Meeting of the Virginia Board of Medicine

February 23, 2023
8:30 a.m.

Virginia Department of Health Professions

Board of Medicine

Thursday, February 23, 2023 @ 8:30 a.m.
Perimeter Center
9960 Mayland Drive, Suite 201
Board Room 2
Henrico, VA 23233

New Business:

====No motion needed to adjourn if all business has been conducted====

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 2

Exit the room using one of the doors at the back of the room. (Point) Upon exiting the room, turn **RIGHT.** Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door (**Point**), turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Agenda Item: **Approval of Minutes of the February October 6, 2022**

Staff Note: Draft minutes that have been posted on Regulatory Townhall and the Board's website are presented. Review and revise if necessary.

Action: Motion to approve minutes.

---DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE
FULL BOARD MINUTES

October 6, 2022 | Department of Health Professions | Henrico, VA 23233

CALL TO ORDER: Mr. Marchese called the meeting to order at 8:33 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT:
Blanton Marchese – President, Chair
David Archer, MD – Vice-President
John R. Clements, DPM
Manjit Dhillon, MD
Alvin Edwards, MDiv, PhD – Secretary-Treasurer
Hazem Elariny, MD
Madge Ellis, MD
Jane Hickey, JD
Williams Hutchens, MD
Oliver Kim, JD, LLM
Krishna Madiraju, MD
Jacob Miller, DO
Pradeep Pradhan, MD
Karen Ransone, MD
Jennifer Rathmann, DC
Joel Silverman, MD
Ryan Williams, MD

MEMBERS ABSENT: Peter Apel, MD

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Colanthia Morton Opher - Deputy Exec. Director for Administration
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
David E. Brown, DC – DHP Director
Barbara Matusiak, MD, Medical Review Coordinator
Deirdre Brown - Executive Assistant
Danielle Sanguiliano – Administrative Assistant
Erin Barrett – DHP Senior Policy Analyst
M. Brent Saunders, JD – OAG Board Counsel
Charis Mitchell, JD – OAG Interim Board Counsel

OTHERS PRESENT: Jennie Wood – Board Staff
Tamika Hines- Board Staff
Sue Bartos– Board Staff
Brenda Wilkins – Board Staff
Kim Small – Visual Research
W. Scott Johnson – Hancock Daniel & Johnson, PC
Christopher Fleasy – MSV
Andrew Densmae – MSV
Todd Lacksonen - Opiant

EMERGENCY EGRESS INSTRUCTIONS

Dr. Archer provided the emergency egress instructions for Boardroom 2.

INTRODUCTION OF NEW BOARD MEMBERS

Mr. Marchese asked each new Board member present to introduce themselves to their colleagues on the Board. Dr. Hutchens began the introductions stating that he is a pulmonologist and critical care physician currently practicing in Winchester. Next, Dr. Clements introduced himself, stating that he practices podiatry in Roanoke, Virginia and that this is his second time on the Virginia Board of Medicine. Dr. Madiraju then introduced himself stating that he was a pediatrician practicing in the Northern Virginia area. Mr. Marchese noted that Dr. Elariny and Dr. Apel, both newly appointed, were not present today. (Dr. Elariny arrived late and introduced himself,)

INTRODUCTION OF NEW BOARD COUNSEL

Mr. Marchese introduced the Board's new Counsel, M. Brent Saunders, JD - Senior Assistant Attorney General. He will assume the duties that Charis Mitchell, JD has been performing as the Board's interim Counsel.

APPROVAL OF MINUTES OF JUNE 16, 2022

Dr. Harp addressed a revision that needed to be made on page 7 of the agenda packet concerning the action for the "Consideration of Response to Petition for Rule-Making – QBAB". Rather than referral to the Legislative Committee, the minutes should reflect that the Board voted to adopt a NOIRA.

Dr. Miller moved to approve the minutes with the amendment to "Consideration of Response to Petition for Rule-Making – QBAB" from June 16, 2022. The motion was properly seconded by Dr. Ransone and carried unanimously.

ADOPTION OF AGENDA

Dr. Silverman moved to approve the agenda as presented. The motion was properly seconded by Dr. Ransone and carried unanimously.

PUBLIC COMMENT

W. Scott Johnson of Hancock Daniel and Johnson, PC and General Counsel for the Medical Society of Virginia (MSV) said that MSV supports the proposed regulatory updates to Chapter 20. He said that they are modernized and are good updates.

SANCTION REFERENCE POINTS PRESENTATION

Kim Small from Visual Research gave a PowerPoint presentation on "Revising the Sanctioning Reference Points."

DHP DIRECTOR'S REPORT

Dr. Brown began with welcoming the new Board members. He shared that he was on the Board in the 1990's and that serving was important and meaningful. He told the new members that the Board was a working board and that he appreciated their willingness to serve. Lastly, he reminded the new members that the purpose of the Board is to protect the public, so it is important to attend and participate in all required meetings. Dr. Brown then offered thanks to Kim Small for her presentation. He stated that most states do not have "Sanctioning Reference Points", and the work of Visual Research has helped make Virginia a leader.

Dr. Brown then stated that reduction of regulations not mandated by statute is a priority for Governor Youngkin. Dr. Brown sees this effort proceeding fairly quickly, and it will be helpful to the development of the healthcare workforce by removing any unnecessary barriers to licensure.

Dr. Brown then commented that the Board may need to establish a Regulatory Advisory Panel (RAP) to review and revise the regulations on opioids and buprenorphine. He noted that the CDC was in the process of revising its guidelines. He said when they are issued, it would be an opportune time for a RAP to take a look at the Board's regulations.

Lastly, Dr. Brown informed the Board that DHP is in the process of upgrading the audio-visual system in the Conference Center, but supply chain issues have delayed the work. Therefore, no completion date has been set. He also shared that the newly erected General Assembly (GA) building downtown is still not complete due to supply chain issues. So the GA will continue to be housed in the Pocohontas Building.

REPORTS OF OFFICERS AND EXECUTIVE DIRECTOR

PRESIDENT

Mr. Marchese stated that next week he will be in Washington, DC, for the Tri-Regulators meeting with Nursing, Pharmacy, and Medicine. He stated that Virginia will be well-represented with Jay Douglas and Caroline Juran.

VICE-PRESIDENT

None.

SECRETARY-TREASURER

None.

EXECUTIVE DIRECTOR

Dr. Harp briefly reviewed the current estimated cash balance, stating that it is $11 million. He reminded the Board that the even years are the big revenue years when the doctors and occupational therapists renew. Next year when the rest of the Board's professions renew, the cash balance will decline.

Dr. Harp then gave an update on Reciprocity with DC and Maryland. He said that talks have been in process for about 18 months since the 2020 General Assembly requested that the Board pursue reciprocal licensing with neighboring states. He noted that this was Virginia's initiative, but DC and Maryland have pitched in and shared the tasks relative to getting reciprocal licensing off the ground. A draft Memorandum of Agreement created by DC Counsel was reviewed at the last virtual meeting. Suggestions were made and a a final draft is forthcoming. Dr. Harp also stated that the 3 jurisdictions would like to have reciprocal licensing in place by January 2023.

Lastly, Dr. Harp said that the Advisory Board of Midwifery has requested revision of Guidance Document 85-10 to incorporate new practices and new technology. Dr. Harp stated that this will require a work group that most likely could accomplish the update in one sitting. He invited Board members to contact Mr. Marchese if they wished to serve on the work group.

COMMITTEE AND ADVISORY BOARD REPORTS

Dr. Ransone moved to accept all reports since June 16, 2022, en bloc. The motion was properly seconded by Dr. Edwards and carried unanimously.

OTHER REPORTS

Board Counsel

Charis Mitchell, JD provided an update that the Office of the Attorney General was dealing with two pending appeals. One is set for a December 16, 2022, court date, and a second one has not yet been scheduled.

This report was for informational purposes only.

Board of Health Professions

None.

Meeting Minutes for the June 16, 2022 Full Board of Health Professions meeting are provided in the agenda packet on pages 2-10.

Podiatry Report

None.

Chiropractor Report

None.

Committee of Joint Boards of Nursing and Medicine

None.

Meeting Minutes for the July 20, 2022 meeting are provided in the agenda packet on pages 65-66.

NEW BUSINESS

1. **Current Legislative and Regulatory Actions/Considerations – Erin Barrett**

Current Regulatory Actions

Ms. Barrett presented the chart of regulatory actions as of October 5, 2022.

She then reviewed the following with the Board:

a. **Consideration of response to petition for rule-making from Todd Lacksonen.**

Ms. Barrett stated that the Board will be looking at all of the opioid and buprenorphine regulations in the near future and that the petition request should be considered at that time. Reviewing all opioid and buprenorphine regulations at one time will allow the Board to consider new recommendations from the Centers for Disease Control and Prevention regarding opioid prescribing.

ACTION: Dr. Miller moved to take no action because the Board intends to consider this issue with the review of the opioid and buprenorphine regulations in 2023. The motion was properly seconded by Dr. Williams and carried unanimously.

b. Issue periodic review decision and adoption of fast-track regulatory changes recommended by Legislative Committee for Chapters 15 and 20

ACTION: Dr. Pradhan moved to retain Chapters 15 and 20 with amendments. The motion was properly seconded by Dr. Miller and carried unanimously.

ACTION: Dr. Ransone moved to adopt the changes recommended by the Legislative Committee for Chapters 15 and 20 as fast-track regulatory changes. The motion was properly seconded by Dr. Williams and carried unanimously.

c. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 40.

ACTION: Dr. Edwards moved to retain Chapter 40 with amendments. The motion was properly seconded by Dr. Miller and carried unanimously.

ACTION: Dr. Edwards moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Williams and carried unanimously.

d. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 50.

ACTION: Dr. Edwards moved to retain Chapter 50 with amendments. The motion was properly seconded by Dr. Williams and carried unanimously.

ACTION: Dr. Ransone moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Edwards and carried unanimously.

e. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 80.

ACTION: Dr. Williams moved to retain Chapter 80 with amendments. The motion was properly seconded by Dr. Ransone and carried unanimously.

ACTION: Dr. Ransone moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Pradhan and carried unanimously.

f. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 101.

ACTION: Dr. Williams moved to retain Chapter 101 with amendments. The motion was properly seconded by Dr. Ransone and carried unanimously.

ACTION: Dr. Miller moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Edwards and carried unanimously.

g. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 110.

ACTION: Dr. Archer moved to retain Chapter 110 with amendments. The motion was properly seconded by Dr. Ransone and carried unanimously.

ACTION: Dr. Ransone moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Archer and carried unanimously.

h. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 120.

ACTION: Dr. Williams moved to retain Chapter 120 with amendments. The motion was properly seconded by Dr. Pradhan and carried unanimously.

ACTION: Dr. Edwards moved to adopt the changes recomended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Ransone and carried unanimously.

i. Issue periodic review and adoption of fast-track regulatory changes for Chapter 130.

ACTION: Dr. Ransone moved to retain Chapter 130 with amendments. The motion was properly seconded by Dr. Williams and carried unanimously.

ACTION: Dr. Ransone moved to adopt the changes reviewed by the Advisory Board and presented to the Board as fast-track regulatory changes. The motion was properly seconded by Dr. Kim and carried unanimously.

j. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 140.

ACTION: Dr. Ransone moved to retain Chapter 140 with amendments. The motion was properly seconded by Dr. Edwards and carried unanimously.

ACTION: Dr. Edwards moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Ransone and carried unanimously.

k. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 150.

ACTION: Dr. Ransone moved to retain Chapter 150 with amendments. The motion was properly seconded by Dr. Pradhan and carried unanimously.

ACTION: Dr. Williams moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Dhillon and carried unanimously.

l. Issue periodic review and adoption of fast-track regulatory changes recommended by advisory board for Chapter 170.

ACTION: Dr. Edwards moved to retain Chapter 170 with amendments. The motion was properly seconded by Dr. Archer and carried unanimously.

ACTION: Dr. Ransone moved to adopt the changes recommended by the Advisory Board as fast-track regulatory changes. The motion was properly seconded by Dr. Edwards and carried unanimously.

m. Reaffirmation of Guidance Documents 85-2, 85-20, and 85-21.

ACTION: Dr. Archer moved to adopt the recommendation of the Legislative Committee to reaffirm Guidance Documents 85-2, 85-20, and 85-21. The motion was properly seconded by Dr. Ransone and carried unanimously.

n. Adopt revisions to Guidance Document 85-1.

ACTION: Dr. Silverman moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-1. The motion was properly seconded by Dr. Williams and carried unanimously.

o. Adopt revisions to Guidance Document 85-4.

ACTION: Dr. Ransone moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-4. The motion was properly seconded by Dr. Archer and carried unanimously.

p. Adopt revisions to Guidance Document 85-6.

ACTION: Dr. Ransone moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-6. The motion was properly seconded by Dr. Pradhan and carried unanimously.

q. Adopt revisions to Guidance Document 85-8.

ACTION: Dr. Williams moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-8. The motion was properly seconded by Dr. Ransone and carried unanimously.

r. Adopt revisions to Guidance Document 85-13.

ACTION: Dr. Ransone moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-13. The motion was properly seconded by Dr. Archer and carried unanimously.

s. Adopt revisions to Guidance Document 85-15.

ACTION: Dr. Ransone moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-15. The motion was properly seconded by Dr. Edwards and carried unanimously.

t. Adopt revisions to Guidance Document 85-16.

ACTION: Dr. Ransone moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-16. The motion was properly seconded by Dr. Archer and carried unanimously.

u. Adopt revisions to Guidance Document 85-19.

ACTION: Dr. Archer moved to adopt the Legislative Committee's recommendation to repeal Guidance Document 85-19. The motion was properly seconded by Dr. Ransone and carried unanimously.

v. Adopt revisions to Guidance Document 85-23.

ACTION: Dr. Ransone moved to accept the recommendation of the Legislative Committee regarding revisions to Guidance Document 85-23. The motion was properly seconded by Dr. Archer and carried unanimously.

Dr. Harp then commented that on page 387 of the agenda packet, number two of the Guidance Document 85-4, the "Virginia Chiropractic Association" should be replaced with "Unified Virginia Chiropractic Association." Then he referred to page 399 of the agenda packet, the last paragraph of Guidance Document 85-8, that "supervising physician" should be replaced with "patient care team physician."

ACTION: Dr. Ransone amended her motion to accept "Unified VCA" in place of "VCA" in Guidance Document 85-4. The motion was properly seconded by Dr. Edwards and carried unanimously.

ACTION: Dr. Ransone amended her motion to accept the replacement of "collaborating patient care team physician" in place of "supervising physician" in Guidance Document 85-8. The motion was properly seconded by Dr. Miller and carried unanimously.

2. Adoption of Statewide Protocols

Dr. Miller provided an overview of the Work Group for the Statewide Protocol meeting held on August 8, 2022. The Work Group included three Board of Medicine members, three Board of Pharmacy members, a physician and a pharmacist from the Department of Health. Dr. Miller shared that pharmacists have the authority to diagnose and prescribe medicines. The Board of Pharmacy has led the Statewide Pharmacy Protocols Work Group the last 2 years. Although the Board of Medicine led the work group this year, the protocols will be implemented by the Board of Pharmacy for pharmacists.

Dr. Miller first reviewed the protocol for COVID vaccines. Currently, pharmacists are only able to vaccinate patients 18 and older. The new protocol will allow pharmacists to vaccinate an individual 3 years of age and older pursuant to the CDC Immunization Schedule. This protocol also allows a pharmacy technician or pharmacy intern to administer the vaccine once they have completed a practical training program of at least 20 hours approved by the Accreditation Council for Pharmacy Education. Robust discussion ensued. Several Board members did not agree with this protocol, but the Board was reminded that the General Assembly dictated that pharmacists shall administer vaccines. Charis Mitchell, JD addressed the Board and asked that this protocol be approved generally, but to allow time for the Office of the Attorney General to formulate language regarding student pharmacy technicians as vaccinators for approval of the Board President to be incorporated into the protocol.

ACTION: Dr. Edwards moved to adopt the recommendation of the Work Group regarding Statewide protocols for COVID vaccines with the proviso mentioned by Charis Mitchell, JD. The motion was properly seconded by Dr. Ransone. Three Board members voted in opposition to the protocol, but it carried with 14 yeas.

Dr. Miller then reviewed the protocol for Tobacco Cessation therapies. He stated that a licensed pharmacist will be able to prescribe to an individual 18 years of age or older Nicotine Replacement Therapy and Non-Nicotine Replacement Therapy for tobacco cessation. The Board members reviewed the protocol and discussed their concerns. One member shared that this protocol was modeled after another state, and that other states were moving in this direction.

ACTION: Dr. Hutchens moved to adopt the recommendation of the Work Group regarding Statewide protocols for Tobacco Cessation therapies. The motion was properly seconded by Dr. Williams and carried with 15 yeas, one nay, and one abstention.

Lastly, Dr. Miller reviewed the protocol for COVID testing. He stated that the testing will be done without the order of a physician. Dr. Miller then stated that the protocol will allow pharmacists to initiate treatment with, dispense, or administer tests for COVID-19. Board members expressed several concerns.

ACTION: Dr. Dhillon moved to adopt the recommendation of the Work Group regarding the protocol for COVID testing. The motion was seconded by Ms. Hickey. The motion carried with 12 yeas and five nays.

3. Licensing Report

Mr. Sobowale presented an update on licensing. He said that as of October 5, 2022, the Board of Medicine has 82,743 licensees. There are 30,595 active MD & DO licenses with 2,048 inactive. Mr. Sobowale shared that the Board sees an increase in licenses issued each year. In the last fiscal year, the Board issued over 10,000 licenses. That is a 30% increase from the previous fiscal year.

4. Discipline Report

Ms. Deschenes reported that there are 874 open cases at this time. 33 informal conferences were held this year, because licensees are coming back in for hearings. Out of the 33 cases, 7 were dismissed.

5. Announcements/Reminders

Mr. Marchese reminded Board members that the next Full Board meeting will be held February 23, 2023. He also reminded the members to submit their travel Expense Reimbursement Vouchers within 30 days after completion of their trips (CAPP Topic 20335, State Travel Regulations, p. 7).

ADJOURNMENT

With no additional business, the meeting adjourned at 10:36 a.m.

_____

William L. Harp, MD
Executive Director

Agenda Item: **HWDC Presentation – Virginia's Physician Workforce 2022 and Virginia's Licensed Nurse Practitioner Workforce 2022**

Staff Note: None.

Action: Informational presentation. No action required.

