workforce Data Center

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

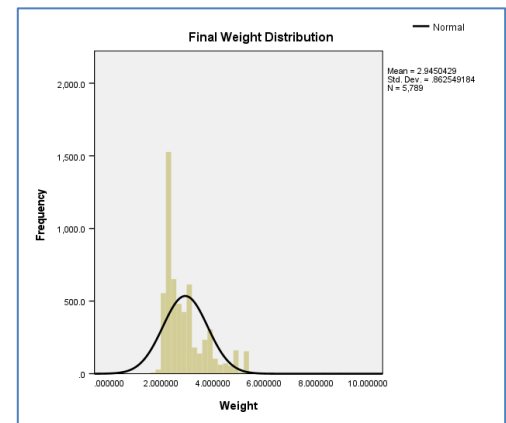
Methods:

<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: 0.30319



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Healthcare Workforce Data Center

December 2022

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/>

Over 10,000 Licensed Nurse Practitioners voluntarily participated in the 2021 and 2022 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 their ongoing cooperation.

Thank You!

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Contents

Results in Brief.....	4
Survey Response Rates	5
The Workforce.....	6
Demographics – Age and Gender.....	7
Demographics – Race/Ethnicity	8
Background	9
Education	10
Current Employment Situation	11
Employment Quality.....	12
Labor Market.....	13
Work Site Distribution	14
Establishment Type	15
Time Allocation	17
Retirement & Future Plans	18
Map of Full Time Equivalency Units – Certified Registered Nurse Anesthetists.....	20
Map of Full Time Equivalency Units – Certified Nurse Midwives	21
Map of Full Time Equivalency Units – Certified Nurse Practitioners.....	22

Results in Brief

This is a special report created for the Committee of the Joint Boards of Nursing and Medicine. The report uses data from the 2021 and 2022 Nurse Practitioner Surveys. 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 to complete the survey. The 2021 survey occurred between October 2020 and September 2021; the 2022 survey occurred between October 2021 and September 2022. 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 80% of NPs are CNPs and CNMs constitute only 3% of NPs. The full time equivalency units are also similarly distributed by specialty.

Nine of ten NPs are female; CNMs are nearly all female whereas slightly less than three-quarters of CRNAs are female; 93% of CNPs are female. The median age of all NPs is 44. The median age of CRNAs is 46 and the median age for CNMs and CNPs is 44. In a random encounter between two NPs, there is a 41% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 36% diversity index; CRNAs and CNPs had 37% and 42% diversity indices, respectively. Overall, 12% of NPs work in rural areas. CNPs had the highest rural workforce participation; 13% of CNPs work in rural areas compared to 6% and 3% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 17% reporting a doctorate of NP degree; only 12% of CNMs and 10% of CNPs did. However, CNMs reported the highest median education debt of \$95k and more than half of CNMs had education debt. Over half of CNPs also reported education debt although they had the lowest median at \$60k-\$70k. CRNAs had \$70-\$80k in education debt but only 42% of all CRNAs carried education debt.

CRNAs reported the highest median annual income, \$120k or more per year, which reflected the average for all other NPs. Further, 87% of CRNAs reported \$120,000 or more in annual income compared to 31% of CNMs and 28% of CNPs. However, only 71% of CRNAs received at least one employer-sponsored benefit compared to 80% of CNMs and 79% of CNPs. Overall, 93% of NPs are satisfied with their current employment situation. However, only 89% of CNMs were satisfied compared to 97% of CRNAs and 93% of CNPs. Almost a third of all NPs reported employment instability in the year prior to the survey, with CNMs being most likely to report employment instability.

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 87% of CNMs and 86% of CNPs. Meanwhile, CRNAs had the lowest percent working in federal, state, or local government. CRNAs and CNMs were most likely to be working in the inpatient department of hospitals whereas CNPs were most likely to work in primary care clinics. Only 12% of CRNAs used at least one form of electronic health record or telehealth compared to 44% of CNMs and 46% of CNPs. More than one in four CRNAs plan to retire within the next decade compared to 21% of CNMs and 18% of CNPs. About 48%, 35% and 38% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 2%, 5%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not intend to retire.

In 2018, the General Assembly authorized the Joint Boards of Nursing and Medicine to promulgate regulations that would permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner under a practice agreement. The bill required that the Boards provide information regarding the practice of autonomously practicing NPs to committees of the General Assembly by November 2021. That report, which includes demographic, complaint, and disciplinary data, and suggested modifications to the provisions of the law, is now available¹.

¹ <https://rga.lis.virginia.gov/Published/2021/RD625/PDF>

A Closer Look:

At a Glance:

Licensed NPs

Total:	18,264
CRNA:	2,318
CNM:	492
CNP:	14,295

Response Rates

All Licensees: (2021 & 2022)	61%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2021 and 2022 Nurse Practitioner Surveys, and licensure data retrieved in October 2022. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years in their birth month. Thus, every NP would have been eligible to complete a survey in only one of the two years. Newly licensed NPs do not complete the survey, so they are excluded from the survey. From the licensure data, 2,318 of NPs reported their first specialty as CRNA; 492 had a first specialty of CNM, and 15,454 had other first specialties. However, 7 CNMs reported one additional specialty. 35 CRNAs also reported one other specialty. “At a Glance” shows the break down by specialty. Over 75% are CNPs, 13% are CRNAs, and about 3% are CNMs.

Response Rates				
	CRNA	CNM	CNP	Total
Completed Surveys 2021	718	132	3,714	4,564
Completed Surveys 2022	831	160	4,793	5,784
Response Rate, all licensees	67%	59%	60%	61%

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 61% of NPs submitted a survey in both 2021 and 2022. As shown above, the response rate was highest for CRNAs and lowest for CNMs.

Not in Workforce in Past Year				
	CRNA	CNM	CNP	All 2022
% of Licensees not in VA Workforce	26%	19%	24%	22%
% in Federal Employee or Military:	8%	30%	14%	13%
% Working in Virginia Border State or DC	16%	22%	23%	20%

Source: Va. Healthcare Workforce Data Center

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

Definitions

- 1. The Survey Period:** The survey was conducted between October 2021 and September 2022, and between October 2021 and September 2022, on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey 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:

2021 and 2022 Workforce

Virginia’s NP Workforce: 14,181
 FTEs: 12,508

Workforce by Specialty

CRNA: 1,922
 CNM: 398
 CNP: 11,837

FTE by Specialty

CRNA: 1,660
 CNM: 359
 CNP: 10,507

Source: Va. Healthcare Workforce Data Center
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's NP Workforce								
Status	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	1,922	99%	378	95%	11,573	98%	13,886	98%
Looking for Work in Virginia	14	1%	20	5%	264	2%	295	2%
Virginia's Workforce	1,937	100%	398	100%	11,837	100%	14,181	100%
Total FTEs	1,660		359		10,507		12,508	
Licensees	2318		429		14,925		18,260	

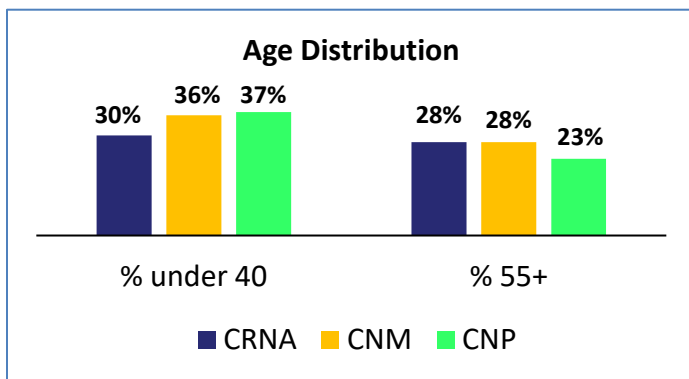
Source: Va. Healthcare Workforce Data Center

CNPs provided 84% of the nurse practitioner FTEs in the state. CRNAs provided 13% whereas CNMs provided 3% of the FTEs. 5% of CNMs in the state’s workforce were looking for work compared to 2% or less of the other NPs.

A Closer Look (All Nurse Practitioners in 2022):

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	33	8%	381	92%	414	3%
30 to 34	163	9%	1,766	92%	1,929	16%
35 to 39	187	9%	1,939	91%	2,125	17%
40 to 44	216	11%	1,816	89%	2,032	16%
45 to 49	181	13%	1,269	88%	1,450	12%
50 to 54	161	11%	1,326	89%	1,486	12%
55 to 59	107	11%	879	89%	986	8%
60 +	220	11%	1,767	89%	1,987	16%
Total	1,269	10%	11,142	90%	12,411	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: 71%
- CNM: 98%
- CNP: 93%

% Female <40 by Specialty

- CRNA: 76%
- CNM: 97%
- CNP: 94%

Source: Va. Healthcare Workforce Data Center

CNMs have and CNPs have the median age of 44.
The median age of CRNAs is 46.

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	25	100%	25	1%	12	100%	12	3%	350	92%	383	4%
30 to 34	314	76%	411	13%	57	100%	57	16%	1,538	94%	1,643	16%
35 to 39	390	74%	529	16%	54	93%	58	17%	1,705	94%	1,816	17%
40 to 44	396	76%	523	16%	65	98%	66	19%	1,549	92%	1,690	16%
45 to 49	329	69%	476	15%	26	100%	26	7%	1,113	91%	1,222	12%
50 to 54	253	68%	374	11%	34	100%	34	10%	1,159	93%	1,250	12%
55 to 59	240	69%	351	11%	16	100%	16	5%	762	94%	815	8%
60 +	370	65%	566	17%	81	100%	81	23%	1,457	93%	1,561	15%
Total	2,316	71%	3,255	100%	344	98%	350	100%	9,633	93%	10,380	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look (All Nurse Practitioners in 2022):

Race & Ethnicity (2022)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	9,335	75%	3,273	74%
Black	19%	1,577	13%	542	12%
Asian	7%	736	6%	309	7%
Other Race	0%	132	1%	36	1%
Two or more races	3%	247	2%	94	2%
Hispanic	10%	397	3%	192	4%
Total	100%	12,424	100%	4,446	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, 2020.

Source: Va. Healthcare Workforce Data Center

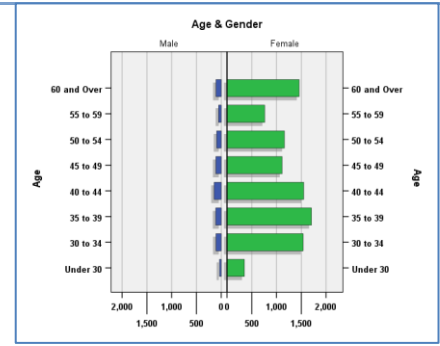
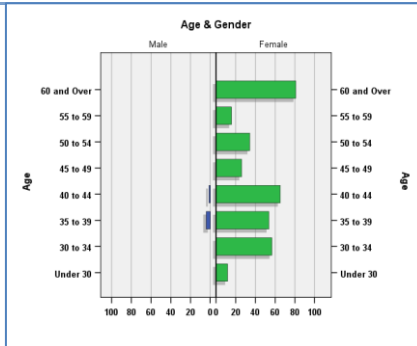
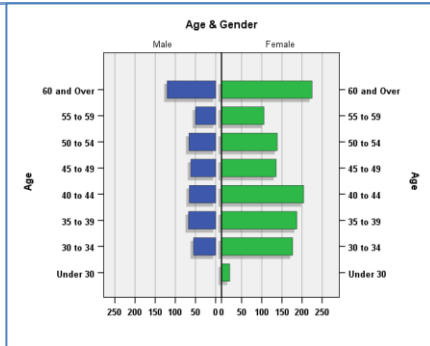
At a Glance:

2022 Diversity
 Diversity Index: 41%
 Under 40 Div. Index: 44%

Diversity by Specialty
 CRNA: 37%
 CNM: 36%
 CNP: 42%

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	1,327	79%	392	77%	289	83%	109	85%	7,711	74%	2,777	73%
Black	120	7%	32	6%	35	10%	14	11%	1,434	14%	500	13%
Asian	113	7%	35	7%	1	0%	0	0%	619	6%	275	7%
Other Race	18	1%	4	1%	4	1%	0	0%	109	1%	33	1%
Two or more races	41	2%	18	4%	5	1%	2	2%	204	2%	77	2%
Hispanic	66	4%	29	6%	15	4%	3	2%	308	3%	156	4%
Total	1,685	100%	510	100%	349	100%	128	100%	10,385	100%	3,818	100%



Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

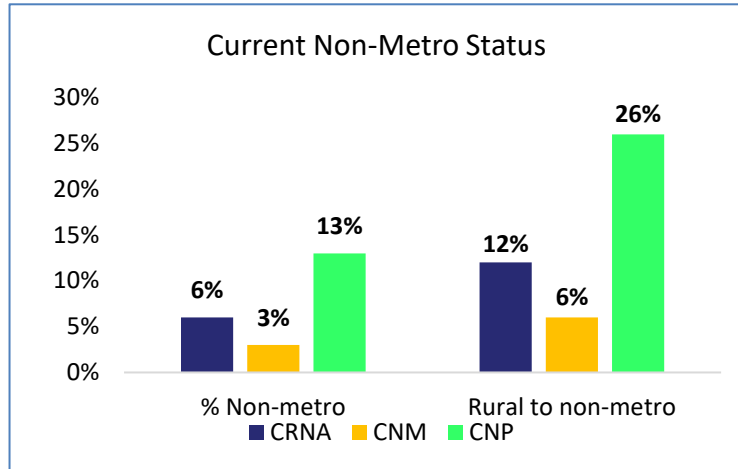
Rural Childhood

CRNA:	29%
CNM:	20%
CNP:	36%
All:	34%

Non-Metro Location

CRNA:	6%
CNM:	3%
CNP:	13%
All:	12%

Source: Va. Healthcare Workforce Data Center

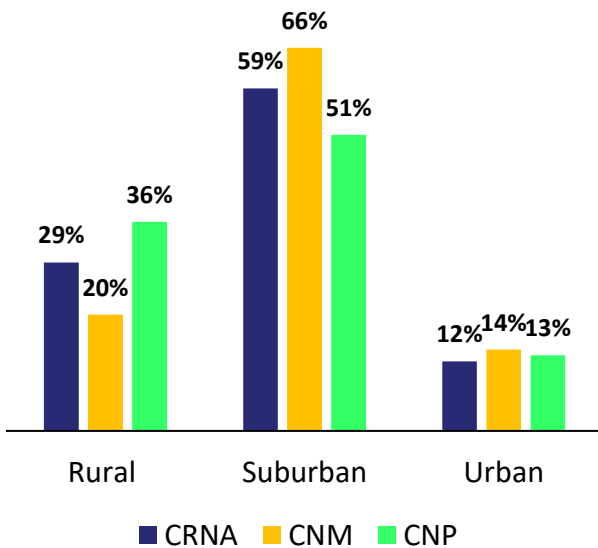


Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	29%	32%	36%	38%
CNM	31%	33%	39%	21%
CNP	47%	54%	59%	53%
All (2022)	44%	50%	55%	50%

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.

Education

A Closer Look:

At a Glance:

Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$90k-\$100k
CNP:	\$60k-\$70k

Source: Va. Healthcare Workforce Data Center

CNPs were most likely to carry education debt; 52% of all CNPs and 63% of CNPs under age 40 had education debt. However, CNPs had the lowest median education debt. CNMs had the highest median debt at \$90k-\$100K. Additionally, 42% of all CNMs, and 66% of CNMs under 40 reported education debt.