Virginia's Physician Workforce: 2022

Healthcare Workforce Data Center

January 2023

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***

Visit us at: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

36,806 Physicians 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 Medicine express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne W. Owens
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD	Barbara Hodgdon, PhD	Rajana Siva, MBA	Christopher Coyle, BA
Director	*Deputy Director*	*Data Analyst*	*Research Assistant*

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Suffolk

Executive Director

William L. Harp, MD

Contents

The Physician Workforce: At a Glance:

The Workforce	
Licensees:	51,082
Virginia's Workforce:	28,051
FTEs:	26,810

Survey Response Rate	
All Licensees:	72%
Renewing Practitioners:	88%

Demographics	
% Female:	40%
Diversity Index:	55%
Median Age:	51

Background	
Rural Childhood:	19%
Med. School in VA:	21%
Residency in VA:	27%

Top Certifications	
Internal Medicine:	29%
Family Medicine:	16%

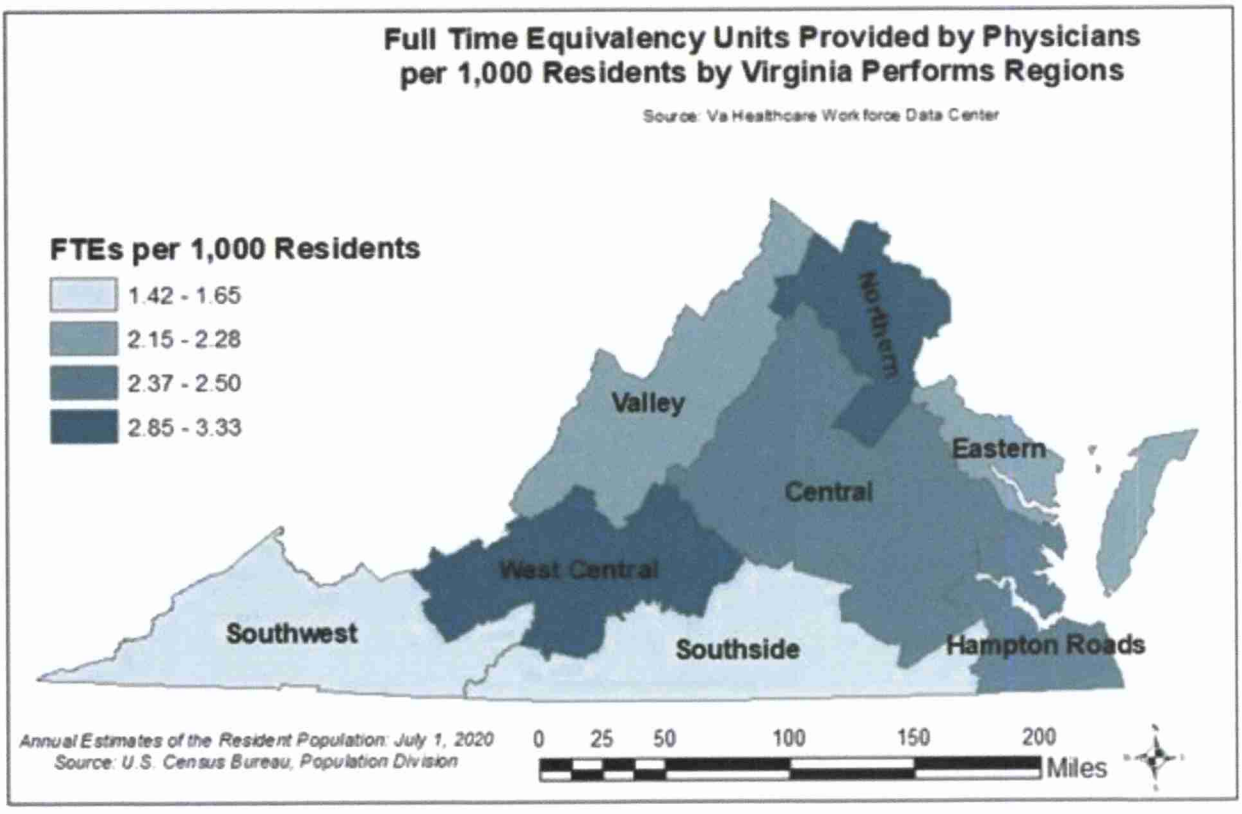
Finances	
Median Inc.:	$225k - $250
Health Benefits:	71%
Median Ed Debt:	$0k

Current Employment	
Employed in Prof.:	95%
Hold 1 Full-time Job:	68%
Satisfied?:	92%

Job Turnover	
Switched Jobs in 2022:	5%
Employed over 2 yrs:	69%

Primary Roles	
Patient Care:	81%
Administration:	5%
Education:	1%

Source: Va. Healthcare Workforce Data Center



Results in Brief

A total of 36,806 physicians voluntarily took part in the 2022 Physician Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place on a respondent's birth month during even-numbered years for physicians. These survey respondents represent 72% of the 51,082 physicians who are licensed in the state and 88% of renewing practitioners. The HWDC estimates that 28,051 physicians participated in Virginia's workforce during the survey period. Virginia's physician workforce provided 26,810 "full-time equivalency units" during the survey period.

Females are 40% of all physicians and 49% of female physicians under the age of 40. The median age of the physician workforce is 51. In a random encounter between two physicians, there is a 55% chance that they would be of different races or ethnicities. Overall, 7% of Virginia's physicians work in non-metro areas of the state.

The majority of physicians carry no educational debt. However, the median debt among those who do is between $130,000 and $140,000. The median annual income of physicians is between $225,000 and $250,000. Ninety-five percent of physicians are currently employed in the profession, and involuntary unemployment is nearly nonexistent. More than 9 out of 10 physicians indicated that they are satisfied with their current employment situation, including 56% who indicated they are "very satisfied".

Nearly half of all physicians work at a for-profit establishment, while 10% work for the federal government. Group private practices currently employ 35% of all physicians in Virginia, the most of any establishment type in the state. The inpatient (17%) and outpatient (13%) departments of hospitals are also common establishment types for Virginia's physician workforce. Over one-third of all physicians expect to retire by the age of 65; 11% of the current workforce expect to retire in the next two years, while half of the current workforce expect to retire by 2042.

Summary of Trends

There were some key changes in survey results in the 2022 survey compared to the 2014 survey. Virginia's licensed physicians, physician workforce, and physicians' FTE increased. However, a considerable proportion of these may be exiting soon as retirement intentions increased this year. The percent intending to retire within 2 years increased for the first time since 2014 from 9% to 11%. The percent of physicians who intend to retire by age 65 also increased from between 33% to 34% in the past years to 39% in 2022.

Gender and racial/ethnic diversity also increased for older physicians. The percent of physicians that were female increased from 36% in 2014 to 40% in 2022 even though the percent female for physicians under age 40 declined from 52% in 2014 to 49% in 2022. The racial and ethnic diversity index for physicians also increased from 51% in 2014 to 55% in 2022. The index, however, declined for those under age 40 from 60% in 2014 to 57% in 2022.

The educational and rural background results were nearly identical in the past four surveys. However, slightly fewer physicians reported board certification. This is likely due to changes in licensing procedure which now require only 12 months of postgraduate training after medical school for physicians to be issued a full license. However, the percent reporting certain certifications increased. For example, 29% reported board certification in internal medicine compared to 23% in 2014. A slightly higher percent of physicians reported working in the non-profit sector; 33% reported working in the non-profit sector in 2022 compared to 26% in 2014.

The median education debt reported by physicians increased by $30,000 to $130,000-$140,000 between 2014 and 2022; $20,000 of the increase occurred in 2022. The median income for physicians increased from $175k-$200k in the 2014 survey to $200k-$225k in both the 2016 and 2018 surveys, is now $225k-$250k. The percent of physicians who were satisfied with their current employment situation declined to 92% from 94% in 2014.

The number of physicians who reported using telemedicine has increased significantly, from 10% in 2016 to 42% in 2022. The percent with a collaborative practice agreement with a nurse practitioner and physician assistant also increased from 15% to 22% and 10% to 16%, respectively, between 2016 and 2022.

Survey Response Rates

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	41,880	82%
New Licensees	4,226	8%
Non-Renewals	4,976	10%
All Licensees	51,082	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 88% of renewing physicians submitted a survey. These represent 72% of physicians who held a license at some point in 2022.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 35	2,422	1,700	41%
35 to 39	2,724	4,066	60%
40 to 44	1,984	4,956	71%
45 to 49	1,422	4,967	78%
50 to 54	1,198	4,929	80%
55 to 59	1,013	4,300	81%
60 to 64	938	3,982	81%
65 and Over	2,575	7,906	75%
Total	**14,276**	**36,806**	**72%**
New Licenses			
Issued in 2022	4,226	0	0%
Metro Status			
Non-Metro	550	1,466	73%
Metro	5,287	20,499	80%
Not in Virginia	8,436	14,839	64%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted throughout 2022 on the birth month of each respondent.
2. **Target Population:** All physicians who held a Virginia license at some point in 2022.
3. **Survey Population:** The survey was available to physicians who renewed their license online. It was not available to those who did not renew, including physicians newly licensed in 2022.

Response Rates	
Completed Surveys	36,806
Response Rate, all licensees	72%
Response Rate, Renewals	88%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Physicians

Number:	51,082
New:	8%
Not Renewed:	10%

Response Rates

All Licensees:	72%
Renewing Practitioners:	88%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

2022 Physician Workforce:	28,051
FTEs:	26,810

Utilization Ratios

Licensees in VA Workforce:	55%
Licensees per FTE:	1.91
Workers per FTE:	1.05

Source: Va. Healthcare Workforce Data Center

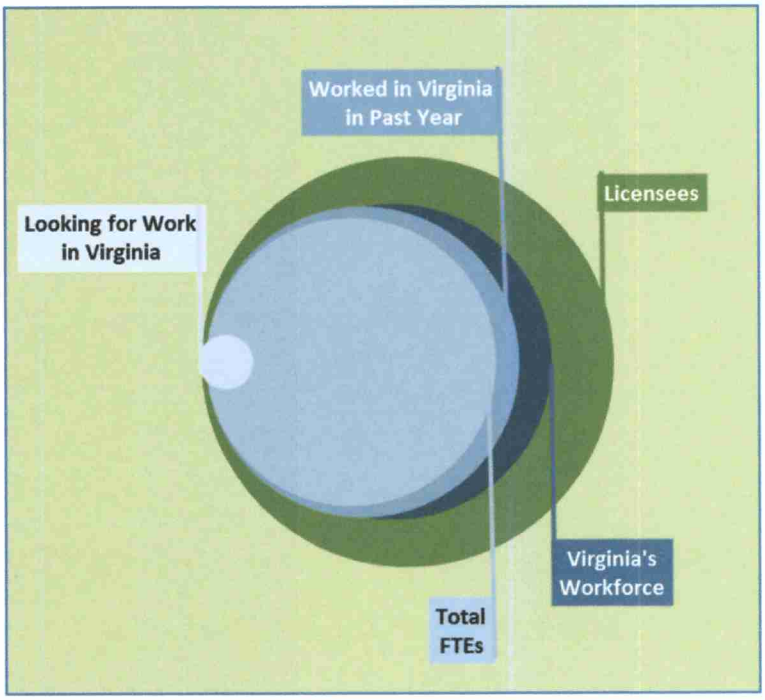
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year 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 Physician Workforce		
Status	#	%
Worked in Virginia in Past Year	27,705	99%
Looking for Work in Virginia	346	1%
Virginia's Workforce	**28,051**	**100%**
Total FTEs	**26,810**	
Licensees	**51,082**	

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	935	50%	929	50%	1,864	8%
35 to 39	1,756	51%	1,687	49%	3,442	14%
40 to 44	1,705	51%	1,649	49%	3,353	14%
45 to 49	1,603	54%	1,387	46%	2,990	12%
50 to 54	1,606	56%	1,286	45%	2,891	12%
55 to 59	1,569	63%	935	37%	2,504	10%
60 to 64	1,560	67%	770	33%	2,330	10%
65 +	3,682	78%	1,015	22%	4,697	20%
Total	**14,415**	**60%**	**9,657**	**40%**	**24,072**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	40%
% Under 40 Female:	49%

Age

Median Age:	51
% Under 40:	22%
% 55+:	40%

Diversity

Diversity Index:	55%
Under 40 Div. Index:	57%

Source: Va. Healthcare Workforce Data Center

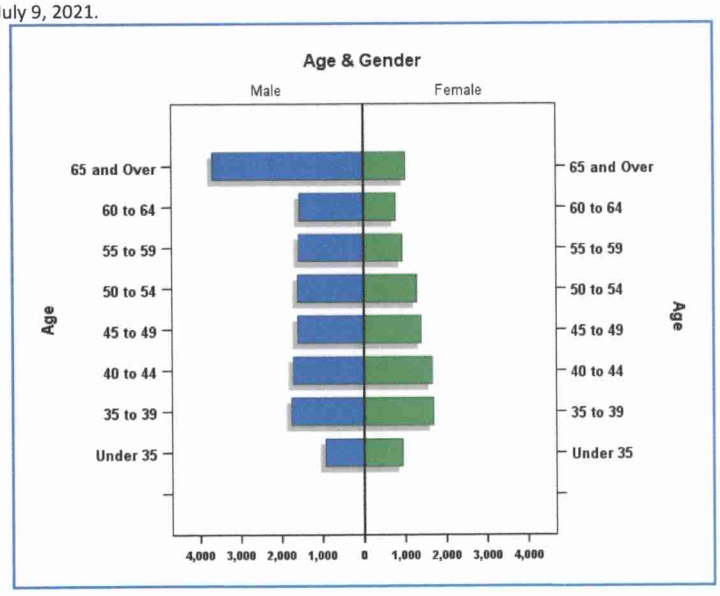
Race & Ethnicity					
Race/ Ethnicity	Virginia*	Physicians		Physicians Under 40	
	%	#	%	#	%
White	60%	15,045	64%	3,177	61%
Black	19%	1,768	8%	317	6%
Asian	7%	4,450	19%	1,112	21%
Other Race	0%	794	3%	149	3%
Two or more races	3%	558	2%	202	4%
Hispanic	10%	908	4%	220	4%
Total	**100%**	**23,523**	**100%**	**5,176**	**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 9, 2021.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two physicians, there is a 55% chance that they would be of a different race/ethnicity (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 58%.

22% of all physicians are under the age of 40, and about half of these professionals are female. In addition, there is a 57% chance that two randomly chosen physicians from this group would be of a different race or ethnicity.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	22%
Rural Childhood:	19%

Virginia Background

HS in Virginia:	22%
Med. School in VA:	21%
Init. Residency in VA:	27%

Location Choice

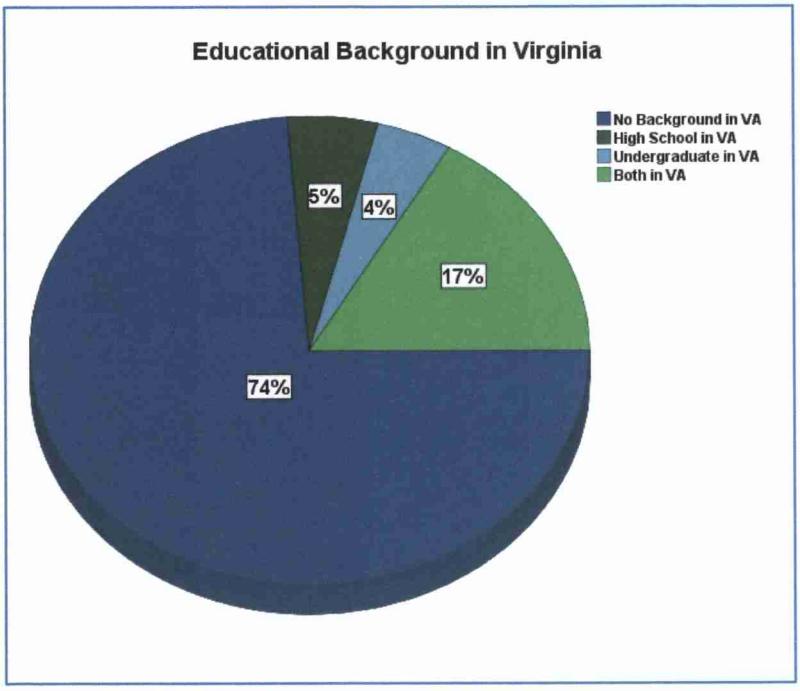
% Rural to Non-Metro:	12%
% Urban/Suburban to Non-Metro:	5%

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+	15%	62%	24%
2	Metro, 250,000 to 1 million	28%	53%	19%
3	Metro, 250,000 or less	23%	61%	16%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adjacent	29%	43%	28%
6	Urban pop, 2,500-19,999, Metro adjacent	31%	50%	19%
7	Urban pop, 2,500-19,999, non adjacent	43%	33%	24%
8	Rural, Metro adjacent	41%	45%	14%
9	Rural, non adjacent	29%	45%	26%
	Overall	**19%**	**60%**	**22%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

19% of physicians grew up in self-described rural areas, and 12% of these professionals currently work in non-metro counties. Overall, 7% of Virginia's physician workforce work in non-metro areas of the state.

Top Ten States for Physician Recruitment

Rank	All Physicians			
	Medical School	#	Initial Residency	#
1	Virginia	4,837	Virginia	6,020
2	Outside U.S./Canada	4,606	New York	2,125
3	New York	1,594	Pennsylvania	1,842
4	Pennsylvania	1,255	Washington, D.C.	1,609
5	Washington, D.C.	1,235	Maryland	1,233
6	Maryland	1,014	North Carolina	964
7	North Carolina	757	Ohio	787
8	Ohio	606	California	661
9	West Virginia	481	Texas	619
10	Florida	478	Michigan	591

Source: Va. Healthcare Workforce Data Center

21% of physicians went to medical school in Virginia, while 27% completed their initial residency in the state.

Among physicians who have been licensed in the past five years, 21% received their medical degree in Virginia, while 25% completed their initial residency in the state.

Rank	Licensed in the Past 5 Years			
	Medical School	#	Initial Residency	#
1	Outside U.S./Canada	1,132	Virginia	1,349
2	Virginia	923	New York	515
3	Pennsylvania	321	Pennsylvania	379
4	New York	260	Maryland	324
5	Maryland	235	Washington, D.C.	287
6	Washington, D.C.	234	North Carolina	212
7	Ohio	175	Ohio	203
8	North Carolina	167	Texas	184
9	Florida	161	Michigan	176
10	West Virginia	151	California	158

Source: Va. Healthcare Workforce Data Center

45% of licensed physicians did not participate in Virginia's workforce in 2022. 94% of these physicians worked at some point in the past year, including 90% who currently work as physicians.

At a Glance:

Not in VA Workforce

Total:	23,136
% of Licensees:	45%
Federal/Military:	30%
VA Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Medical Schools		
School	#	%
Virginia Commonwealth	2,390	11%
University of Virginia	1,576	7%
Eastern VA Medical School	1,223	6%
Georgetown University	710	3%
Uniformed Services Univ. of the Health Sciences	652	3%
Virginia College of Osteopathic Medicine	614	3%
George Washington Univ.	574	3%
University of Maryland	398	2%
Drexel University	353	2%
Philadelphia College of Osteopathic Medicine	321	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Medical Schools

VCU:	11%
UVA:	7%
East. Va. Med. School:	6%

Top Certifications

Internal Medicine:	29%
Family Medicine:	16%
Pediatrics:	12%

Source: Va. Healthcare Workforce Data Center

Seven of every ten physicians do not carry any educational debt. For those with debt, median is $130K to $140K. However, among physicians who are under the age of 40, 59% carry education debt. The median debt is between $220,000 and $230,000.

Top 10 Board Certifications		
Area	#	%
Internal Medicine	4,460	29%
Family Medicine	2,404	16%
Pediatrics	1,793	12%
Surgery	1,378	9%
Psychiatry/Neurology	1,197	8%
Emergency Medicine	876	6%
Anesthesiology	818	5%
Obstetrics/Gynecology	761	5%
Radiology	751	5%
Orthopedic surgery	448	3%
At Least One Certification	**15,458**	**56%**

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All Physicians		Physicians under 40	
	#	%	#	%
None	13,580	70%	1,731	41%
$50,000 or less	1,299	7%	297	7%
$50,001-$100,000	1,018	5%	242	6%
$100,001-$150,000	713	4%	229	5%
$150,001-$200,000	529	3%	250	6%
$200,001-$250,000	571	3%	347	8%
More than $250,000	1,578	8%	1,085	26%
Total	**19,288**	**100%**	**4,181**	**100%**

Source: Va. Healthcare Workforce Data Center

Over one-quarter of Virginia's physician workforce hold a board certification in internal medicine. Overall, 56% of Virginia's physician workforce report at least one board certification.

At a Glance:

Gov't Programs

Medicare Participant:	19%
Medicare Non-Participating Provider:	66%
Medicaid Participant:	63%

Medical Services

Telemedicine:	42%
Meaningful Use of EHRs:	30%
CPA - NP:	22%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Admitting Privileges		
Number of Facilities	#	%
Zero	9,960	45%
One	7,307	33%
Two	2,394	11%
Three	1,041	5%
Four or more	1,257	6%
Total	**21,959**	**100%**

Source: Va. Healthcare Workforce Data Center

19% of Virginia's physician workforce participates in the Medicare program, while 66% are non-participating Medicare providers, that is, they do not accept Medicare reimbursement across all services but do so on a case-by-case basis. In addition, 63% of physicians participate in Virginia's Medicaid program.