Degree	Highest Degree							
	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
NP Certificate	127	8%	11	3%	109	1%	242	2%
Master's Degree	1,121	68%	253	74%	7,979	78%	9,363	77%
Post-Masters Cert.	14	1%	34	10%	864	8%	901	7%
Doctorate of NP	275	17%	42	12%	982	10%	1,301	11%
Other Doctorate	113	7%	5	1%	253	2%	379	3%
Post-Ph.D. Cert.	0	0%	0	0%	3	0%	3	0%
Total	1,650	100%	345	100%	10,190	100%	12,189	100%

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All (2022)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	58%	34%	54%	38%	48%	37%	49%	37%
\$20,000 or less	6%	5%	5%	2%	7%	7%	7%	7%
\$20,000-\$29,999	2%	1%	4%	3%	4%	5%	4%	5%
\$30,000-\$39,999	2%	3%	2%	2%	4%	6%	4%	5%
\$40,000-\$49,999	3%	7%	4%	6%	4%	5%	4%	6%
\$50,000-\$59,999	2%	1%	3%	3%	4%	4%	3%	4%
\$60,000-\$69,999	1%	2%	3%	5%	4%	6%	4%	6%
\$70,000-\$79,999	2%	3%	3%	4%	4%	6%	4%	6%
\$80,000-\$89,999	2%	5%	0%	0%	4%	4%	3%	4%
\$90,000-\$99,999	2%	2%	1%	0%	3%	4%	3%	3%
\$100,000-\$109,999	2%	4%	5%	11%	4%	3%	3%	4%
\$110,000-\$119,999	1%	3%	1%	0%	2%	3%	2%	3%
\$120,000 or more	15%	29%	17%	27%	9%	9%	10%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	98%
CNM:	92%
CNP:	95%

Involuntary Unemployment

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All (2022)
0 hours	1%	5%	3%	3%
1 to 9 hours	1%	3%	1%	1%
10 to 19 hours	3%	4%	3%	3%
20 to 29 hours	8%	5%	7%	7%
30 to 39 hours	23%	20%	20%	20%
40 to 49 hours	52%	36%	48%	48%
50 to 59 hours	10%	13%	11%	11%
60 to 69 hours	2%	8%	4%	4%
70 to 79 hours	0%	2%	1%	1%
80 or more hours	1%	3%	2%	2%
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 36% of CNMs work 40-49 hours and 13% work more than 50 hours. Close to half of CNPs work 40-49 hours and 11% work more than 50 hours.

Current Positions

Positions	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
No Positions	22	1%	18	5%	317	3%	353	3%
One Part-Time Position	248	15%	54	16%	1,323	13%	1,624	14%
Two Part-Time Positions	67	4%	17	5%	372	4%	458	4%
One Full-Time Position	976	60%	208	62%	6,518	65%	7,686	64%
One Full-Time Position & One Part-Time Position	232	14%	29	9%	1,197	12%	1,473	12%
Two Full-Time Positions	4	0%	3	1%	50	1%	55	0%
More than Two Positions	87	5%	5	1%	176	2%	277	2%
Total	1,636	100%	334	100%	9,953	100%	11,926	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Benefit	Employer-Sponsored Benefits*			
	CRNA	CNM	CNP	All (2022)
Signing/Retention Bonus	28%	20%	13%	15%
Dental Insurance	53%	52%	58%	57%
Health Insurance	54%	58%	60%	59%
Paid Leave	60%	68%	67%	66%
Group Life Insurance	48%	41%	46%	47%
Retirement	65%	66%	67%	66%
Receive at least one benefit	71%	80%	79%	78%

*Wage and salaried employees receiving from any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Median Income

CRNA: \$120k or more
 CNM: \$100k-\$110k
 CNP: \$90k-\$100K
 All (2022): \$110k-\$120K

Percent Satisfied

CRNA: 97%
 CNM: 89%
 CNP: 93%

Source: Va. Healthcare Workforce Data Center

CRNAs reported \$120k or more in median income. All other NPs, including CNMs, reported \$90k-\$110k in median income. CNMs were the least satisfied with their current employment situation whereas CRNAs were the most satisfied. Less than 1% of CRNAs reported being very dissatisfied; however, approximately 2% of other NPs reported being very dissatisfied.

Annual Income	Income			
	CRNA	CNM	CNP	All (2022)
Volunteer Work Only	0%	1%	1%	1%
Less than \$40,000	2%	7%	5%	4%
\$40,000-\$49,999	0%	3%	2%	2%
\$50,000-\$59,999	1%	3%	3%	2%
\$60,000-\$69,999	1%	3%	4%	4%
\$70,000-\$79,999	1%	6%	6%	5%
\$80,000-\$89,999	2%	10%	8%	7%
\$90,000-\$99,999	2%	9%	12%	10%
\$100,000-\$109,999	3%	17%	19%	17%
\$110,000-\$119,999	3%	10%	15%	13%
\$120,000 or more	87%	31%	28%	37%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Labor Market

A Closer Look:

Employment Instability in Past Year				
In the past year did you . . . ?	CRNA	CNM	CNP	All (2022)
Experience Involuntary Unemployment?	4%	4%	2%	3%
Experience Voluntary Unemployment?	5%	8%	5%	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	5%	3%	3%
Work two or more positions at the same time?	21%	16%	18%	19%
Switch employers or practices?	6%	13%	9%	9%
Experienced at least 1	31%	35%	30%	31%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA:	4%
CNM:	4%
CNP:	2%

Underemployed

CRNA:	1%
CNM:	5%
CNP:	3%

Over 2 Years Job Tenure

CRNA:	64%
CNM:	50%
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	2%	6%	2%	5%	3%	6%
< 6 Months	6%	11%	10%	13%	10%	16%
6 Months-1 yr	8%	11%	14%	11%	12%	14%
1 to 2 Years	21%	23%	24%	21%	23%	21%
3 to 5 Years	24%	21%	25%	29%	24%	24%
6 to 10 Years	16%	14%	13%	10%	14%	11%
> 10 Years	24%	14%	11%	13%	15%	8%
Total	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

Over 75% of CNMs were be paid by salary or commission, as compared to 54% of CRNAs and 68% of CNPs. This makes CNMs the most likely to be paid in this way.

Primary Work Site	Forms of Payment			
	CRNA	CNM	CNP	All (2022)
Salary/ Commission	54%	76%	68%	66%
Hourly Wage	35%	16%	26%	27%
By Contract	12%	6%	5%	6%
Unpaid	0%	0%	0%	0%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look

At a Glance:

% in Top 3 Regions

CRNA: 77%
 CNM: 74%
 CNP: 69%

2 or More Locations Now

CRNA: 31%
 CNM: 23%
 CNP: 23%

Source: Va. Healthcare Workforce Data Center

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

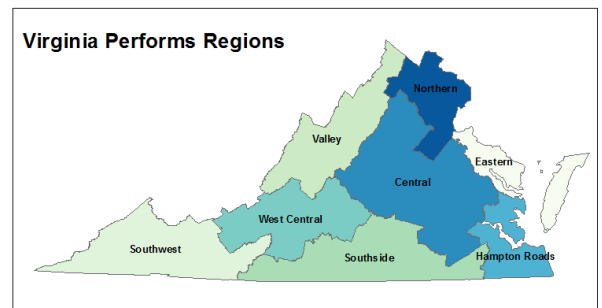
Regional Distribution of Work Locations						
Virginia Performs Region	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	27%	21%	20%	23%	25%	19%
Eastern	1%	1%	2%	5%	2%	1%
Hampton Roads	23%	26%	20%	17%	18%	17%
Northern	27%	28%	34%	24%	26%	24%
Southside	2%	2%	1%	2%	4%	2%
Southwest	2%	3%	1%	1%	8%	7%
Valley	3%	3%	10%	15%	5%	4%
West Central	9%	7%	9%	5%	10%	9%
Virginia Border State/DC	1%	3%	1%	1%	1%	3%
Other US State	3%	8%	2%	6%	2%	12%
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	32	2%	4	8%	414	4%
1	1,104	68%	337	70%	7,280	73%
2	243	15%	26	14%	1,399	14%
3	187	11%	235	7%	675	7%
4	36	2%	47	1%	75	1%
5	15	1%	23	0%	31	0%
6 +	19	1%	3	1%	55	1%
Total	1,635	100%	337	100%	9,928	100%

Source: Va. Healthcare Workforce Data Center

*At survey completion (birth month of respondents)



A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2022)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	54%	68%	57%	46%	52%	62%	53%	63%
Non-Profit	37%	27%	30%	36%	34%	26%	34%	27%
State/Local Government	5%	3%	8%	14%	8%	8%	8%	7%
Veterans Administration	2%	0%	0%	0%	3%	1%	2%	0%
U.S. Military	3%	3%	4%	4%	2%	1%	2%	2%
Other Federal Government	0%	0%	1%	0%	1%	2%	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 87% of CNMs and 86% of CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.