Medical Services/Activities		
Service	#	%
Telemedicine or Remote Consulting	11,918	42%
Achieve Meaningful Use of EHRs	8,403	30%
Collaborative Practice Agreement – Nurse Practitioner	6,203	22%
Collaborative Practice Agreement – Physician Assistant	4,371	16%
Participate in an Accountable Care Organization	3,517	13%
Collaborative Practice Agreement - Pharmacist	1,053	4%
At least One Service	**15,545**	**55%**

Source: Va. Healthcare Workforce Data Center

Gov't Program Participation		
Medicare Participating Provider		
Yes	5,145	19%
No	22,278	81%
Total	**27,423**	**100%**
Medicare Non-Participating Provider		
Yes	18,121	66%
No	9,302	34%
Total	**27,423**	**100%**
Medicaid Participating Provider		
Yes	17,266	63%
No	10,157	37%
Total	**27,423**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Employment Situation

At a Glance:

Employment
Employed in Profession: 95%
Involuntarily Unemployed: <1%

Positions Held
1 Full-Time: 68%
2 or more Positions: 14%

Weekly Hours:
40 to 49: 30%
60 or more: 23%
Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	56	<1%
Employed in a medicine or osteopathy related capacity	21,973	95%
Employed, NOT in a medicine or osteopathy related capacity	227	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	26	<1%
Voluntarily unemployed	304	1%
Retired	648	3%
Total	**23,232**	**100%**

Source: Va. Healthcare Workforce Data Center

95% of physicians are currently employed in the profession, and less than 1% are involuntarily unemployed. Over two-thirds of all physicians currently hold one full-time job, while 14% have multiple positions. Just 30% of physicians work between 40 and 49 hours per week, while slightly less than one-quarter work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	978	4%
One Part-Time Position	3,022	13%
Two Part-Time Positions	772	3%
One Full-Time Position	15,444	68%
One Full-Time Position & One Part-Time Position	1,880	8%
Two Full-Time Positions	116	1%
More than Two Positions	421	2%
Total	**22,633**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	978	5%
1 to 9 hours	424	2%
10 to 19 hours	609	3%
20 to 29 hours	1,130	5%
30 to 39 hours	2,386	11%
40 to 49 hours	6,507	30%
50 to 59 hours	4,467	21%
60 to 69 hours	2,974	14%
70 to 79 hours	884	4%
80 or more hours	1,008	5%
Total	**21,367**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	421	2%
Less than $50,000	586	3%
$50,000-$99,999	1,240	7%
$100,000-$149,999	1,677	10%
$150,000-$199,999	2,122	12%
$200,000-$249,999	3,171	18%
$250,000-$299,999	2,139	12%
$300,000-$349,999	1,939	11%
$350,000-$399,999	1226	7%
$400,000 or more	2,727	16%
Total	**17,248**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $225k-$250k

Benefits

Employer Health Ins.: 71%

Employer Retirement: 71%

Satisfaction

Satisfied 92%

Very Satisfied: 56%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	12,650	56%
Somewhat Satisfied	8,244	36%
Somewhat Dissatisfied	1,416	6%
Very Dissatisfied	421	2%
Total	**22,731**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical physician earned between $225,000 and $250,000 in 2022. In addition, among physicians who received either an hourly wage or a salary at their primary work location, 71% received health insurance and 71% had access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Health Insurance	13,517	62%	71%
Retirement	13,533	62%	71%
Paid Vacation	11,464	52%	62%
Dental Insurance	12,129	55%	66%
Group Life Insurance	9,542	43%	53%
Paid Sick Leave	9,131	42%	50%
Signing/Retention Bonus	3,757	17%	22%
At Least One Benefit	**15,929**	**72%**	**82%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	159	1%
Experience Voluntary Unemployment?	1,000	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	449	2%
Work two or more positions at the same time?	3,618	13%
Switch employers or practices?	1,365	5%
Experienced at least one	**5,712**	**20%**

Source: Va. Healthcare Workforce Data Center

1% of Virginia's physicians experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9%.[1]

At a Glance:

Unemployment Experience 2022

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 5%
New Location: 15%
Over 2 years: 69%
Over 2 yrs, 2nd location: 57%

Employment Type

Salary/Commission: 65%
Business/Pract. Income: 15%
Hourly Wage: 13%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	768	4%	316	6%
Less than 6 Months	851	4%	498	9%
6 Months to 1 Year	1,441	7%	549	10%
1 to 2 Years	3,711	17%	1,097	19%
3 to 5 Years	4,451	20%	1,174	21%
6 to 10 Years	3,550	16%	817	14%
More than 10 Years	7,136	33%	1,252	22%
Subtotal	**21,908**	**100%**	**5,702**	**100%**
Did not have location	380		22,197	
Item Missing	5,762		151	
Total	**28,051**		**28,051**	

Source: Va. Healthcare Workforce Data Center

69% of physicians have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

65% of physicians received a salary at their primary work location, while 15% earned income from their own business or practice.

Employment Type		
Primary Work Site	#	%
Salary/Commission	10,842	65%
Business/Practice Income	2,573	15%
Hourly Wage	2,224	13%
By Contract	869	5%
Unpaid	294	2%
Subtotal	**16,802**	**100%**

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.5% and a high of 3.4%. The unemployment rate from December 2022 was still preliminary at the time of publication.

Work Site Distribution

At a Glance:

Concentration

Top Region:	31%
Top 3 Regions:	75%
Lowest Region:	1%

Locations

2 or more (2022):	26%
2 or more (Now*):	25%

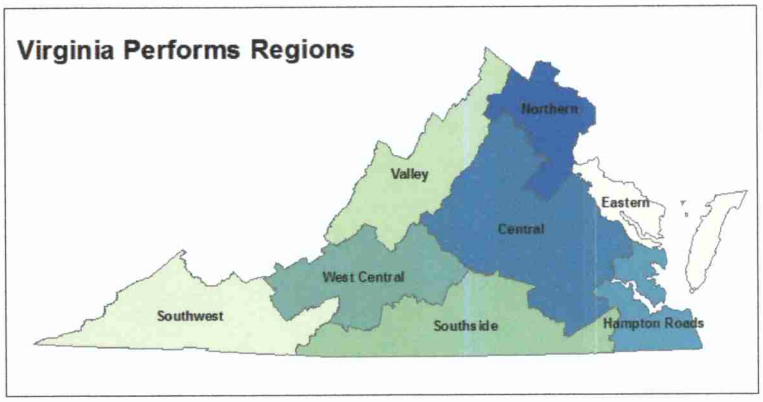
Source: Va. Healthcare Workforce Data Center

31% of all physicians work in Northern Virginia, the most of any region in the state. In addition, one-quarter of all physicians work in Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	5,406	25%	1,064	19%
Eastern	247	1%	88	2%
Hampton Roads	4,144	19%	966	17%
Northern	6,603	31%	1,702	30%
Southside	466	2%	146	3%
Southwest	608	3%	213	4%
Valley	1,144	5%	255	5%
West Central	2,324	11%	467	8%
Virginia Border State/DC	261	1%	239	4%
Other US State	342	2%	450	8%
Outside of the US	8	0%	17	0%
Total	**21,553**	**100%**	**5,607**	**100%**
Item Missing	5,817		98	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	342	2%	885	4%
1	15,932	72%	15,750	71%
2	2,192	10%	2,199	10%
3	2,769	13%	2,593	12%
4	401	2%	326	2%
5	195	1%	152	1%
6 or More	262	1%	187	1%
Total	**22,092**	**100%**	**22,092**	**100%**

*At the time of survey completion, December 2022.

Source: Va. Healthcare Workforce Data Center

25% of all physicians currently have multiple work locations, while 26% of physicians have had at least two work locations over the past year.

Establishment Type

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	9,602	48%	2,962	57%
Non-Profit	6,572	33%	1,658	32%
State/Local Government	1,596	8%	319	6%
Veterans Administration	602	3%	86	2%
U.S. Military	1,270	6%	148	3%
Other Federal Government	170	1%	31	1%
Total	**19,812**	**100%**	**5,204**	**100%**
Did not have location	380		22,197	
Item Missing	7,857		650	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

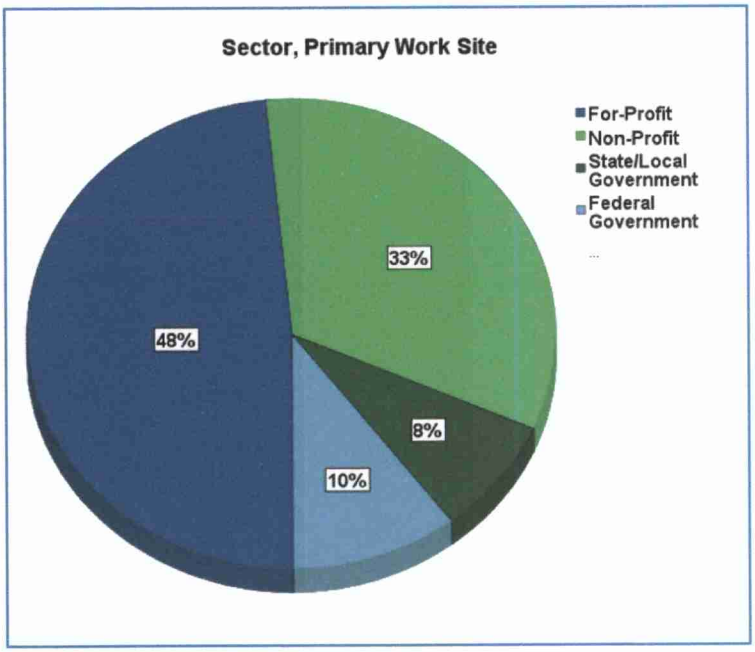
For Profit:	48%
Federal:	10%

Top Establishments

Group Private Practice:	35%
Hospital – Inpatient:	16%
Hospital – Outpatient:	13%

Source: Va. Healthcare Workforce Data Center

81% of all physicians work in the private sector, including 48% who work at for-profit establishments. Another 10% of Virginia's physician workforce work for the federal government.

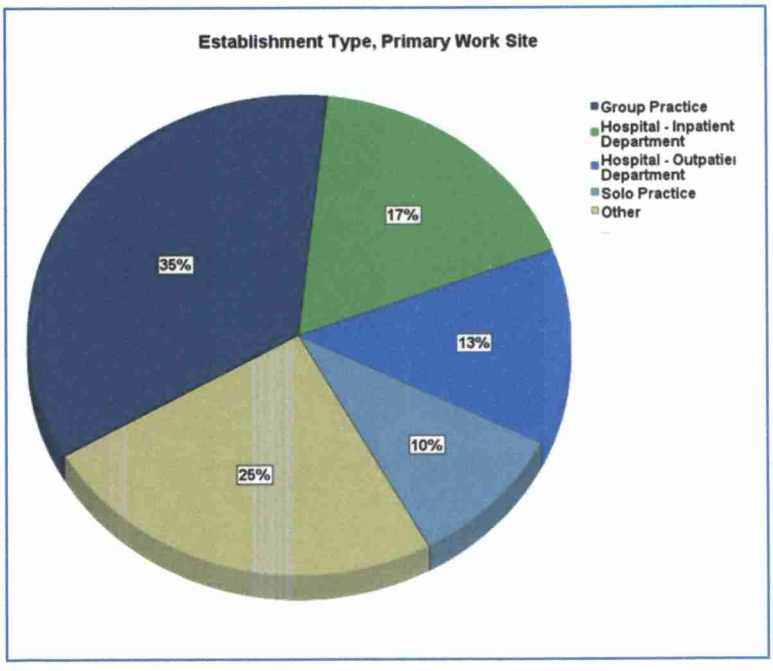


Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Group Practice	6,857	35%	1,666	32%
Hospital - Inpatient Department	3,412	17%	998	19%
Hospital - Outpatient Department	2,578	13%	547	11%
Solo Practice	1,884	10%	391	8%
Hospital - Emergency Department	1,262	6%	469	9%
Community Clinic/Outpatient Care Center	892	5%	258	5%
Medical/Osteopathic School or Parent University	603	3%	103	2%
Mental Health Facility	213	1%	66	1%
Insurance Organization	139	1%	38	1%
Outpatient Surgical Center	117	1%	68	1%
Nursing Home/Long-Term Care Facility	113	1%	76	1%
Supplier Organization	23	0%	15	0%
Other	1,443	7%	454	9%
Total	**19,536**	**100%**	**5,149**	**100%**
Did Not Have a Location	380		22,197	

Source: Va. Healthcare Workforce Data Center

Group private practices are the most common establishment type among Virginia's physicians with a primary work location. The inpatient and outpatient departments of hospitals are also typical primary establishment types.



Source: Va. Healthcare Workforce Data Center

Private insurance is the most accepted payment type among Virginia physicians.

Accepted Forms of Payment		
Payment	#	%
Private Insurance	17,870	93%
Cash/Self-Pay	16,330	85%
Medicare	16,174	85%
Medicaid	15,843	83%

Source: Va. Healthcare Workforce Data Center

Time Allocation

At a Glance:
(Primary Locations)

A Typical Physician's Time

Patient Care:	80%-89%
Administration:	1%-9%
Education:	1%-9%

Roles

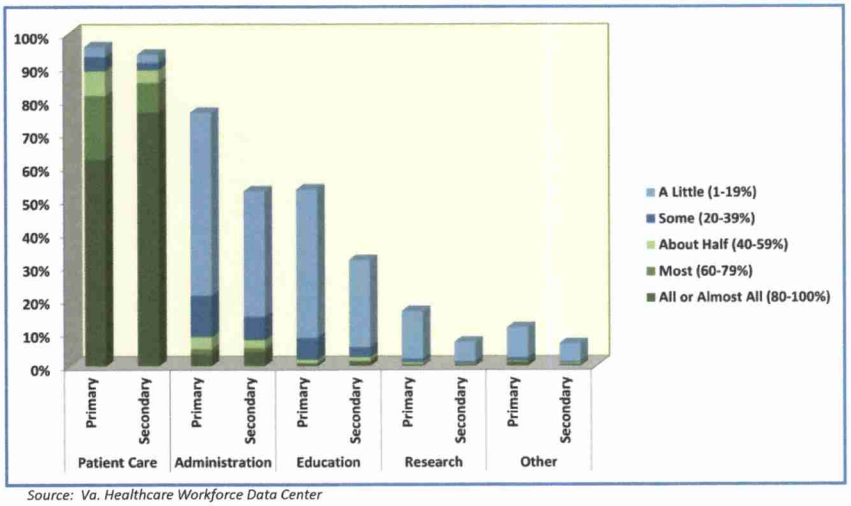
Patient Care:	81%
Administrative:	5%
Education:	1%

Patient Care Physicians

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

The typical physician spends most of their time in patient care activities. In fact, 81% of all physicians fill a patient care role, defined as spending at least 60% of their time in that activity. Another 5% of physicians fill an administrative role.

Time Allocation

Time Spent	Patient Care		Admin.		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%)	62%	76%	3%	4%	1%	1%	0%	0%	1%	0%
Most (60-79%)	19%	9%	2%	1%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	7%	4%	4%	2%	1%	1%	0%	0%	0%	0%
Some (20-39%)	4%	2%	12%	7%	7%	3%	1%	1%	1%	0%
A Little (1-19%)	3%	2%	55%	38%	45%	26%	14%	6%	9%	5%
None (0%)	4%	6%	24%	47%	47%	68%	84%	93%	89%	93%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Number of Patients/Week

Primary (Median):	25-49
Secondary (Median):	1-24

Accepts New Patients?

Primary:	56%
Secondary:	46%

Medicare/Medicaid

New Medicare Patients:	67%
New Medicaid Patients:	75%

Source: Va. Healthcare Workforce Data Center

56% of physicians are accepting new patients at their primary work location.

A Closer Look:

Patient Care Activities Predominantly Primary Care?				
Response	Primary Location		Secondary Location	
	#	%	#	%
Yes	7,370	42%	1,527	36%
No	12,228	58%	3,542	64%
Total	**19,598**	**100%**	**5,069**	**100%**
Question Inapplicable to Respondent	1,761		22,617	

Source: Va. Healthcare Workforce Data Center

Accepting New Patients? Yes				
Response	Primary Location		Secondary Location	
	#	%	#	%
I can accept some additional patients	6,678	33%	1,136	21%
I can accept many additional patients	4,739	23%	1,328	25%
No/Not Applicable				
I do not manage my patient load at this location	5,975	29%	1,983	37%
I do not provide patient care at this location	1,996	10%	754	14%
I cannot accept any additional patients	1102	5%	166	3%
Total	**20,490**	**100%**	**5,367**	**100%**

Source: Va. Healthcare Workforce Data Center

Patients Visits Per Week				
Number of Visits	Primary Location		Secondary Location	
	#	%	#	%
None	1,958	10%	714	13%
1 to 24	3,613	18%	2,376	44%
25 to 49	4,466	22%	1,172	22%
50 to 74	4,133	20%	526	10%
75 to 99	2,978	14%	256	5%
100 to 124	1,930	9%	166	3%
125 to 149	636	3%	63	1%
150 or more	848	4%	130	2%
Total	**20,562**	**100%**	**5,403**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical physician treats between 25 and 49 patients per week at their primary work location.

New Patient Capacity				
Number of Patients	Primary Location		Secondary Location	
	#	%	#	%
Less than 50	4,467	40%	1,005	41%
50 to 99	2,537	23%	593	24%
100 to 199	1,663	15%	339	14%
200 to 299	709	6%	153	6%
300 to 399	331	3%	62	3%
400 to 499	285	3%	62	3%
500 to 749	277	3%	42	2%
750 to 999	104	1%	12	0%
1,000 or more	658	6%	177	7%
Total	**11,031**	**100%**	**2,445**	**100%**

Source: Va. Healthcare Workforce Data Center

Among physicians who are accepting new patients at their primary work location, 40% can accept no more than 50 patients, while 23% can accept between 50 and 99 new patients.

Among physicians who are accepting new patients at their primary work location, 75% are accepting new Medicaid patients and 67% are accepting new Medicare patients.

Accepting New Medicare/Medicaid Patients?				
Response	Primary Location		Secondary Location	
	#	%	#	%
Medicaid				
Yes	8,468	75%	1,897	77%
No, I am not a Medicaid provider	2,126	19%	441	18%
No, I am a Medicaid Provider, but am not accepting new Medicaid patients	745	7%	132	5%
Total	**11,339**	**100%**	**2,470**	**100%**
Medicare				
Yes	12,348	67%	-	-
No	6,098	33%	-	-
Total	**18,446**	**100%**	**-**	**-**

Source: Va. Healthcare Workforce Data Center

Status Change for New Medicaid Patients in Past Year?				
Response	Primary Location		Secondary Location	
	#	%	#	%
Yes	591	5%	164	7%
No	10,823	95%	2314	93%
Total	**11,414**	**100%**	**2,478**	**100%**

Source: Va. Healthcare Workforce Data Center

Among physicians who are accepting new patients at their primary work location, 95% have seen no change in their status concerning new Medicaid patients over the past 12 months.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All Physicians		Physicians Over 50	
	#	%	#	%
Under age 50	330	2%	-	-
50 to 54	797	4%	83	1%
55 to 59	1,876	10%	474	5%
60 to 64	4,299	23%	1,885	19%
65 to 69	5,873	31%	3,345	34%
70 to 74	2,824	15%	2,028	21%
75 to 79	1,043	6%	848	9%
80 or over	465	2%	400	4%
I do not intend to retire	1,217	7%	754	8%
Total	**18,723**	**100%**	**9,817**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Physicians

Under 65:	39%
Under 60:	16%

Physicians 50 and over

Under 65:	25%
Under 60:	6%

Time until Retirement

Within 2 years:	11%
Within 10 years:	33%
Half the workforce:	By 2042

Source: Va. Healthcare Workforce Data Center

Nearly four of every 10 physicians expect to retire before the age of 65, while about a third plan on working until at least age 70. Among physicians who are age 50 and over, 25% still expect to retire by age 65, while 42% plan on working until at least age 70.

Within the next two years, just 1% of Virginia's physicians expect to leave the profession and 3% plan on leaving the state to practice medicine elsewhere. Meanwhile, 6% of physicians plan on increasing patient care hours, and 4% also plan to pursue additional educational opportunities.

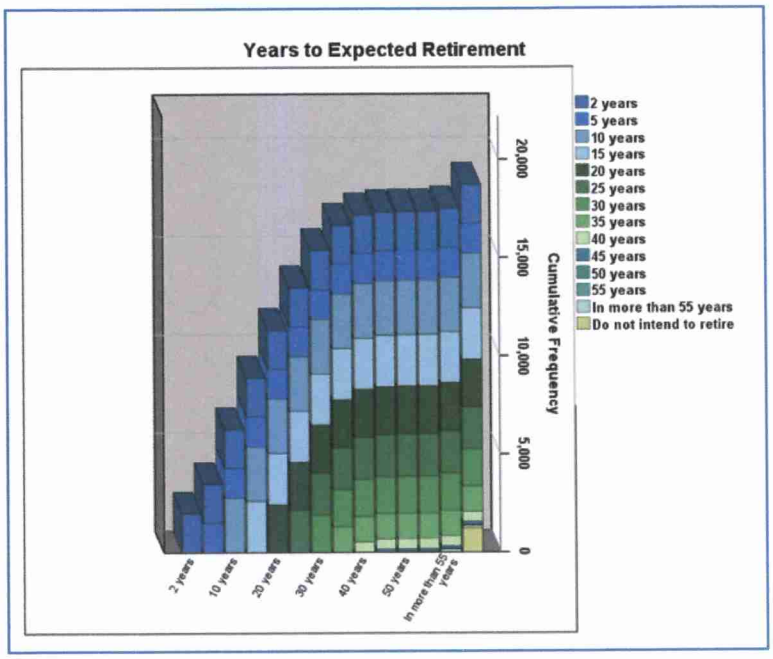
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	399	1%
Leave Virginia	803	3%
Decrease Patient Care Hours	3,401	12%
Decrease Teaching Hours	233	1%
Increase Participation		
Increase Patient Care Hours	1,749	6%
Increase Teaching Hours	1,773	6%
Pursue Additional Education	1,148	4%
Return to Virginia's Workforce	90	0%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for physicians. 11% of physicians expect to retire within the next two years, while 33% plan on retiring in the next ten years. Half of the current physician workforce expect to be retired by 2042.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	1,990	11%	11%
5 years	1,500	8%	19%
10 years	2,781	15%	33%
15 years	2,617	14%	47%
20 years	2,437	13%	60%
25 years	2,152	11%	72%
30 years	1,897	10%	82%
35 years	1,286	7%	55%
40 years	522	3%	92%
45 years	139	1%	93%
50 years	34	0%	93%
55 years	5	0%	93%
In more than 55 years	145	1%	93%
Do not intend to retire	1,217	7%	100%
Total	**18,723**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2024. Retirement will peak at 15% of the workforce in 2032 before declining to under 10% of the current workforce again around 2057.

Full-Time Equivalency Units

At a Glance:

FTEs

Total:	26,810
FTEs/1,000 Residents[3]:	3.10
Average:	0.97

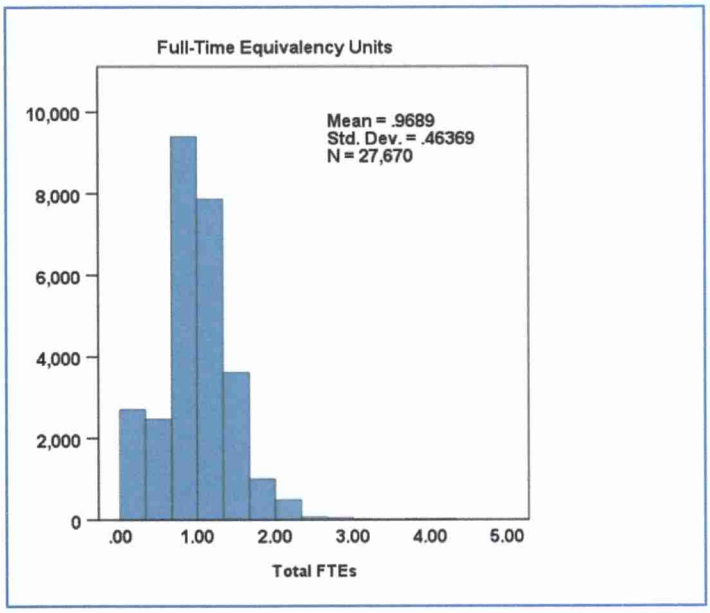
Age & Gender Effect

Age, Partial Eta[4]:	Small
Gender, Partial Eta[4]:	Small

Partial Eta[4] Explained:
Partial Eta[4] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

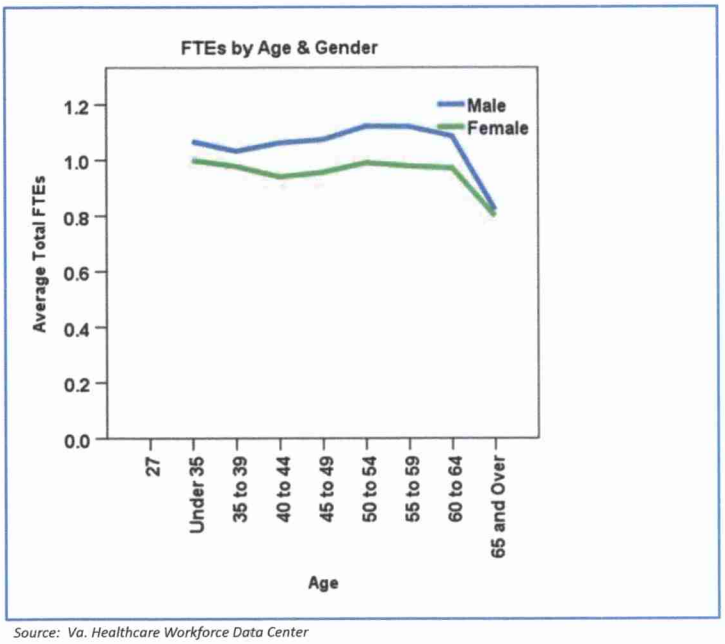


Source: Va. Healthcare Workforce Data Center

The typical physician provided 0.99 FTEs in 2022, or approximately 39.6 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.[4]

Full-Time Equivalency Units		
Age	**Average**	**Median**
	Age	
Under 30	1.04	1.09
30 to 34	0.99	0.96
35 to 39	0.98	0.91
40 to 44	0.96	0.96
45 to 49	1.08	1.14
50 to 54	1.03	0.99
55 to 59	1.01	0.96
60 and Over	0.80	0.74
	Gender	
Male	1.02	1.05
Female	0.92	0.97

Source: Va. Healthcare Workforce Data Center

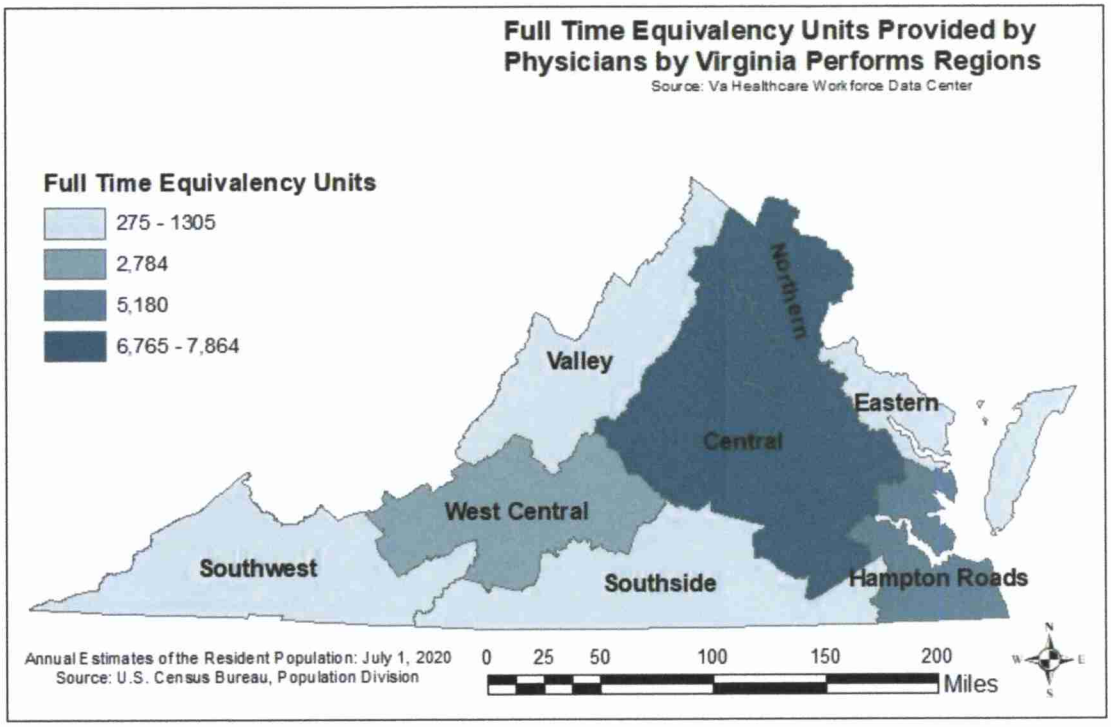


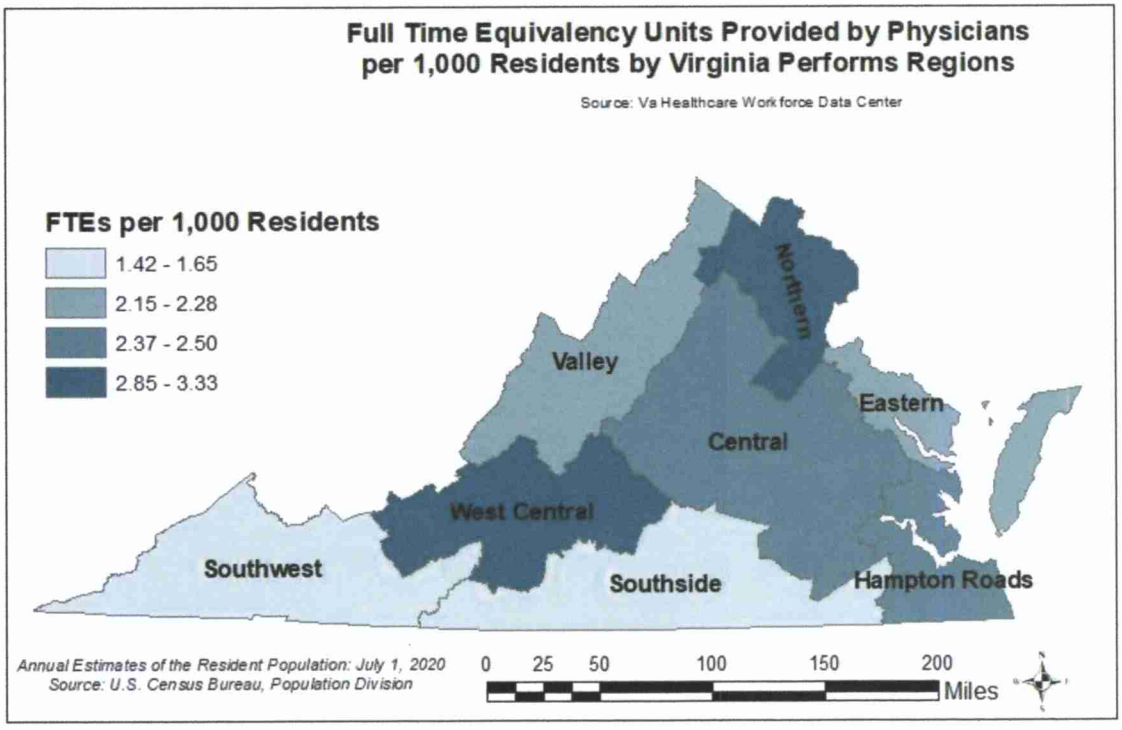
Source: Va. Healthcare Workforce Data Center

[3] Number of residents in 2021 was used as the denominator.
[4] Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