**At a Glance:
(Primary Locations)**

For-Profit Primary Sector

CRNA:	54%
CNM:	57%
CNP:	52%

Top Establishments

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

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2022)
Meaningful use of EHRs	11%	27%	32%	24%
Remote Health, Caring for Patients in Virginia	1%	26%	30%	6%
Remote Health, Caring for Patients Outside of Virginia	0%	6%	7%	2%
Use at least one	12%	44%	46%	28%

Source: Va. Healthcare Workforce Data Center

More than a quarter of the state NP workforce used at least one EHR. 6% 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 (2022)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Clinic, Primary Care or Non-Specialty	1%	3%	5%	0%	22%	15%	19%	13%
Hospital, Inpatient Department	39%	31%	16%	31%	15%	14%	19%	18%
Physician Office	1%	4%	11%	4%	9%	5%	8%	5%
Academic Institution (Teaching or Research)	11%	4%	10%	4%	6%	9%	7%	8%
Private practice, group	3%	3%	17%	9%	7%	5%	7%	5%
Hospital, Outpatient Department	13%	11%	1%	0%	6%	3%	7%	4%
Clinic, Non-Surgical Specialty	1%	1%	5%	0%	5%	4%	4%	4%
Ambulatory/Outpatient Surgical Unit	20%	29%	3%	1%	1%	1%	4%	6%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	4%	6%	3%	5%
Hospital, Emergency Department	2%	3%	0%	0%	3%	5%	3%	4%
Mental Health, or Substance Abuse, Outpatient Center	0%	1%	0%	0%	4%	3%	1%	2%
Private practice, solo	0%	0%	3%	5%	2%	2%	2%	2%
Hospice	0%	0%	0%	0%	1%	3%	1%	3%
Other Practice Setting	9%	10%	29%	46%	15%	25%	15%	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 and CNMs. For CNPs, primary care clinic was the most mentioned primary work establishment.

At a Glance: (Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	83%
CNP:	86%

Education Role

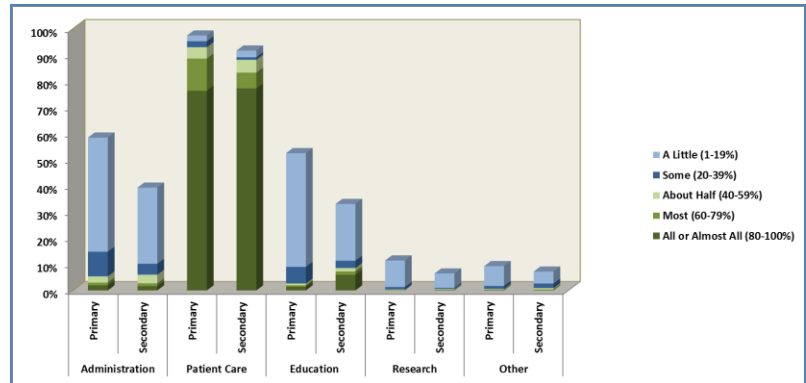
CRNA:	1%
CNM:	5%
CNP:	2%

Admin Role

CRNA:	1%
CNM:	5%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 87% 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 83% of CNMs and 86% of CNPs.

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2022)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	89%	92%	64%	78%	71%	73%	74%	77%
Most (60-79%)	5%	2%	19%	5%	15%	8%	14%	7%
About Half (40-59%)	2%	1%	5%	5%	5%	5%	5%	4%
Some (20-39%)	1%	0%	5%	3%	3%	1%	3%	1%
A Little (1-20%)	1%	0%	2%	4%	2%	3%	2%	3%
None (0%)	2%	4%	5%	5%	3%	9%	3%	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

	Future Plans					
	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
Decrease Participation						
Leave Profession	19	1%	6	2%	110	1%
Leave Virginia	43	2%	13	3%	325	3%
Decrease Patient Care Hours	247	13%	71	18%	1,165	10%
Decrease Teaching Hours	11	1%	1	0%	109	1%
Increase Participation						
Increase Patient Care Hours	102	5%	28	7%	1,323	11%
Increase Teaching Hours	79	4%	71	18%	1,365	12%
Pursue Additional Education	59	3%	56	14%	1,671	14%
Return to Virginia's Workforce	10	1%	7	2%	74	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA:	9%
CNM:	8%
CNP:	4%

Retirement within 10 Years

CRNA:	27%
CNM:	21%
CNP:	18%

Source: Va. Healthcare Workforce Data Center

48%, 35% and 38% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 34%, 24%, and 25% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 2%, 5%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