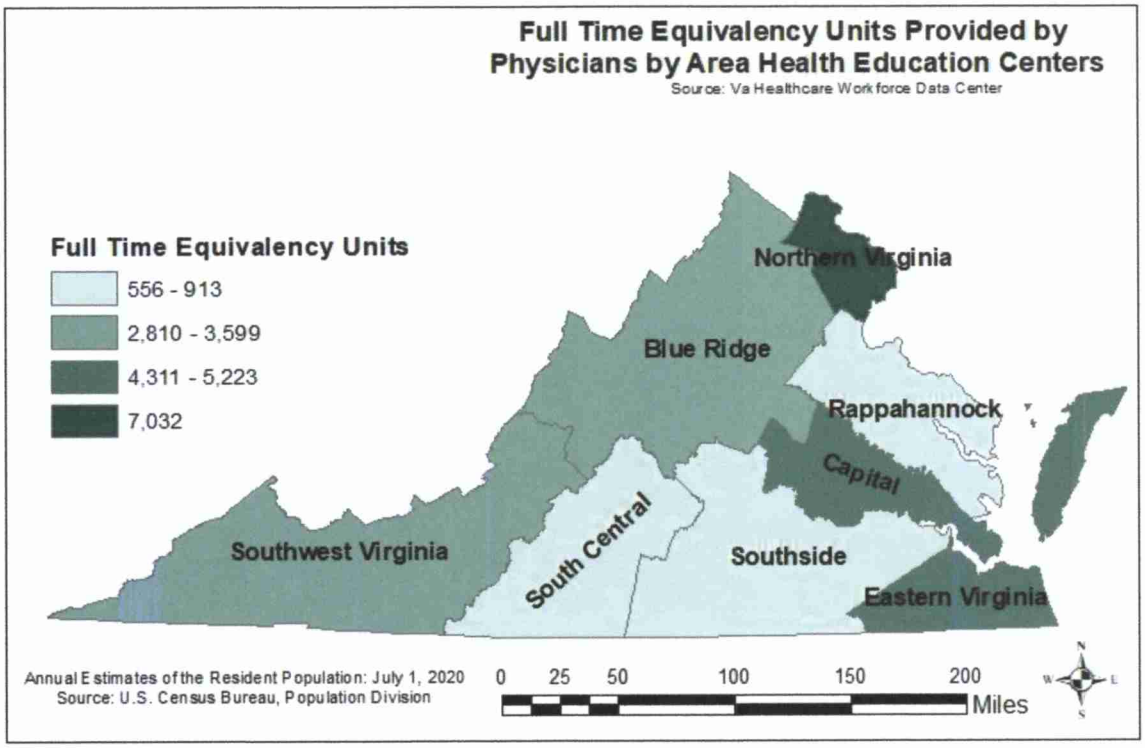
Maps

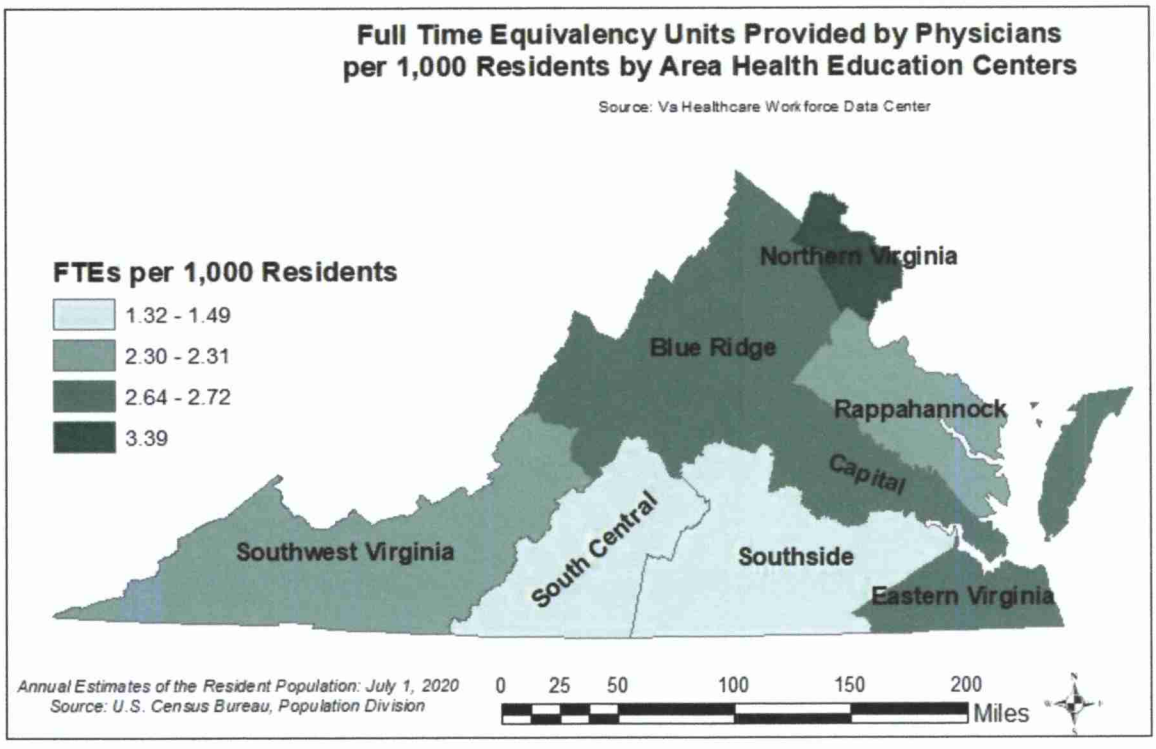
Virginia Performs Regions



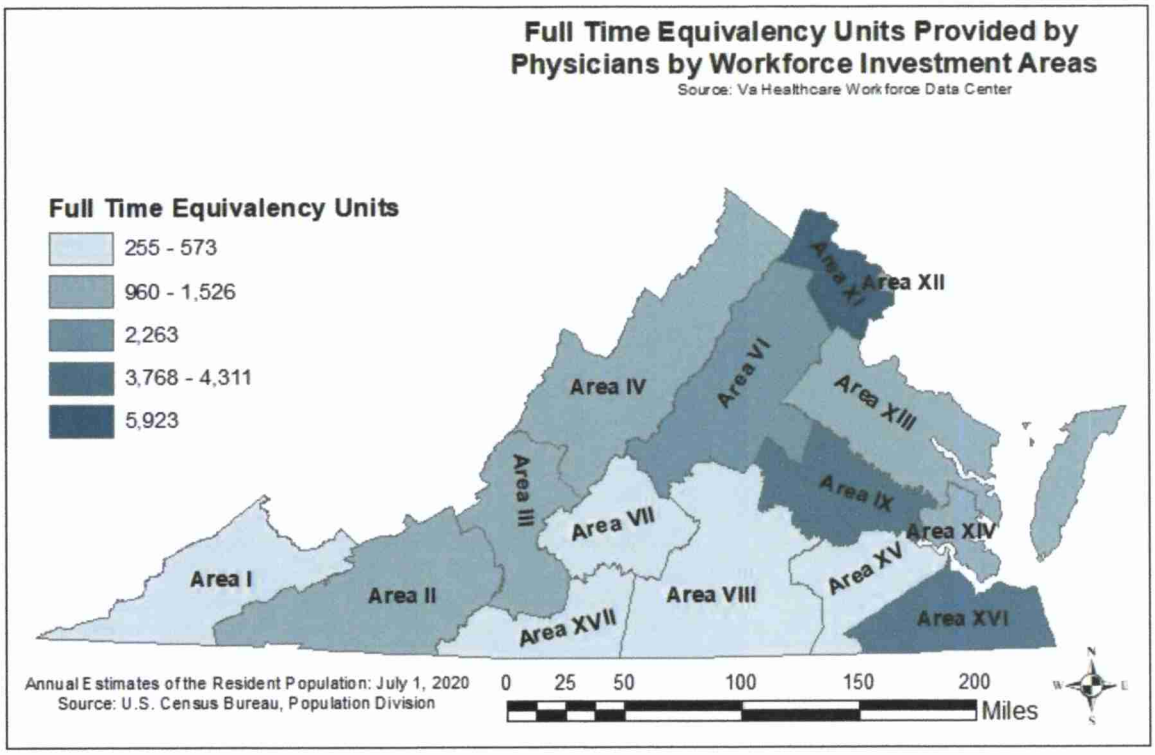


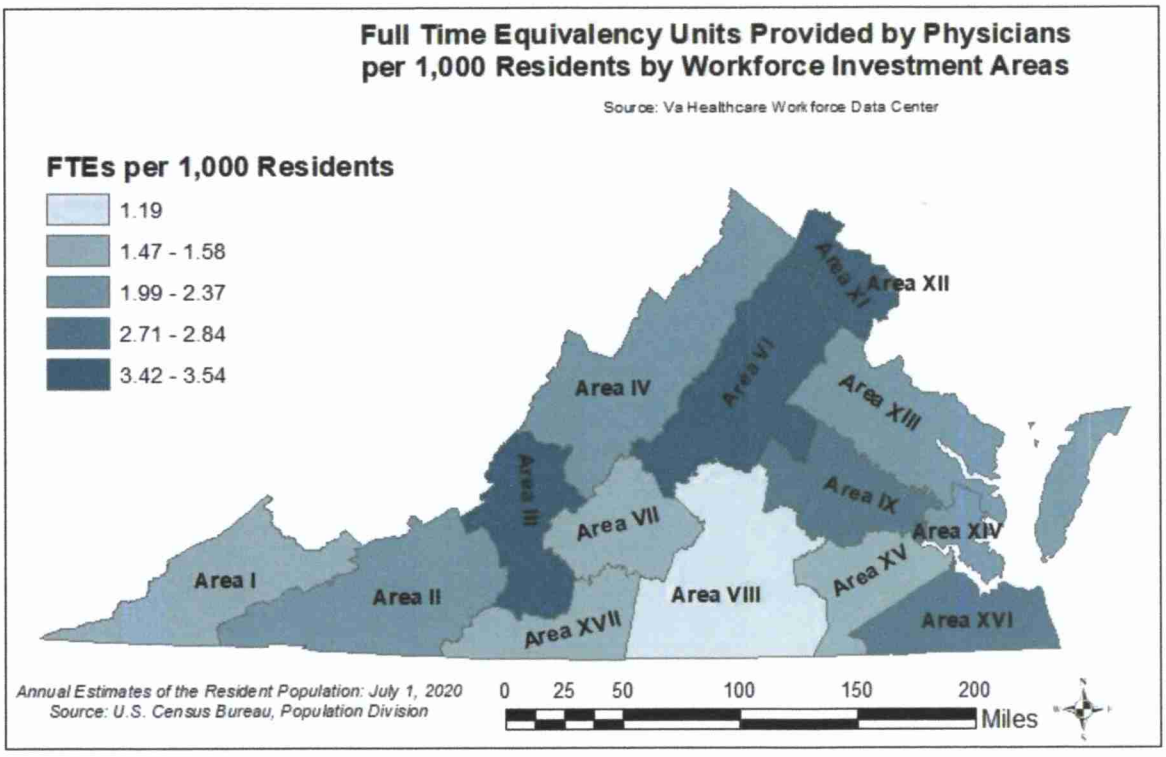
Area Health Education Center Regions



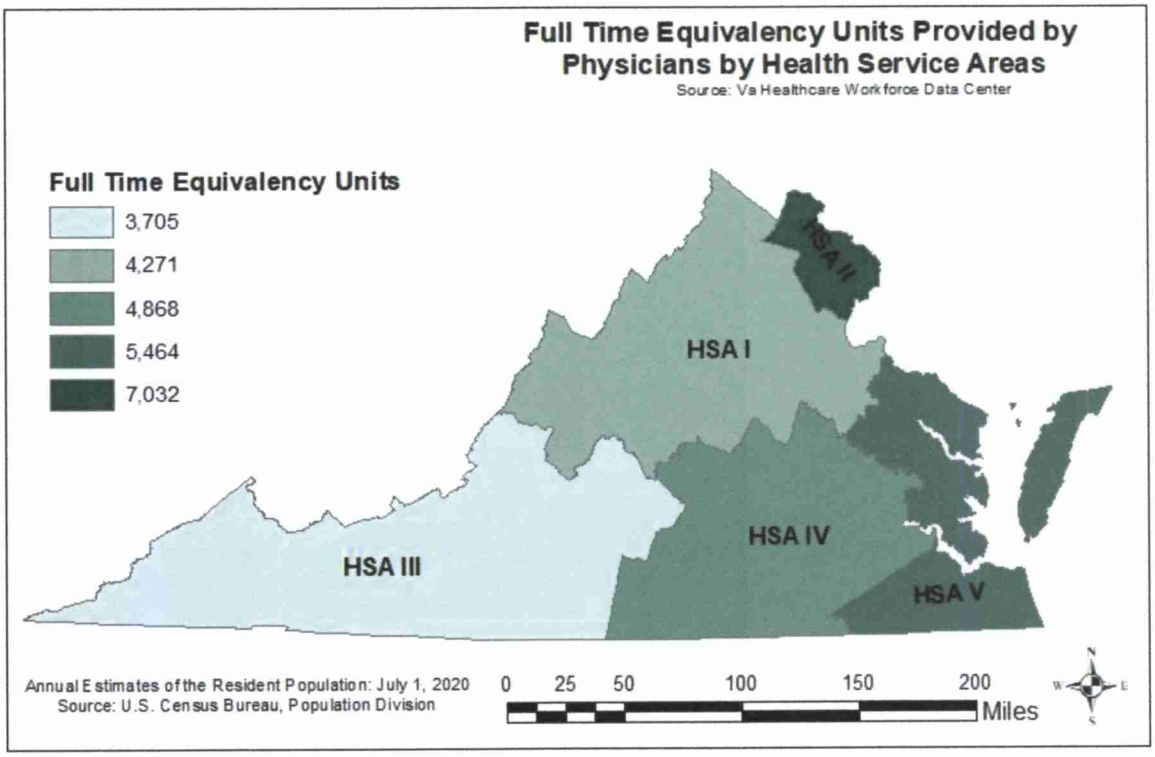


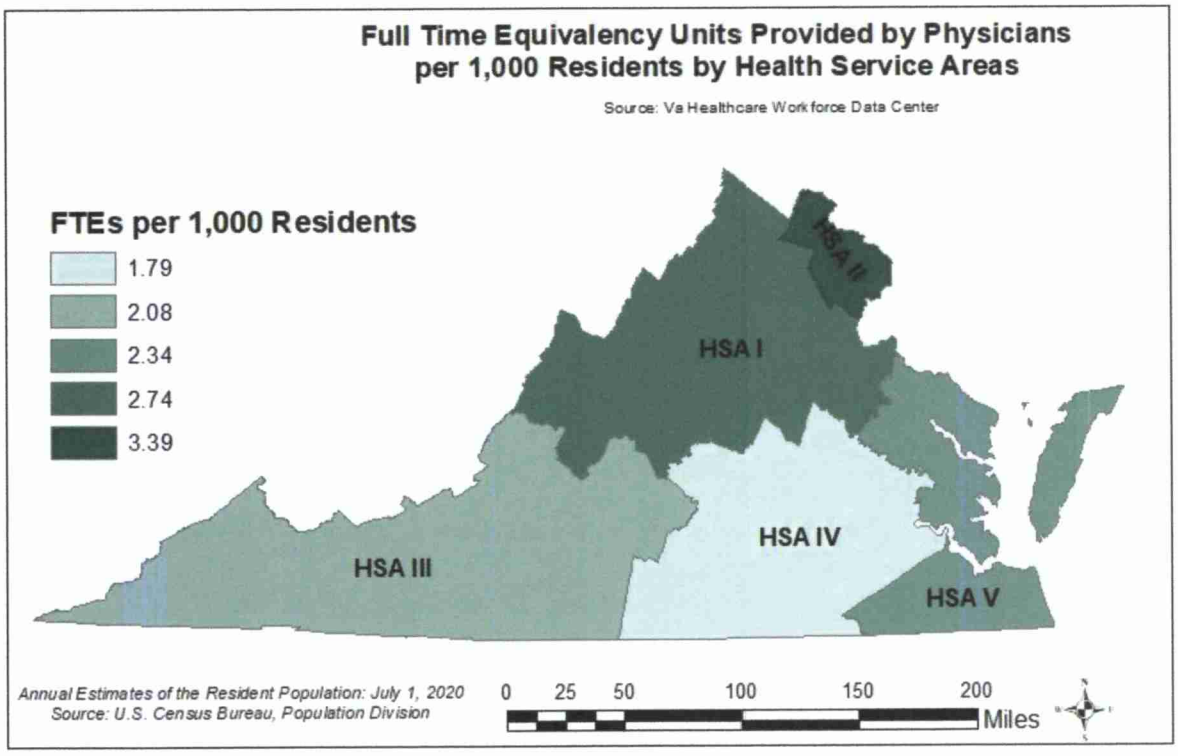
Workforce Investment Areas



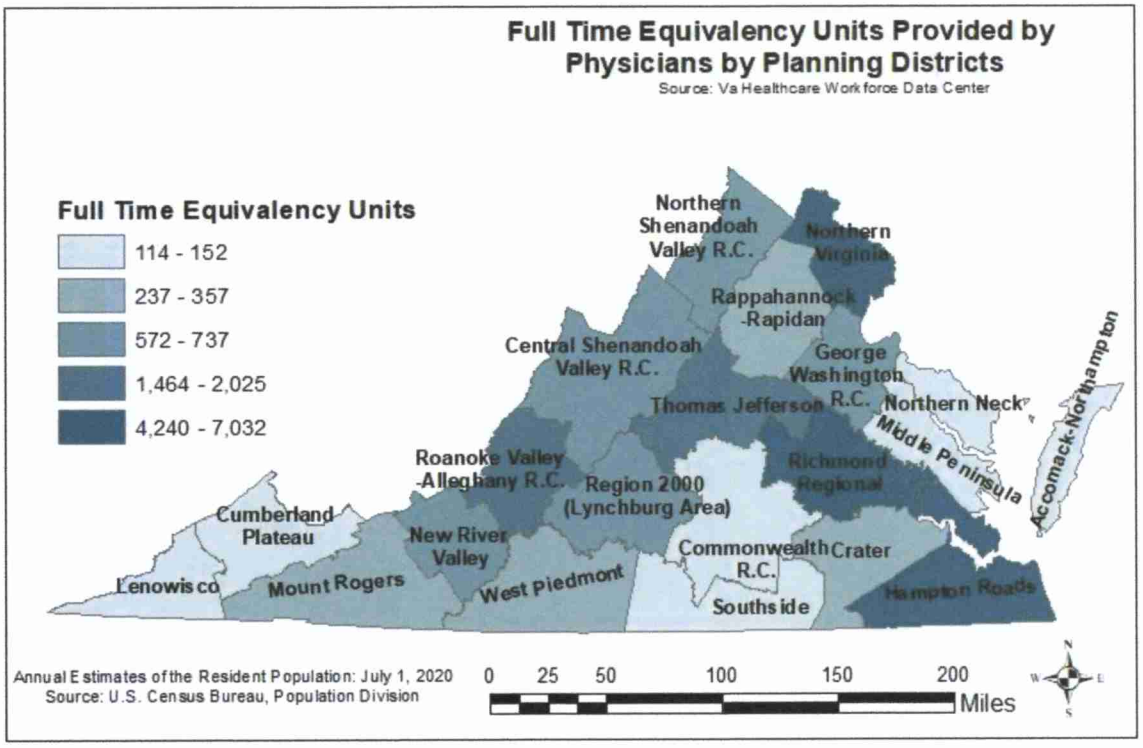


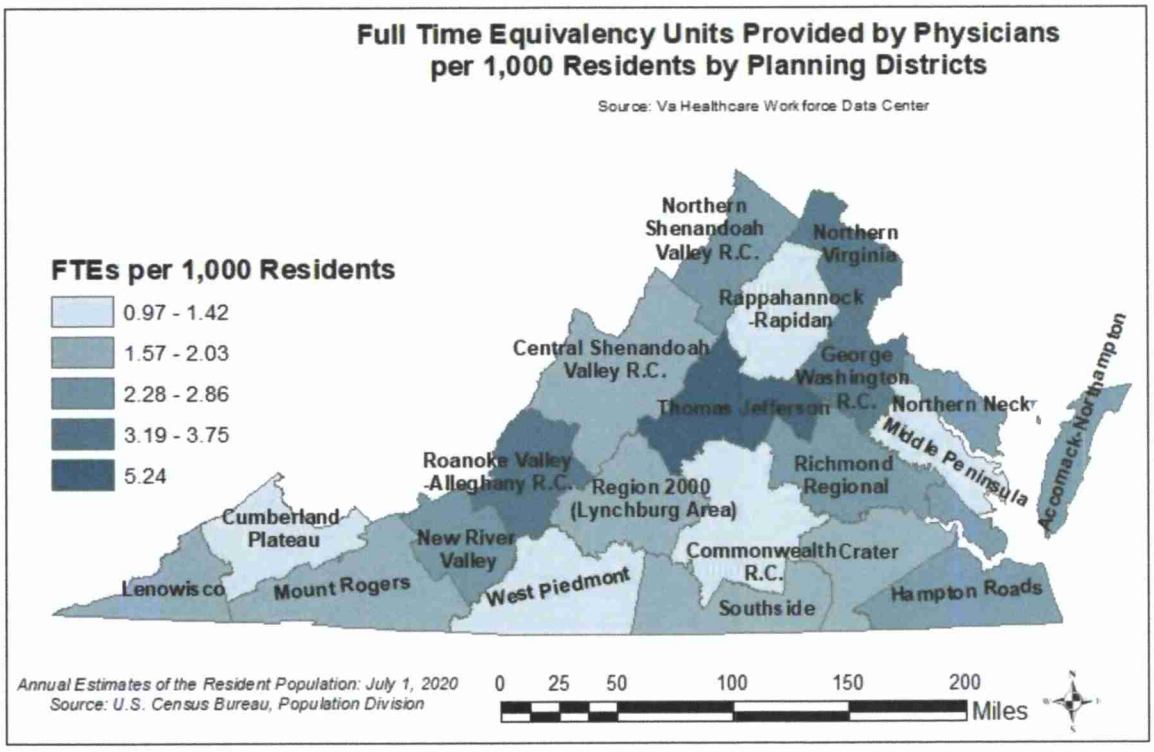
Health Services Areas





Planning Districts





Appendices

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	19,134	80.02%	1.24969	1.112543	2.183293
Metro, 250,000 to 1 million	2,433	78.26%	1.277836	1.1376	2.232467
Metro, 250,000 or less	4,219	77.84%	1.284714	1.143723	2.244482
Urban pop 20,000+, Metro adj	206	82.04%	1.218935	1.085163	2.129562
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	636	74.06%	1.350318	1.202128	2.359098
Urban pop, 2,500-19,999, nonadj	342	84.21%	1.1875	1.057178	2.074643
Rural, Metro adj	652	61.35%	1.63	1.451116	2.847721
Rural, nonadj	180	76.67%	1.304348	1.161203	2.278784
Virginia border state/DC	9,920	67.13%	1.489713	1.326225	2.60263
Other US State	13,355	61.25%	1.632641	1.453467	2.852334

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	4,122	41.24%	2.424706	2.074643	2.852334
35 to 39	6,790	59.88%	1.669946	1.42885	1.964462
40 to 44	6,940	71.41%	1.400323	1.198154	1.647288
45 to 49	6,389	77.74%	1.28629	1.100584	1.513143
50 to 54	6,127	80.45%	1.243051	1.063588	1.462279
55 to 59	5,313	80.93%	1.235581	1.057196	1.453492
60 to 64	4,920	80.93%	1.23556	1.057178	1.453467
65 and Over	10,481	75.43%	1.325702	1.134306	1.559507

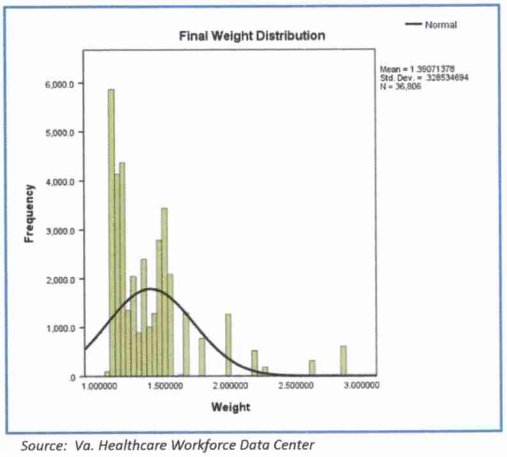
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.7205



Source: Va. Healthcare Workforce Data Center

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)
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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

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Contents

The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

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

Survey Response Rate

All Licensees:	34%
Renewing Practitioners:	86%

Demographics

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

Background

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

Education

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

Finances

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

Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	64%
Satisfied?:	93%

Job Turnover

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

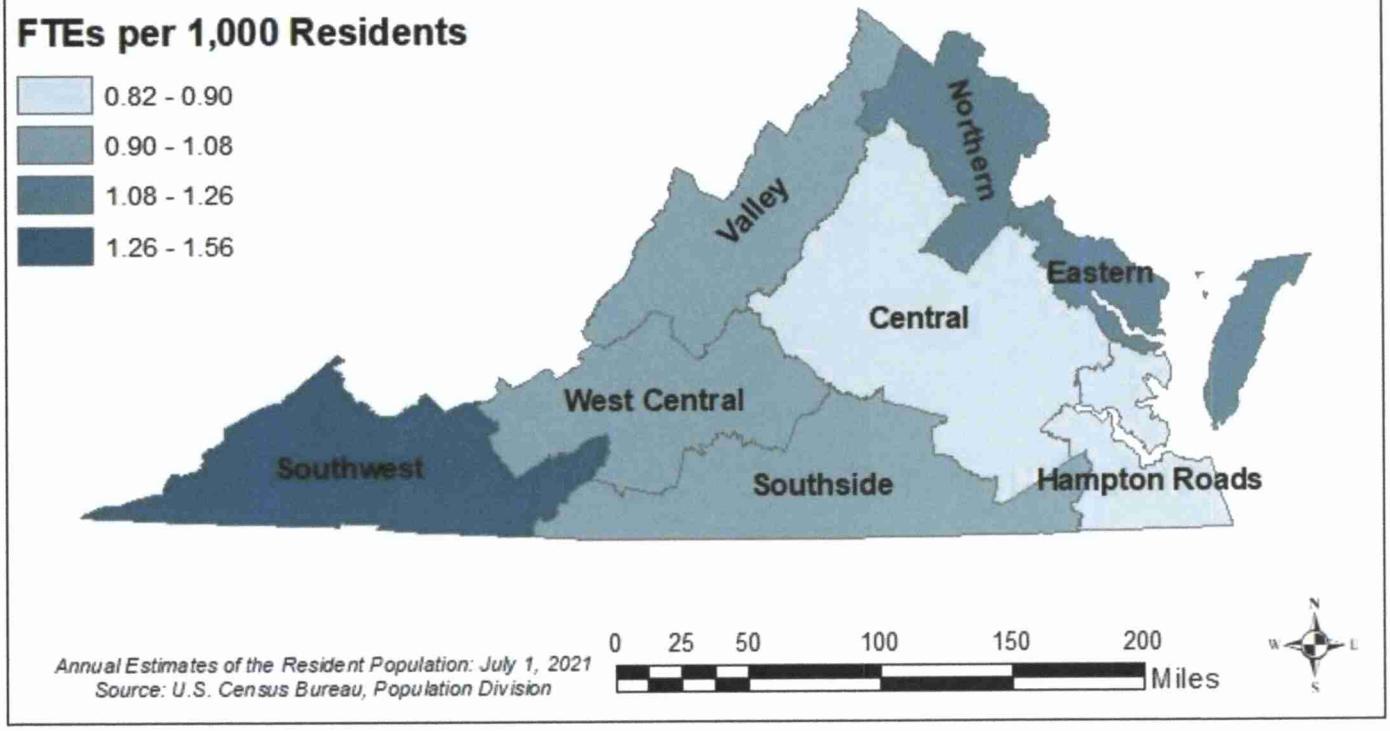
Time Allocation

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



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

Results in Brief

Over 5,700 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2022 Licensed Nurse Practitioner Workforce Survey[1]. 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 Assembly[2]. 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

Survey Response Rates

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.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
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

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.

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

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

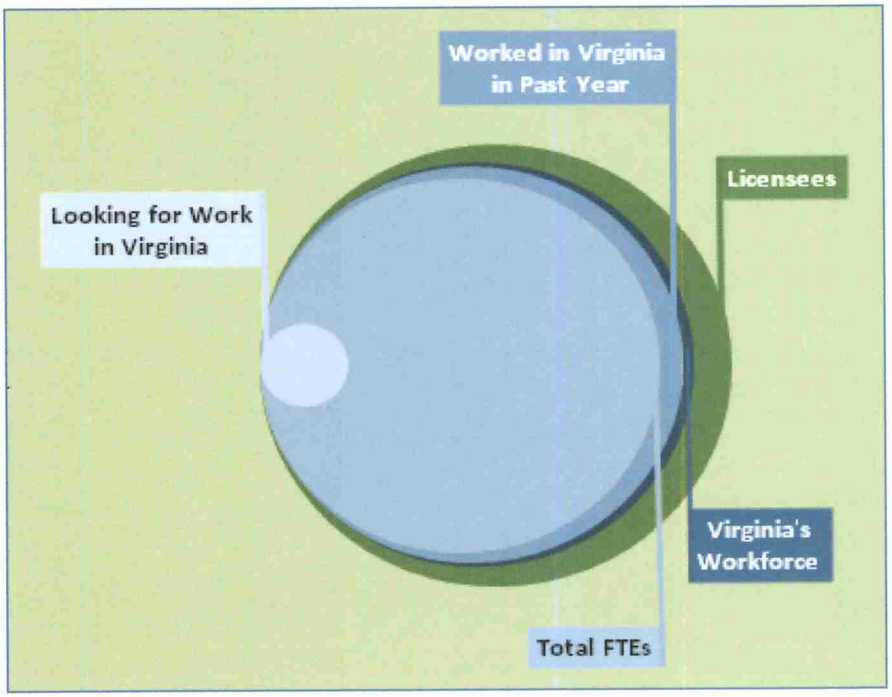
Source: Va. Healthcare Workforce Data Center

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. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

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

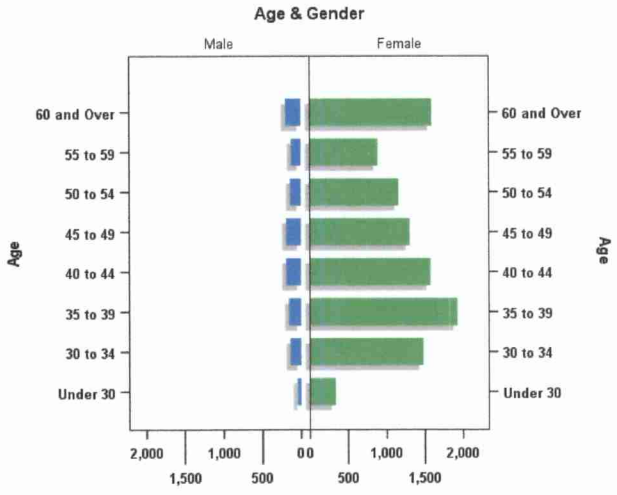
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	8,385	74%	2,870	72%
Black	19%	1,565	14%	534	13%
Asian	7%	691	6%	314	8%
Other Race	0%	128	1%	31	1%
Two or more races	3%	244	2%	97	2%
Hispanic	10%	363	3%	168	4%
Total	**100%**	**11,376**	**100%**	**4,014**	**100%**

*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

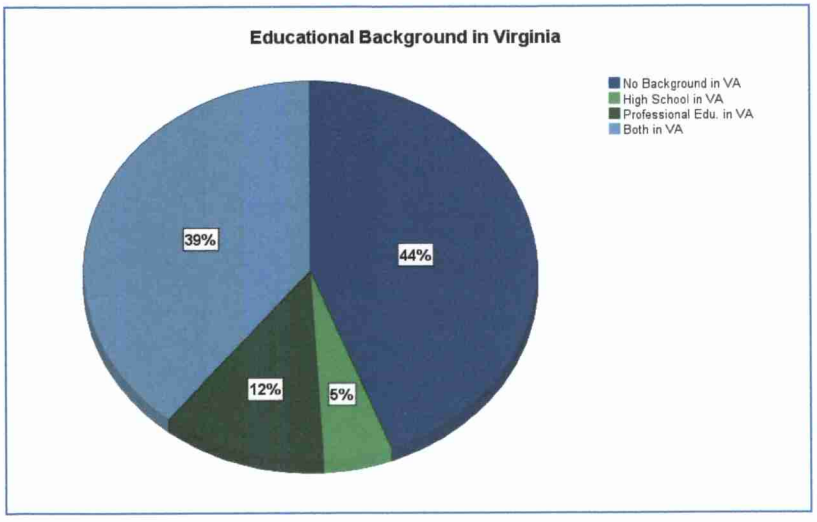
% Rural to Non-Metro:	23%
% Urban/Suburban to Non-Metro:	5%

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



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

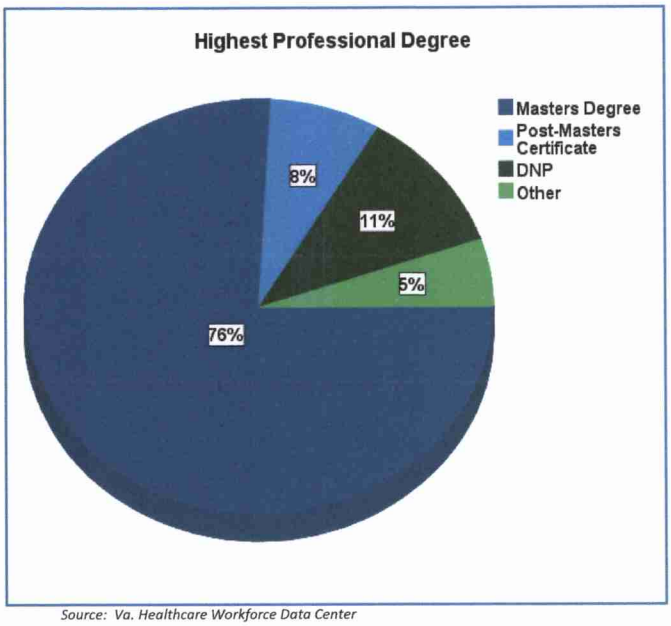
At a Glance:

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

Educational Debt				
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

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.

Specialties & Certifications

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.

Current Employment Situation

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.

Work Site Distribution

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%

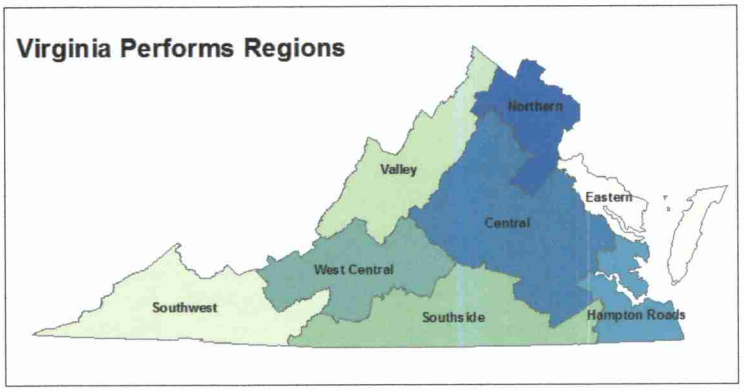
Source: Va. Healthcare Workforce Data Center

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



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

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

Establishment Type

A Closer Look:

Location Sector	Primary Location		Secondary Location	
Sector	#	%	#	%
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

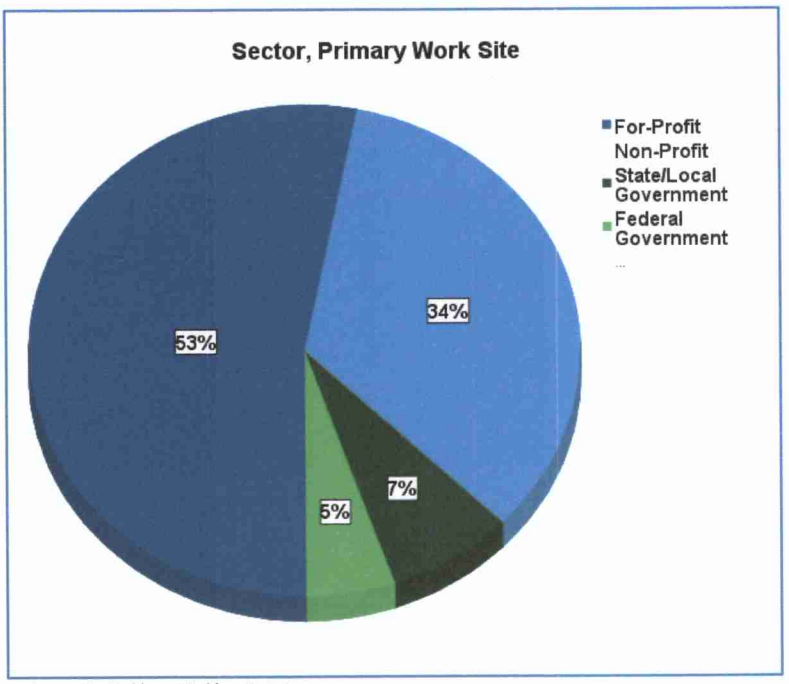
For Profit:	53%
Federal:	5%

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.



Source: Va. Healthcare Workforce Data Center

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

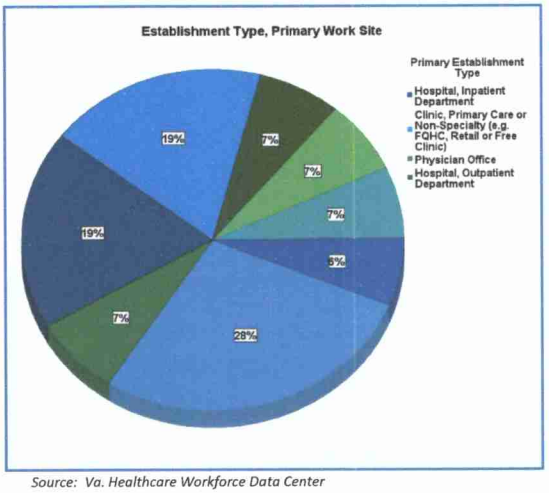
Over a quarter of the state's NP workforce use EHRs. 24% also provide remote health care for Virginia patients.

Location Type				
Establishment 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.



Source: Va. Healthcare Workforce Data Center

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

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

Time Allocation

At a Glance:
(Primary Locations)

Typical Time Allocation

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

Roles

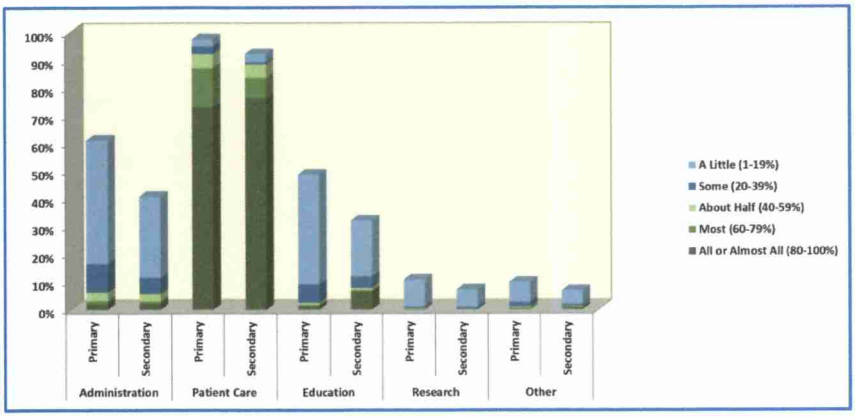
Patient Care:	87%
Administration:	3%
Education:	2%

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.

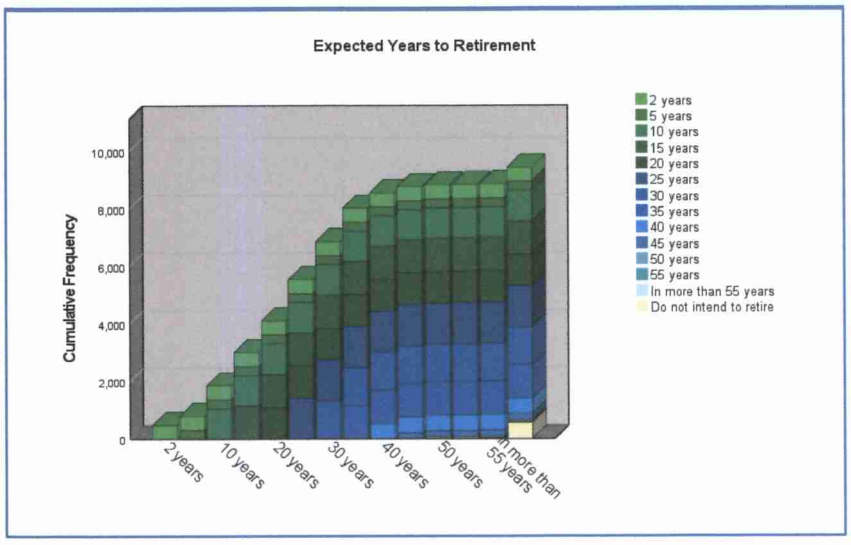
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	124	1%
Leave Virginia	317	2%
Decrease Patient Care Hours	1,399	11%
Decrease Teaching Hours	106	1%
Increase Participation		
Increase Patient Care Hours	1,388	11%
Increase Teaching Hours	1,368	10%
Pursue Additional Education	1,547	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.

Full-Time Equivalency Units

At a Glance:

FTEs

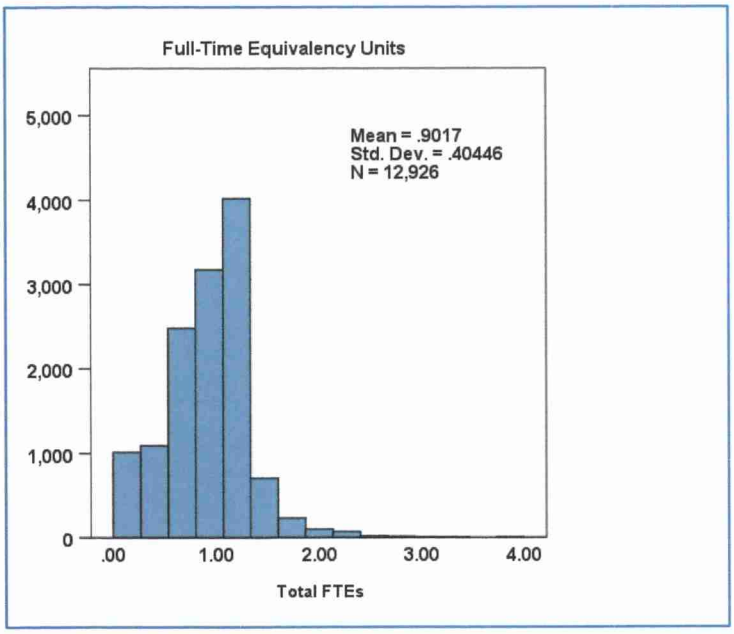
Total:	11,655
FTEs/1,000 Residents:	1.37
Average:	0.90

Age & Gender Effect

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

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

A Closer Look:

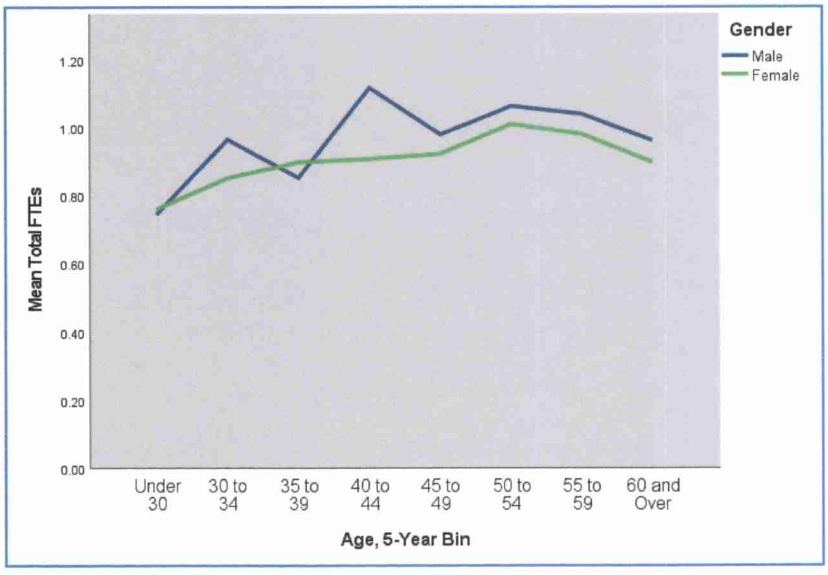


Source: Va. Healthcare Workforce Data Center

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

Full-Time Equivalency Units		
Age	**Average Age**	**Median**
Under 30	0.87	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