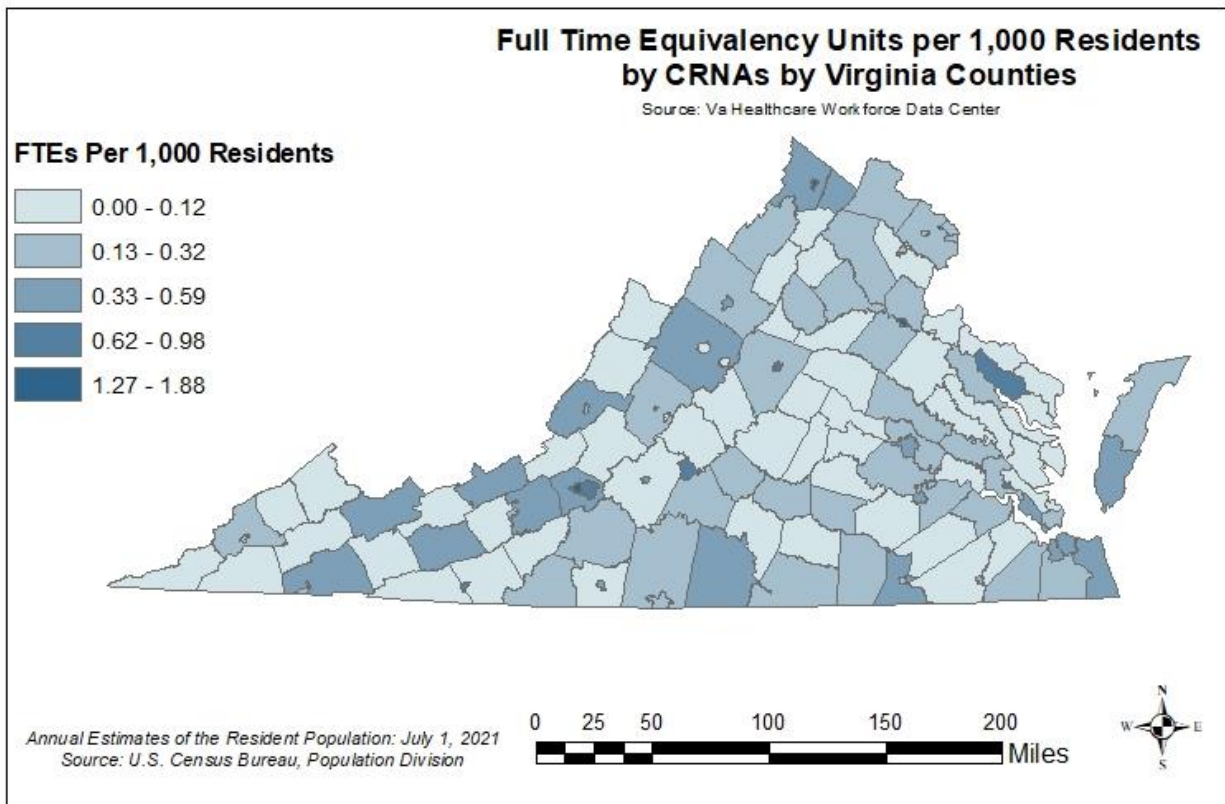
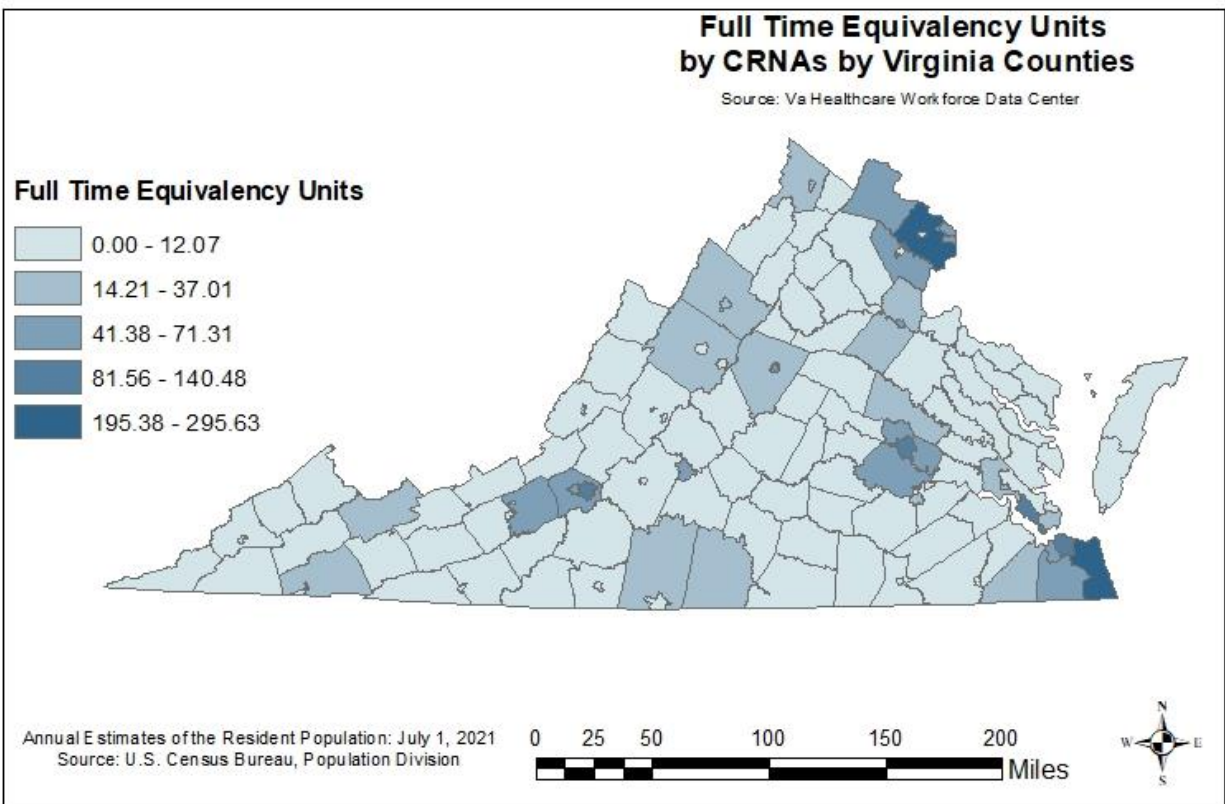
Expected Retirement Age	CRNA		CNM		CNP		All (2022)	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
Under age 50	2%	-	5%	-	2%	-	2%	-
50 to 54	3%	1%	3%	0%	3%	0%	3%	1%
55 to 59	10%	5%	10%	5%	8%	4%	9%	4%
60 to 64	33%	29%	17%	19%	25%	21%	26%	22%
65 to 69	36%	41%	38%	44%	38%	40%	37%	40%
70 to 74	11%	17%	19%	26%	13%	20%	13%	19%
75 to 79	2%	5%	3%	6%	3%	6%	3%	6%
80 or over	0%	0%	0%	0%	1%	1%	1%	1%
I do not intend to retire	2%	3%	5%	1%	6%	8%	6%	7%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