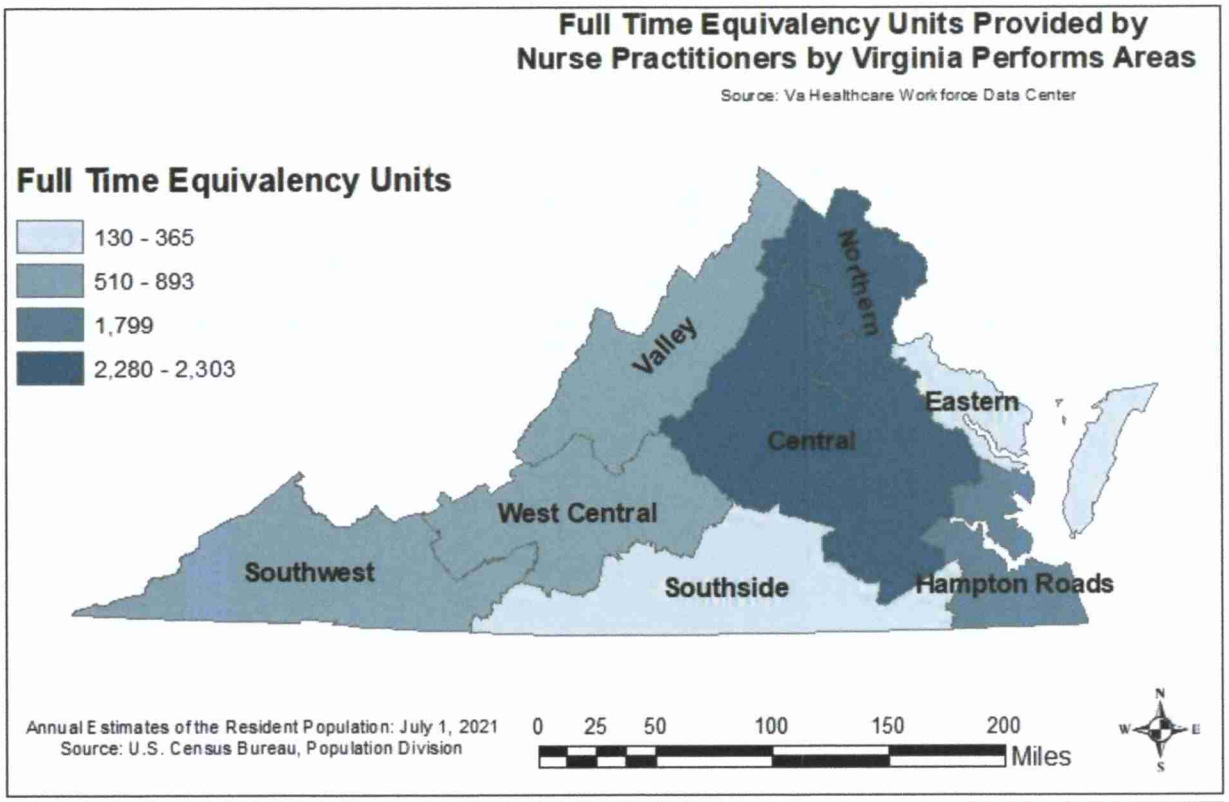


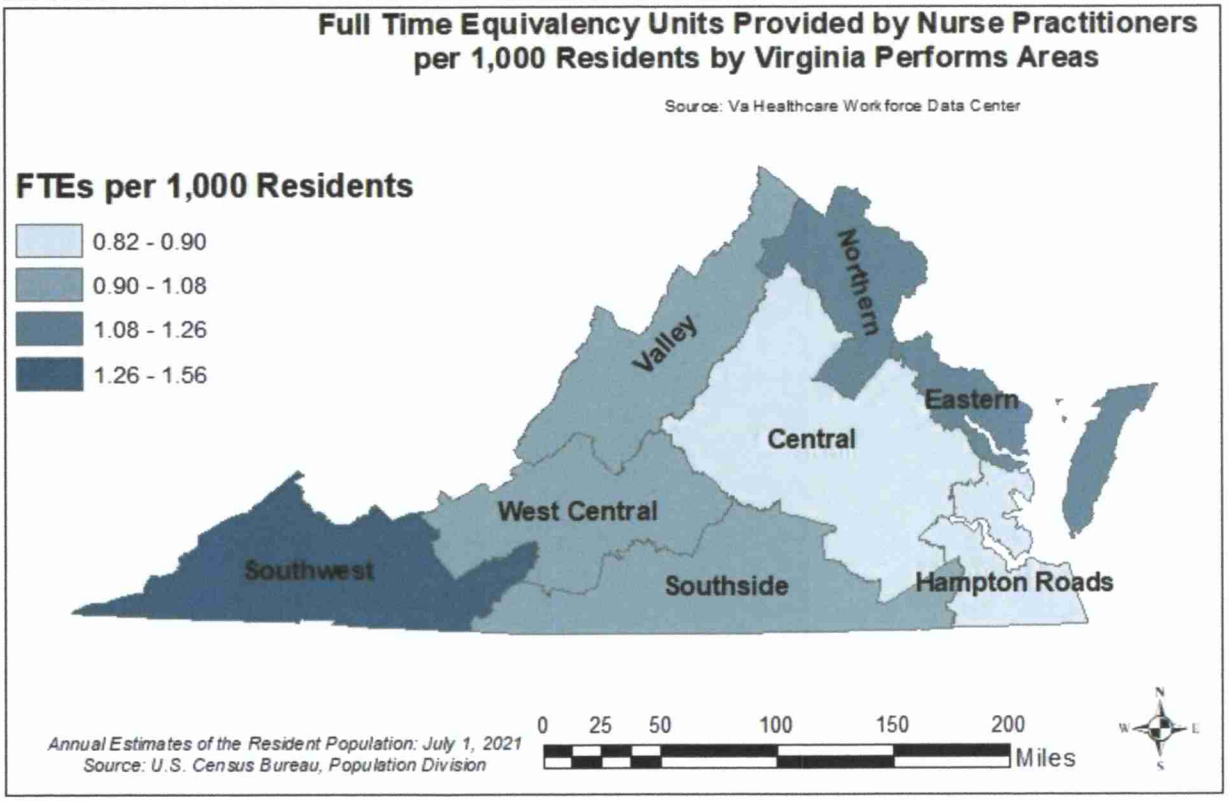
Source: Va. Healthcare Workforce Data Center