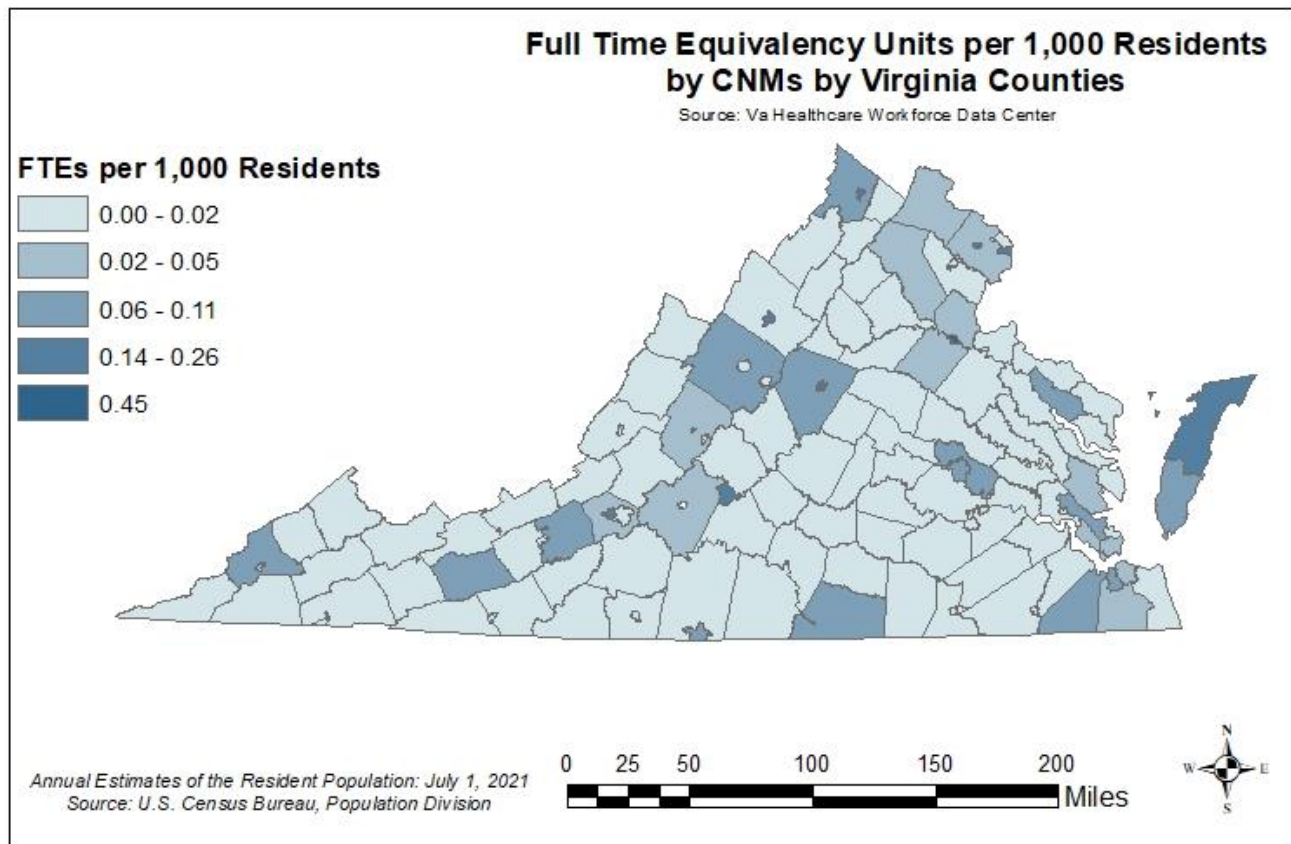
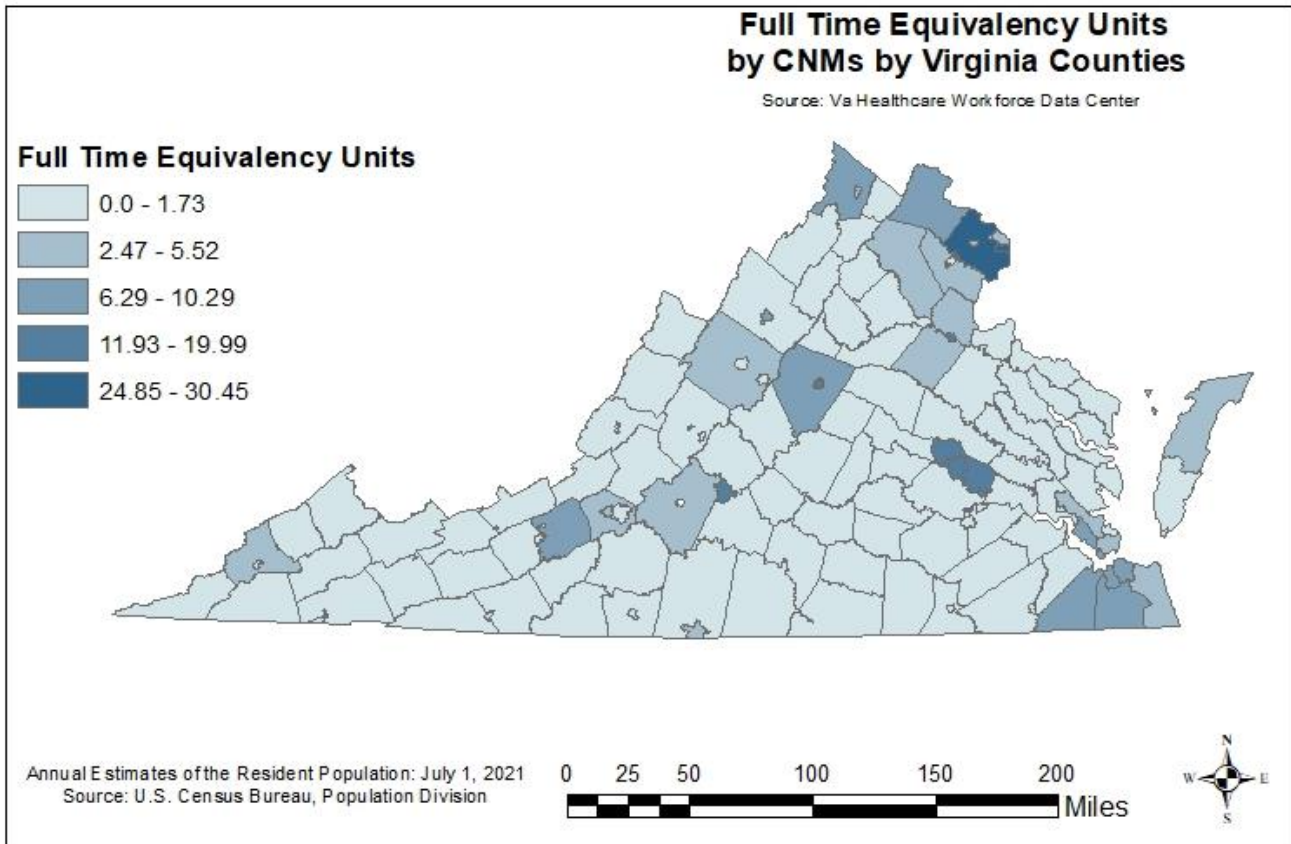
Expect to retire within. . .	Time to Retirement							
	CRNA		CNM		CNP		All (2022)	
	#	%	#	%	#	%	#	%
2 years	125	9%	26	8%	381	4%	530	5%
5 years	61	4%	9	3%	284	3%	355	3%
10 years	201	14%	29	9%	838	10%	1,072	10%
15 years	170	12%	42	14%	976	11%	1,187	12%
20 years	216	15%	31	10%	1,004	12%	1,262	12%
25 years	208	15%	33	11%	1,274	15%	1,519	15%
30 years	180	13%	57	19%	1,256	15%	1,493	15%
35 years	162	11%	40	13%	1,091	13%	1,293	13%
40 years	51	4%	11	4%	559	7%	620	6%
45 years	15	1%	5	2%	224	3%	242	2%
50 years	0	0%	5	2%	78	1%	81	1%
55 years	0	0%	0	0%	12	0%	11	0%
In more than 55 years	0	0%	4	1%	15	0%	19	0%
Do not intend to retire	30	2%	15	5%	531	6%	572	6%
Total	1,419	100%	306	100%	8,523	100%	10,256	100%

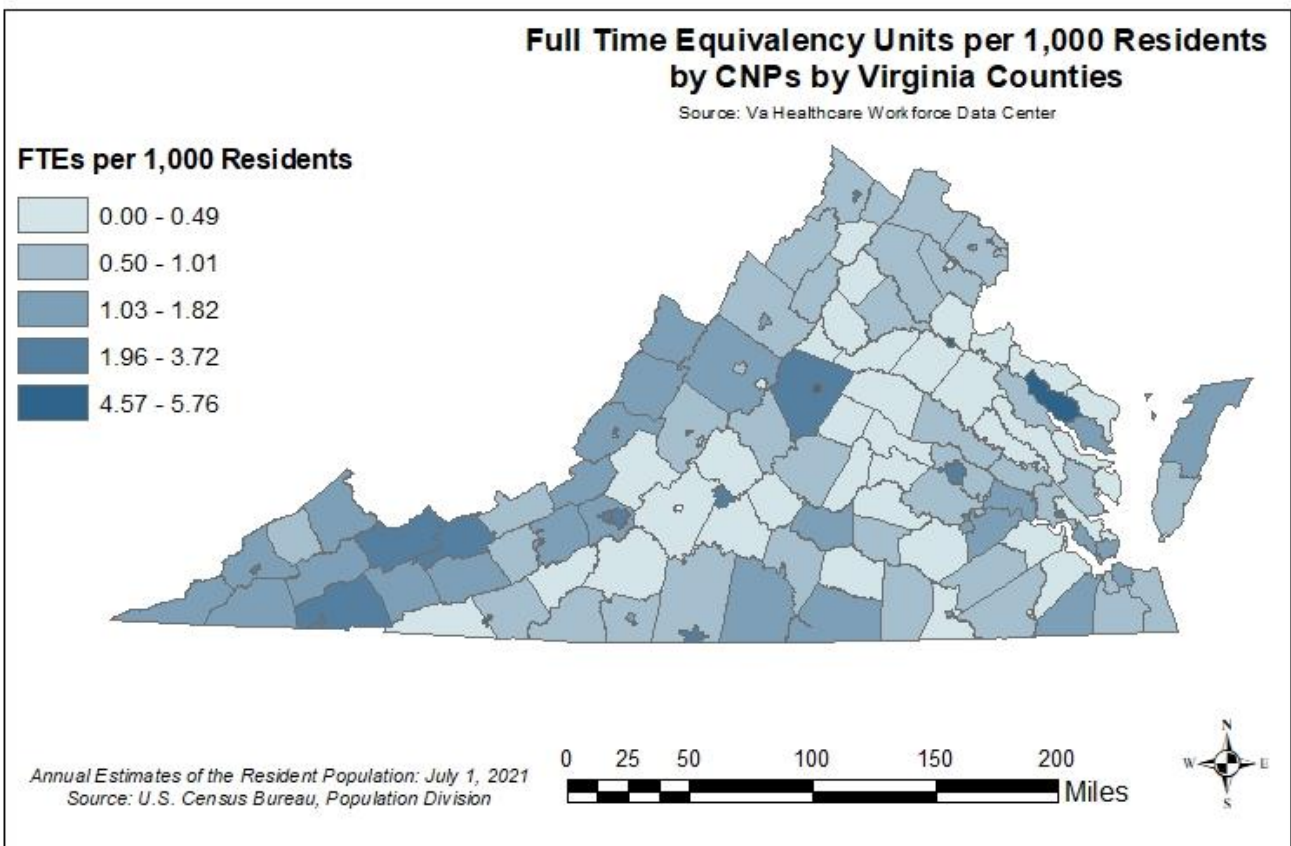
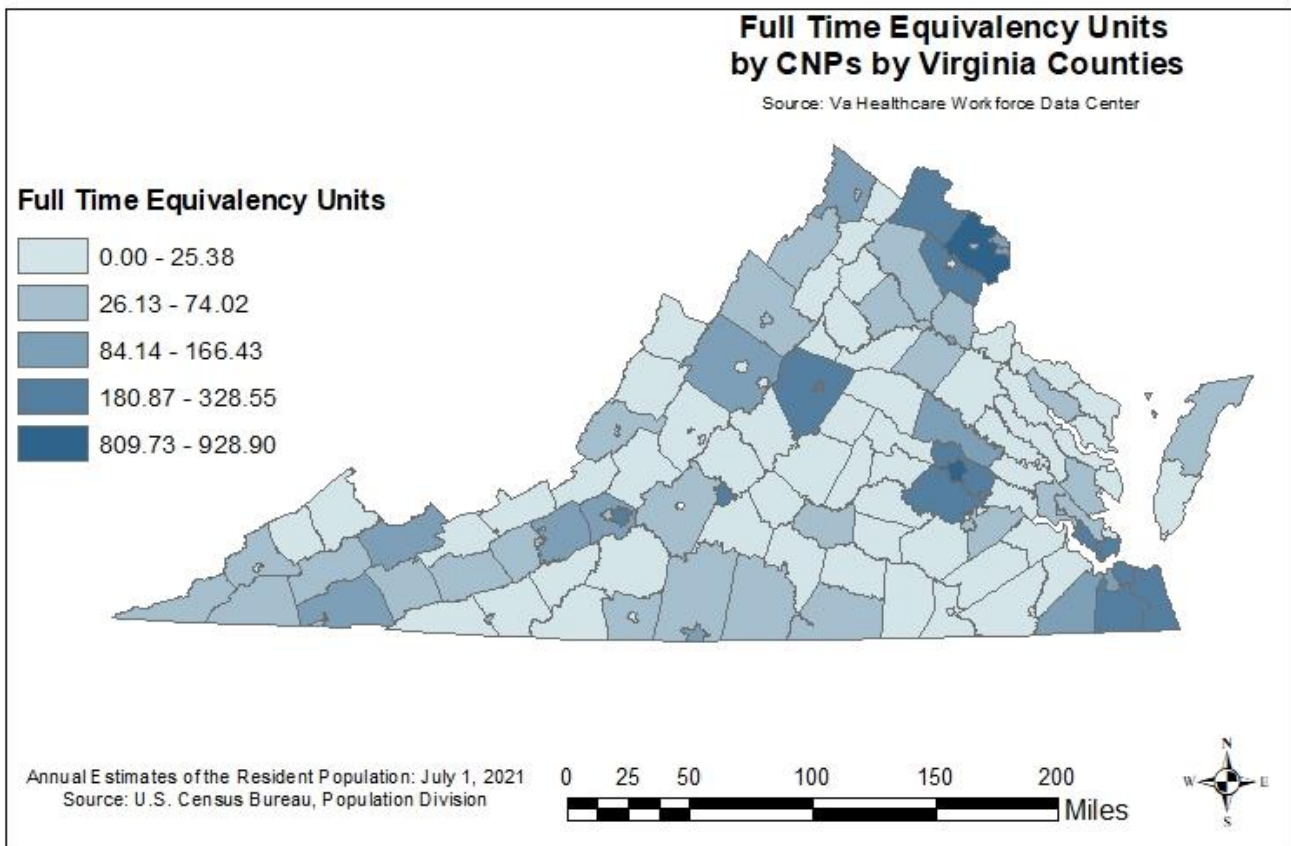
Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2037. Retirement will peak at 15% of the current workforce around 2047 before declining to under 10% of the current workforce again around 2062.



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%.





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Practitioner Profile - Virginia Board of Medicine

Unless otherwise indicated, this information has been self-reported and has not been verified by the Board of Medicine.

[Printer Friendly Version](#) 

Rizwan Ali, MD

LICENSE # **0101056312**
Issue Date: **8/1/1997**
Expiration Date: **8/31/2024**
Status: **Current Active**

Disclaimer: General

The following information contained in this database is provided from the records of the Board of Medicine.

- Licensee name
- License number
- Date of issue
- Date of expiration
- Any Virginia Board of Medicine Notice or Order

The Department and the Board have taken measures to assure that the above information reflects information contained in records that it maintains consistent with its statutory responsibility to doctors of medicine, osteopathy, and podiatry.

The following information is required to be self-reported by licensees under penalty of law. This information is not verified by the Board. The Department and the Board have the authority to investigate reported inaccuracies in the displayed information and if warranted, seek correction and effect licensee compliance with the law and regulations governing the practitioner information system.

Required information provided by doctors:

- Practice information (location(s), telephone number(s), translating services, percentage of time spent at location(s))
- Education
- Years in active clinical practice
- Board Certifications
- Hospital affiliations
- Academic appointments
- Publications
- Medicaid participation
- Actions
- Felony convictions
- Paid claims in the most recent ten years

Optional information doctors may choose to include:

- Insurance plans accepted or managed care plans in which they participate
- Self-Designated practice area
- Honors and awards received
- Medicare information
- Hours of continuing education
- Practice name
- Days of the week at practice location
- Maiden name
- Web site address

- Non-emergency email address

The Board does not comprehensively verify the information required to be self-reported by doctors, and therefore does not accept responsibility for the accuracy of self-reported information. The Board conducts periodic random audits of profiles as an effort to improve the accuracy and timeliness of the information.

Please note that if a practitioner's license is not active, they are under no obligation to update their profile so the information contained in that profile may not be up-to-date.

Disclaimer: Malpractice Information

When considering malpractice paid claims data, please keep in mind:

Some studies have shown little correlation between the existence of a malpractice paid claims history and the practitioner's competence to provide care.

Malpractice paid claims histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation.

Some doctors work primarily with high-risk patients. These doctors may have malpractice paid claims histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.

Settlement of a claim may occur for a variety of reasons, which do not necessarily reflect negatively on the professional competence or conduct of the practitioner. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

The incident causing the malpractice paid claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.

Presentation of Required Data:

As of July 1, 2007, practitioners are required to report all paid claims over \$10,000 in the last 10 years. For doctors practicing less than 10 years, the data covers their total years of practice.

To provide perspective regarding the reported data, the Board displays information about the paid claims experience of the practitioner's specialty along with the practitioner's history of paid claims. In reporting the data in this manner, each practitioner is seen relative to other practitioners in the specialty, rather than to all practitioners in all specialties.

Paid claims are not expressed in dollar amounts. Each paid claim has been analyzed and assigned to one of three statistical categories: below average, average, or above average. This analysis was made relative to the other claims in the specialty in which the claim occurred.

The information provided, in the manner provided, should offer perspective about this aspect of medical practice. You could miss an opportunity for high quality care by excluding a doctor based solely on the presence of a malpractice history. You may wish to discuss information provided in this report, and malpractice generally, with your doctor.

Primary Practice Address

Last Updated 7/14/2022

Pinnacle Treatment Services
5335 Peters Creek Road
NW
Roanoke, VA 24019
Phone: 5409815330

Location Details

- Practitioner spends **100%** of time at this location.
- Days that practitioner sees patients at this location:
Mon, Tue, Wed, Thur, Fri

- Translation services are available.
Type(s) of Translation Services Available:
Hearing impaired
Non-English language(s) spoken
- Non-English Languages spoken by Practitioner
Hindi
Urdu

Years in Active Clinical Practice

Last Updated 7/14/2022

Years in Active Clinical Practice Inside US/Canada: **26**

Years in Active Clinical Practice Outside US/Canada: **6**

Medicaid

Last Updated 7/14/2022

Participate in the Virginia Medicaid program

Is not accepting new Virginia Medicaid patients

Medicare

Last Updated 7/14/2022

Is a Medicare participating provider

Is accepting new Medicare patients

Virginia Hospital Affiliations

Last Updated 7/14/2022

Veterans Affairs Medical Center - Salem (admit)

Hospital Affiliations in States Other Than Virginia

Last Updated 7/14/2022

Medical, Osteopathic, or Podiatric School

Last Updated 7/14/2022

Grad School: Dow Medical College

State: Sindh

Country: Pakistan

Year Completed: 1988

Medical, Osteopathic, or Podiatric Post Grad School

Last Updated 7/14/2022

Psychiatry

VCU/Medical College of Virginia

Richmond, VA USA

Year Internship Completed: 1995

Psychiatry

VCU/Medical College of Virginia

Richmond, VA USA

Year Residency Completed: 1998

Board Certification

Recognized by the American Board of Medical Specialties, Bureau of Osteopathic Specialists and Boards of Certification, the American Board of Multiple Specialties in Podiatry, or Council on Podiatric Medical Education.

Last Updated 7/14/2022

Psychiatry & Neurology: Psychiatry

Year of Initial Certifications: **2000**

Current Certification Expires: **2002**

Psychiatry & Neurology: Psychiatry
Year of Initial Certifications: **2000**
Current Certification Expires: **2021**

Self-Designated Practice Areas

Last Updated 7/14/2022

Psychiatry

Insurance Plans/Managed Care Plans Accepted

Last Updated 7/14/2022

None Reported

Honors and Awards - Optional

Last Updated 7/14/2022

Practitioners had the option of completing this section. This practitioner has not provided any information regarding honors and awards.

Academic Appointments

Last Updated 7/14/2022

Virginia Tech Carilion School of Medicine - Roanoke VA

Rank: **Associate Professor**

Years: **2005 - 2018**

Edward Via Virginia College of Osteopathic Medicine - Blacksburg VA

Rank: **Assistant Professor**

Years: **2005-Present**

University Of Virginia School Of Medicine - Charlottesville VA

Rank: **Assistant Professor**

Years: **2008-present**

Virginia Tech Carilion School of Medicine - Roanoke VA

Rank: **Assistant Professor**

Years: **2009-present**

Academic Appointments - Non-US

Last Updated 7/14/2022

Dow University of Health Sciences, Karachi, Pakistan

Rank: **Assistant Professor**

Years:

Publications

(up to ten in the last five years)

Last Updated 7/14/2022

None Reported

Felony Conviction Information

Last Updated 7/14/2022

None Reported

Actions Taken by States/Organizations Other than the Virginia Board of Medicine

Last Updated 7/14/2022

None Reported

Virginia Board of Medicine Notices and Orders

Verified by Board

No Notices or Orders on file

Paid Claims in the last ten years

Last Updated 7/14/2022

The licensee has reported the following paid claims in the past ten years:

None Reported

[Return to Normal View](#)

Date Printed: 12/9/2022

Virginia Board of Medicine 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463

[Return to Normal View](#)

Practitioner Profile - Virginia Board of Medicine

Unless otherwise indicated, this information has been self-reported and has not been verified by the Board of Medicine.

[Printer Friendly Version](#) 

ADAM THOMAS KAUL, MD



LICENSE # **0101057975**
Issue Date: **7/9/1998**
Expiration Date: **3/31/2024**
Status: **Current Active**

Disclaimer: General

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- License number
- Date of issue
- Date of expiration
- Any Virginia Board of Medicine Notice or Order

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- Board Certifications
- Hospital affiliations
- Academic appointments
- Publications
- Medicaid participation
- Actions
- Felony convictions
- Paid claims in the most recent ten years

Optional information doctors may choose to include:

- Insurance plans accepted or managed care plans in which they participate
- Self-Designated practice area
- Honors and awards received
- Medicare information
- Hours of continuing education
- Practice name
- Days of the week at practice location
- Maiden name
- Web site address

- Non-emergency email address

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Settlement of a claim may occur for a variety of reasons, which do not necessarily reflect negatively on the professional competence or conduct of the practitioner. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

The incident causing the malpractice paid claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.

Presentation of Required Data:

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Paid claims are not expressed in dollar amounts. Each paid claim has been analyzed and assigned to one of three statistical categories: below average, average, or above average. This analysis was made relative to the other claims in the specialty in which the claim occurred.

The information provided, in the manner provided, should offer perspective about this aspect of medical practice. You could miss an opportunity for high quality care by excluding a doctor based solely on the presence of a malpractice history. You may wish to discuss information provided in this report, and malpractice generally, with your doctor.

Primary Practice Address

Last Updated 4/16/2018

Adam T. Kaul, MD
13356 Midlothian Tnpk
Suite 100
Midlothian, VA 23113
Phone: 8047942444

Location Details

- Practitioner spends **70%** of time at this location.
- Days that practitioner sees patients at this location:
Mon, Tue, Wed, Fri

- Non-English Languages spoken by Practitioner
German

Years in Active Clinical Practice

Last Updated 4/16/2018

Years in Active Clinical Practice Inside US/Canada: **20**

Medicaid

Last Updated 4/16/2018

Participate in the Virginia Medicaid program
Is accepting new Virginia Medicaid patients

Medicare

Last Updated 4/16/2018

Is a Medicare participating provider
Is accepting new Medicare patients

Virginia Hospital Affiliations

Last Updated 4/16/2018

VCU Health Center & MCV Hospital and Physicians

Hospital Affiliations in States Other Than Virginia

Last Updated 4/16/2018

Medical, Osteopathic, or Podiatric School

Last Updated 4/16/2018

Grad School: Virginia Commonwealth University School Of Medicine (Previously MCV) - Richmond VA
Year Completed: 1996

Medical, Osteopathic, or Podiatric Post Grad School

Last Updated 4/16/2018

Psychiatry
VA Commonwealth University
Richmond, VA USA
Year Residency Completed: 2000

Board Certification

Recognized by the American Board of Medical Specialties, Bureau of Osteopathic Specialists and Boards of Certification, the American Board of Multiple Specialties in Podiatry, or Council on Podiatric Medical Education.
Last Updated 4/16/2018

Neurology And Psychiatry: Psychiatry
Year of Initial Certifications: **2001**
Current Certification Expires: **2022**

Self-Designated Practice Areas

Last Updated 4/16/2018

Psychiatry

Insurance Plans/Managed Care Plans Accepted

Last Updated 4/16/2018

None Reported

Honors and Awards - Optional

Last Updated 4/16/2018

Practitioners had the option of completing this section. This practitioner has not provided any information regarding honors and awards.

Academic Appointments

Last Updated 4/16/2018

Virginia Commonwealth University School Of Medicine (Previously MCV) - Richmond VA

Rank: **clinical asst. professor**

Years: **2000-present**

Academic Appointments - Non-US

Last Updated 4/16/2018

None Reported

Publications

(up to ten in the last five years)

Last Updated 4/16/2018

None Reported

Felony Conviction Information

Last Updated 4/16/2018

None Reported

Actions Taken by States/Organizations Other than the Virginia Board of Medicine

Last Updated 4/16/2018

None Reported

Virginia Board of Medicine Notices and Orders

Verified by Board

No Notices or Orders on file

Paid Claims in the last ten years

Last Updated 4/16/2018

The licensee has reported the following paid claims in the past ten years:

None Reported

[Return to Normal View](#)

Date Printed: 12/9/2022

Virginia Board of Medicine 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463