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

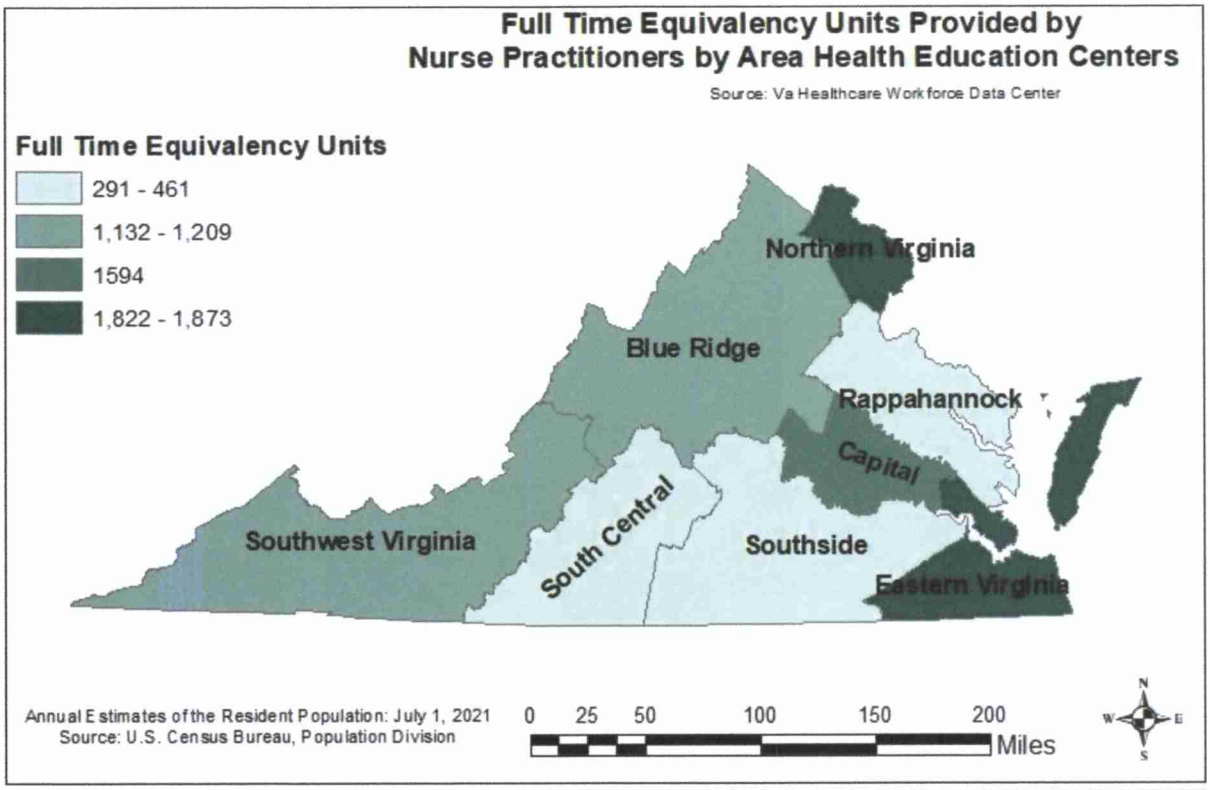
Maps

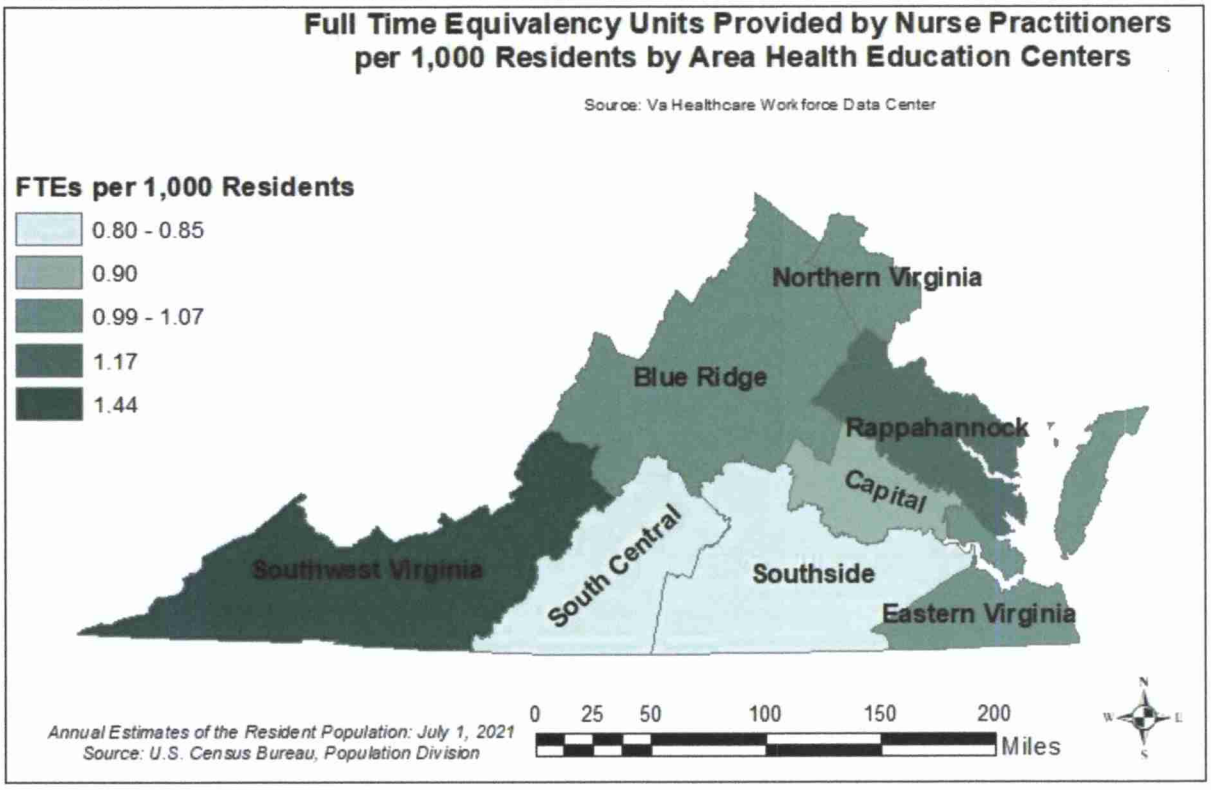
Virginia Performs Regions



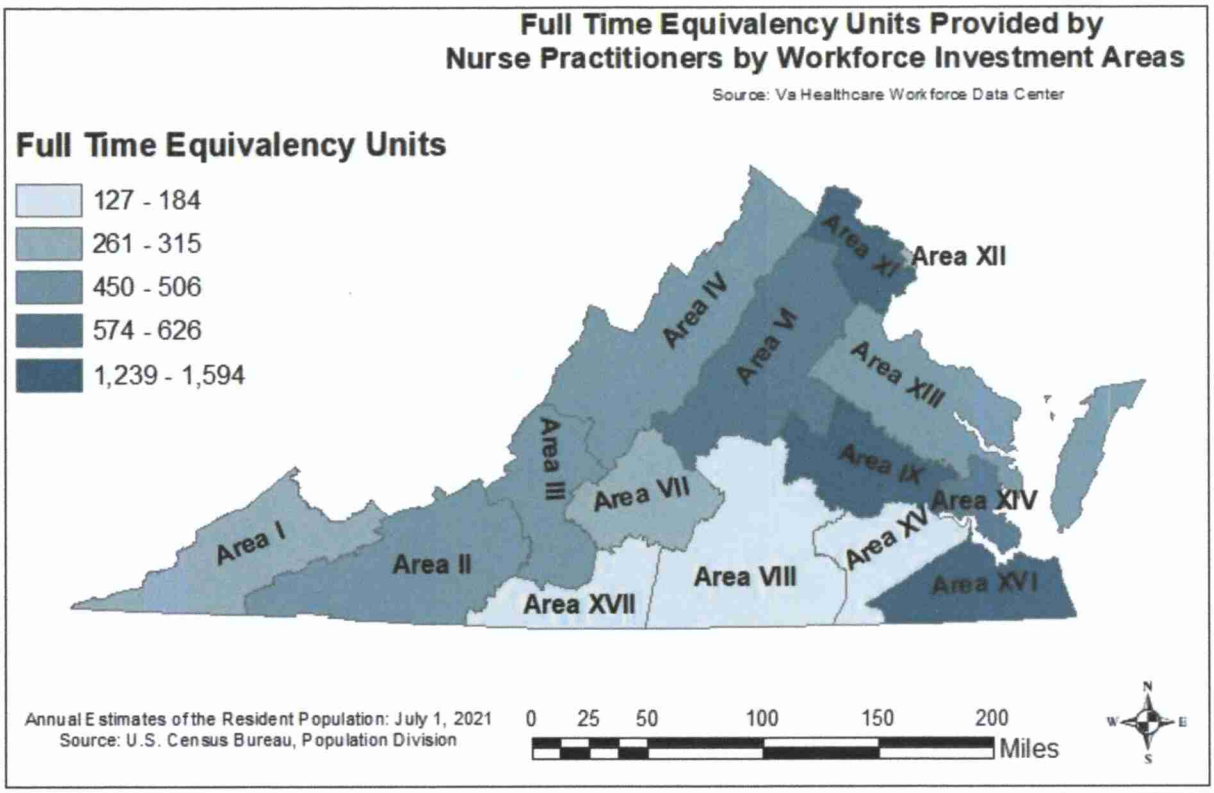


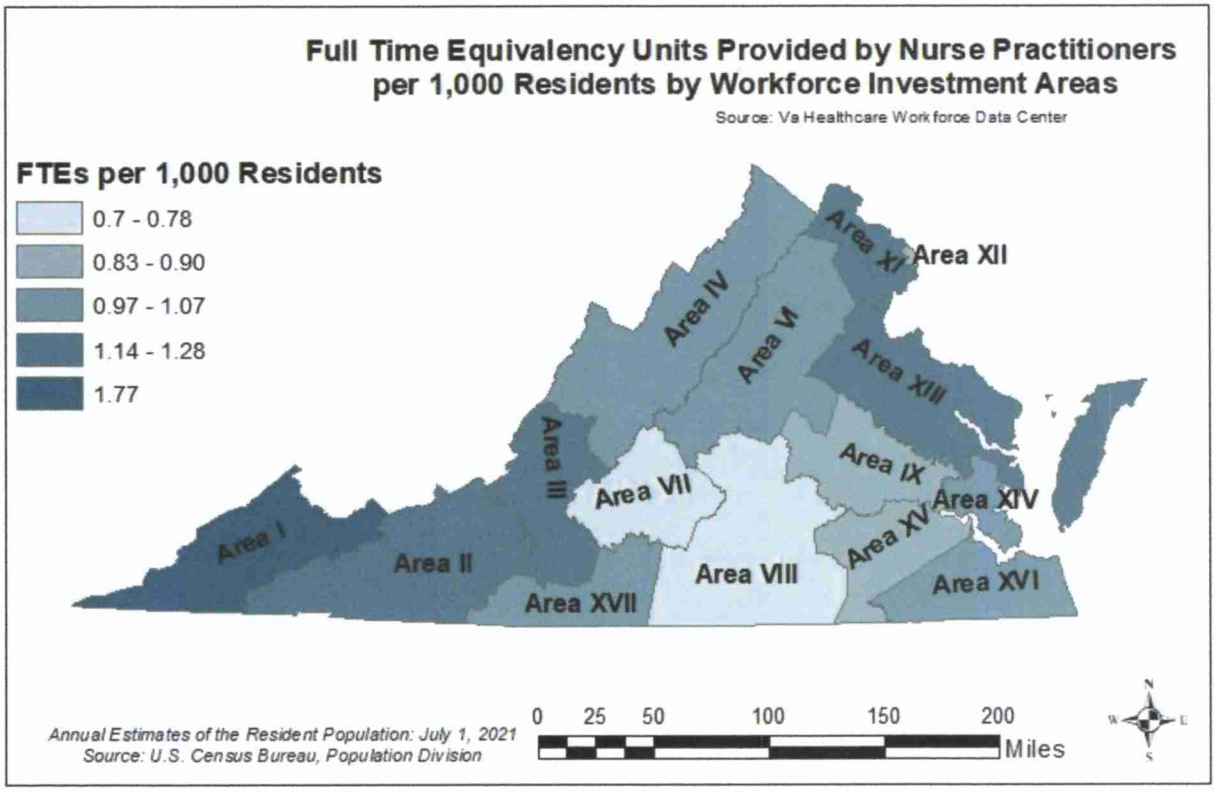
Area Health Education Center Regions



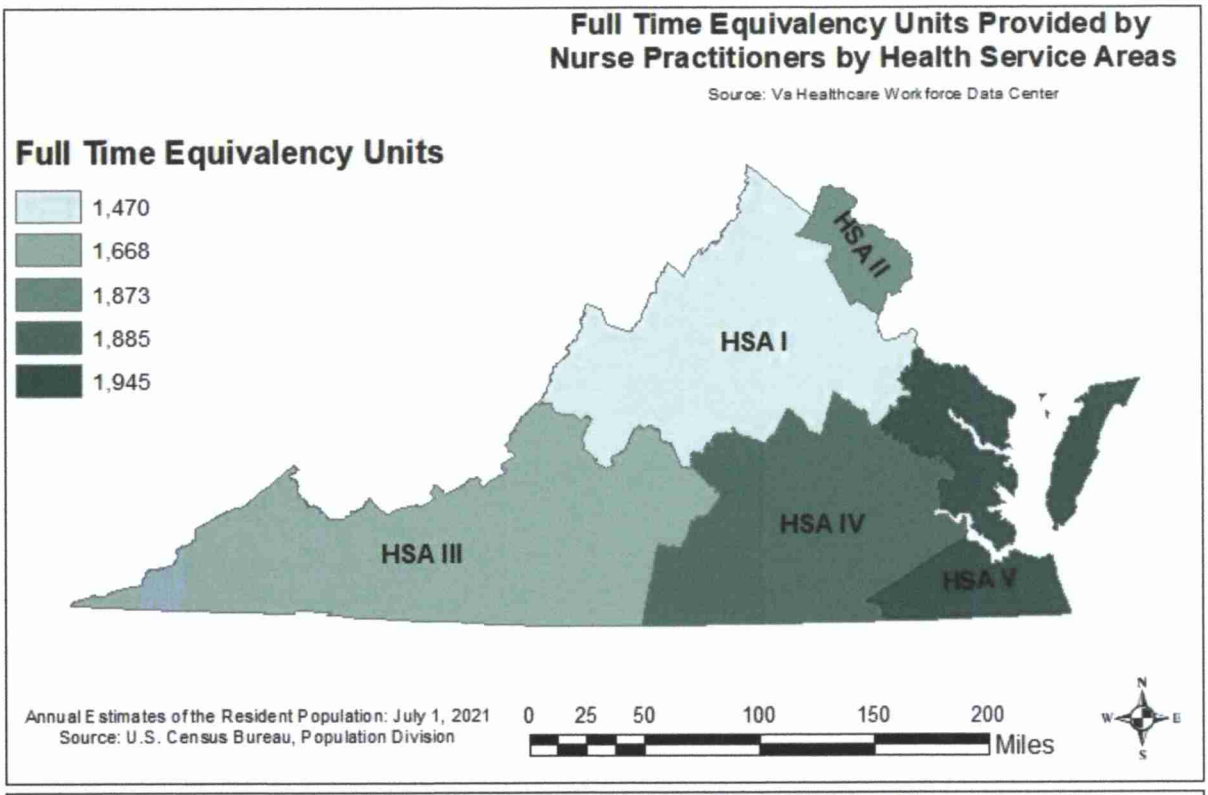


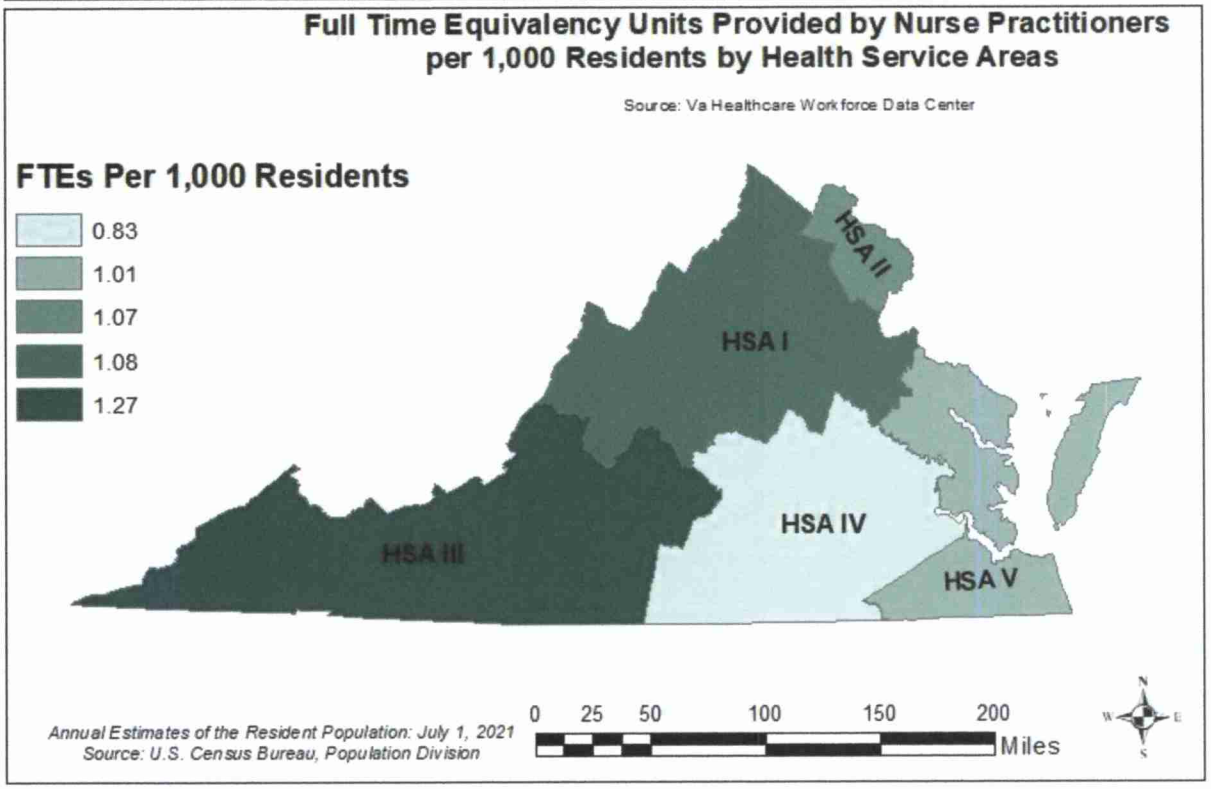
Workforce Investment Areas



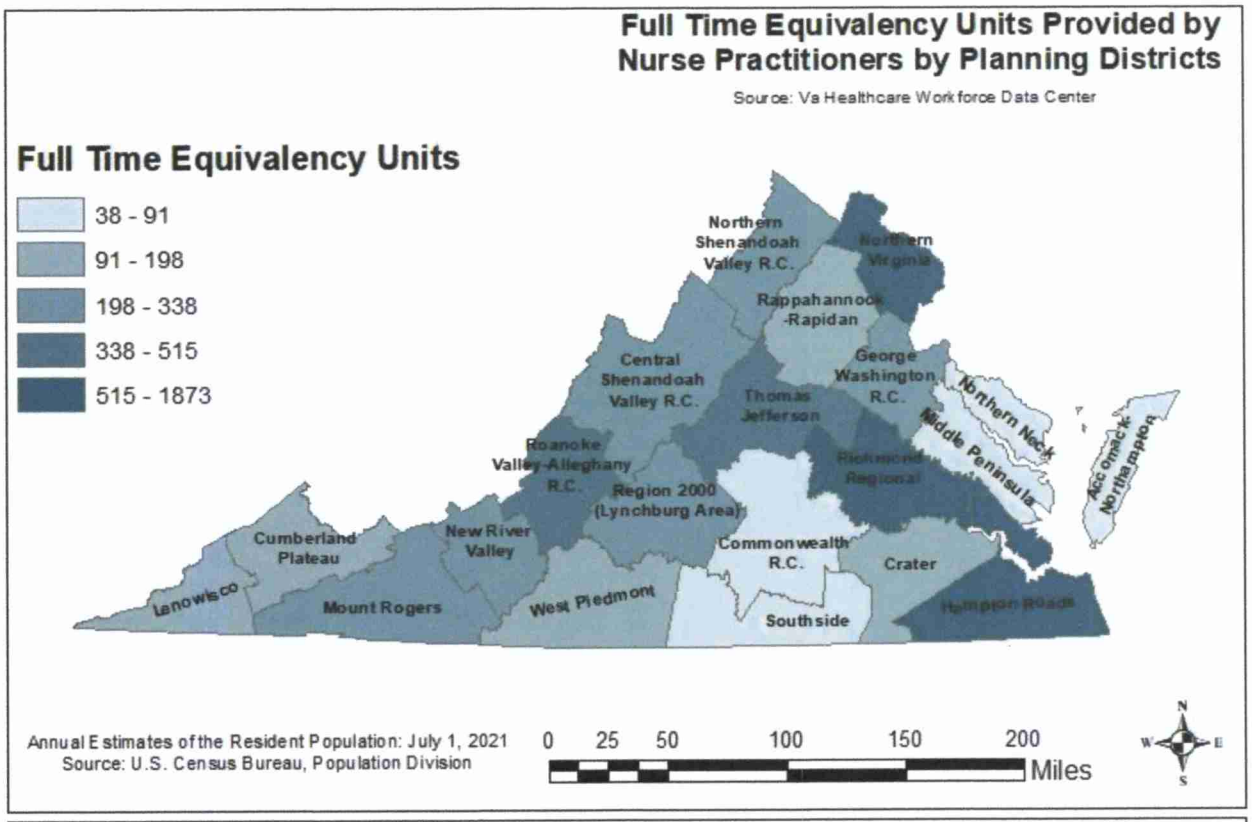


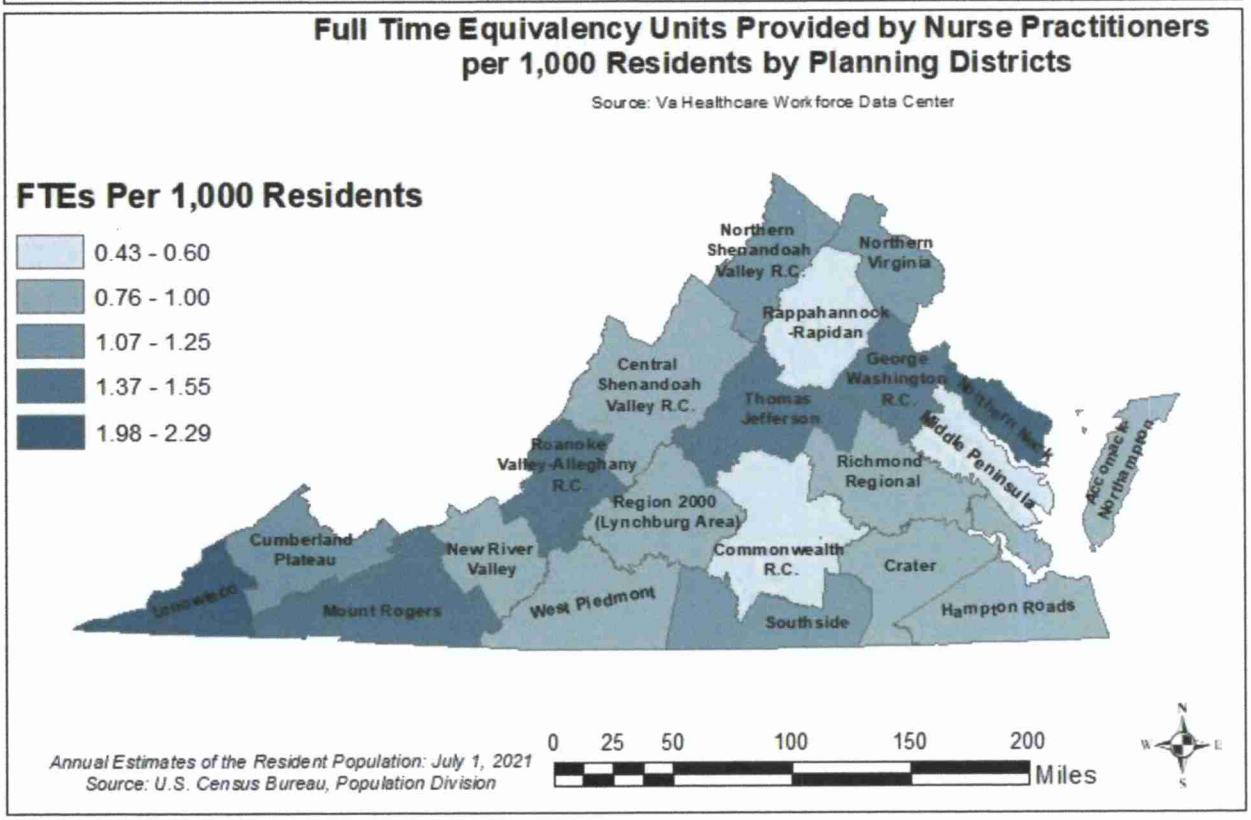
Health Services Areas





Planning Districts





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

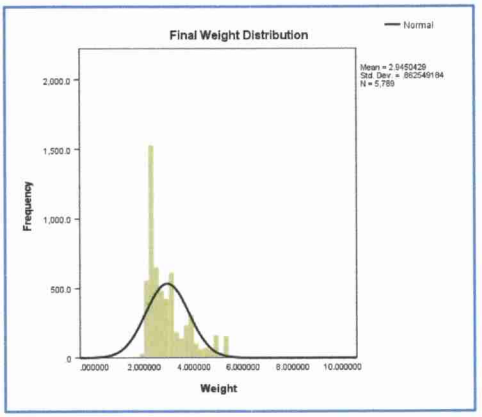
Source: Va. Healthcare Workforce Data Center

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:

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

Overall Response Rate: 0.30319



Source: Va. Healthcare Workforce Data Center

Agenda Item: **Report of Officers**

Staff Note:

- President
- Vice-President
- Secretary-Treasurer
- Executive Director

Action: Informational presentation. No action required.

Agenda Item: **Committee and Advisory Board Reports**

Staff Note: Please note Committee assignments and minutes of meetings since October 6, 2022.

Action: Motion to accept minutes as reports to the Board.

VIRGINIA BOARD OF MEDICINE

Committee Appointments

2022-2023

EXECUTIVE COMMITTEE (8)
L. Blanton Marchese, President, Chair
David Archer, MD, **Vice-President**
Alvin Edwards, PhD, **Secretary/Treasurer**
Jane Hickey, JD
Karen Ransone, MD
Joel Silverman, MD
Jacob Miller, DO
Ryan Williams, MD

LEGISLATIVE COMMITTEE (7)
David Archer, MD, Vice-President, Chair
Randy Clements, DPM
Jane Hickey, JD
Oliver Kim, LLM
Manjit Dhillon, MD
Joel Silverman, MD
William Hutchens, MD

CREDENTIALS COMMITTEE (9)
Jacob Miller, DO, Chair
Peter Apel, MD
Alvin Edwards, PhD, **Secretary/Treasurer**
Hazem Elariny, MD
William Hutchens, MD
Jane Hickey, JD
Krishna Madiraju, MD
Pradeep Pradhan, MD
Jennifer Rathmann, DC

FINANCE COMMITTEE
L. Blanton Marchese, **President**
David Archer, MD, **Vice-President**
Alvin Edwards, PhD, **Secretary/Treasurer**

BOARD BRIEFS COMMITTEE
William L. Harp, M.D., Ex Officio

CHIROPRACTIC COMMITTEE
Jennifer Rathmann, DC

BOARD OF HEALTH PROFESSIONS
Vacant

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
Blanton Marchese, **President**
Joel Silverman, MD
Ryan Williams, MD

VIRGINIA BOARD OF MEDICINE
EXECUTIVE COMMITTEE MINUTES

Friday, December 2, 2022 Department of Health Professions Henrico, VA

CALL TO ORDER: Mr. Marchese called the meeting of the Executive Committee to order at 8:30 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was declared.

MEMBERS PRESENT:
Blanton Marchese – President & Chair
Alvin Edwards, MDiv, PhD
Jane Hickey, JD
Jacob Miller, DO
Joel Silverman, MD
Ryan Williams, MD

MEMBERS ABSENT:
David Archer, MD
Karen Ransone, MD

STAFF PRESENT:
William L. Harp, MD - Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Michael Sobowale, LLM - Deputy Exec. Director for Licensure
Arne Owens, LTC, USA Retired, MS – DHP Director
Jim Jenkins, BSN, RN, SCRN – DHP Deputy Director
Barbara Matusiak, MD - Medical Review Coordinator
Deirdre C. Brown - Executive Assistant
Erin Barrett, JD – DHP Senior Policy Analyst
M. Brent Saunders, JD – OAG Board Counsel

OTHERS PRESENT:
Jennie Wood – Discipline Case Manager
Matt Novak – DHP Policy Analyst
W. Scott Johnson, JD – Medical Society of Virginia
Clark Barrineau – Medical Society of Virginia

EMERGENCY EGRESS INSTRUCTIONS

Mr. Marchese provided the emergency egress instructions for Board Room 3.

APPROVAL OF MINUTES OF AUGUST 5, 2022

Dr. Edwards moved to approve the minutes from August 5, 2022 with one correction on page 2. The motion was seconded by Dr. Miller and carried unanimously.

ADOPTION OF AGENDA

Dr. Edwards moved to adopt the agenda with the revision that New Business items 1 & 2 be presented by Erin Barrett immediately after Public Comment. The motion was seconded by Dr. Miller and carried unanimously.

PUBLIC COMMENT

Mr. Marchese opened the floor for public comment. Scott Johnson, JD shared with the Committee that Dr. Harp was recognized by the MSV Foundation for "Service to the Profession" at the end of October 2022. Dr. Harp was nominated for the award by his peers. Mr. Johnson thanked Dr. Harp for his service to the medical community. Dr. Harp said he was honored and humbled by the recognition and thanked Mr. Johnson and MSV for their collegial coordination over the years.

Next, Clark Barrineau took the podium and asked the Committee to turn their attention to page 20 in the agenda packet. He asked that question #4 in the application be removed from the application. Question #4 is focused on mental health, and Mr. Barrineau stated that Virginia should trend with other states that are removing mental health questions from their applications.

NEW BUSINESS ITEMS 1 AND 2

Before going into New Business, Ms. Barrett introduced Matt Novak to the Committee as the newly hired DHP Policy Analyst. She stated that Mr. Novak will be attending the Board's meetings, and at times will be covering meetings in her absence.

1. Regulatory Actions as of October 5, 2022 – Erin Barrett

Ms. Barrett asked the Committee members to turn to page 10 of the agenda packet, the Board of Medicine's "Current Regulatory Actions" as of October 5, 2022. Ms. Barrett commented that at this time there were no actions in the Governor's office. The actions listed as being at the Secretary's level were expected to move on soon. The actions listed at DPB or OAG are currently at 41 days in those offices. Lastly, there are no actions that recently became effective or are awaiting publication. There was no action to be taken on this item.

2. Adoption of Revisions to Guidance Document 90-56 – Erin Barrett

Ms. Barrett presented proposed revisions to Guidance Document 90-56 related to practice agreements for nurse practitioners, as seen on page 14 of the agenda packet. This guidance document pertains to licensees who are jointly regulated by both the Board of Medicine and the Board of Nursing. Ms. Barrett shared that the Board of Nursing has already approved this document at its November Board meeting. Therefore if any changes are made, it will need to

return to the Board of Nursing for review. After discussion, Ms. Barrett shared that most Clinical Nurse Specialists are not required to have a practice agreement with a physician, since most do not prescribe. The statutory changes have been reflected in the proposed language of the Guidance Document.

MOTION: Dr. Williams moved to revise Guidance Document 90-56 as presented. The motion was properly seconded by Dr. Miller and carried unanimously.

DHP DIRECTOR'S REPORT

Mr. Marchese introduced DHP's newly appointed Director, Arne Owens, and shared his previous positions and past accomplishments. Mr. Owens then took the floor.

He said that what he found rewarding here is the people, the DHP staff, and said that he looks forward to working with everyone at DHP. He congratulated Dr. Harp on the MSV recognition and then introduced Jim Jenkins, the newly appointed DHP Deputy Director, who comes from VCU Health. Mr. Jenkins served as a member of the Board of Medicine and more recently as a member of the Board of Pharmacy. He mentioned his previous positions and past accomplishments. Mr. Jenkins congratulated Dr. Harp on his award and thanked everyone for the warm welcome to DHP. He said that he enjoys the education that came from being a part of the Board, and he was looking forward to the future at DHP.

PRESIDENT'S REPORT

Mr. Marchese shared with the Board that he attended the 2022 Tri-Regulators' meeting in October in Washington, DC. Jay Douglas from the Board of Nursing and Caroline Juran from the Board of Pharmacy also attended. He mentioned that overdose deaths from prescription opioids have not changed significantly in the last 15 years, and that now illicit fentanyl is responsible for the greatest number of overdose deaths.

Mr. Marchese then gave an update on the Physician Assistant Compact, stating that it now has model legislation that can be submitted in state legislatures. Virginia will probably not see this is in the 2023 Session, but perhaps in a subsequent year. The structure of the Compact will allow PA's to cross state lines with practice privileges and will not require licensure as does the Interstate Medical Licensure Compact. The PA Compact has some similarities to the Nurse Compact.

Dr. Harp then informed all that Michael Sobowale is Chair of the Rules Committee for the OT Compact, which gives Virginia considerable influence in how the OT Compact will be administered.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp shared with the Committee that FSMB sends out an annual board survey on board concerns and resources that FSMB might provide. This year's survey was completed by 52 of the 70 state boards (74%) between July and September of 2022. The boards reported the following top three issues on a 0-10 importance scale: Physician Sexual Misconduct (8.9),

Physician Impairment (8.8), and Opioid Prescribing (8.4). Jennifer Deschenes added that FSMB's Disciplinary Alert Service is very useful because it notifies all state boards of disciplinary actions in which a physician is licensed.

Dr. Harp added that the Board and its entities can no longer meet virtually. An individual Board member can petition to attend virtually if statutory good cause is shown.

3. Reciprocal Licensing Process and Application – Dr. Harp and Michael Sobowale

Dr. Harp stated that the first step is to establish a Memorandum of Agreement (MOA), which DC's Board Counsel put together this summer. The 3 jurisdictions made suggestions on the draft MOA to DC Counsel, who incorporated them into the document. Board Counsel Brent Saunders stated that the MOA is currently under review at OAG. Dr. Harp then described generally the process that would be involved and the application that is going to be used. The process anticipates an online application that goes to a dedicated email box. There will be a dedicated phone line for staff handling reciprocal licensing to field questions. The only supporting documents required will be license verification from the other jurisdiction and a NPDB report. If all questions on the application are answered, "no", then the licensing specialist will be able to issue the license. If any of the questions are answered, "yes", then the application will be switched over to the traditional pathway. If a Virginia licensee applies to DC or Maryland, Board staff will email a verification to the requesting Board. Jennifer Deschenes and her staff will verify any pending disciplinary actions or current investigations for the other jurisdiction.

Dr. Harp asked the Committee to weigh in on the 7 questions in the draft application. Question #1 drew comment from Ms. Hickey asking if this included a reprimand. Dr. Harp stated that it would not include a reprimand, which is a cross-sectional sanction. The question only asks about a restriction on the license which encumbers it going forward. The NPDB report would capture those with prior discipline. The Committee agreed to the question as written.

Question #2 was agreed to as well, given that either a pending disciplinary matter or an ongoing investigation would be disqualifying for reciprocal licensing.

Dr. Harp moved to question #3. Dr. Silverman noted that if the word "physical" was removed from question #3, it might obviate the need for questions #4 and #5. Dr. Harp said that these 3 questions are to protect the public, and he liked Dr. Silverman's suggestion very much. Dr. Miller and Dr. Silverman agreed that the questions should be asked, but applicants may not answer truthfully. Question #4 is currently at OAG to consider revised language. If there is revised language, it will be used by all boards in DHP.

Dr. Harp then reviewed question #6. He said that the process in licensing now requires an applicant that is currently in another state's physician health program to join Virginia's HPMP in order to be licensed. A "yes" answer to this question moves the application over to the traditional pathway.

Lastly, Dr. Harp asked the Committee for its input on question #7 on the application. The Board members agreed with 3 or more malpractice paid claims, but suggested to take out the $75,000 amount. The Committee thought that 3 or more paid claims are significant, regardless of the

amounts. A "yes" answer to this question will cause the application to be placed in the traditional pathway.

MOTION: Dr. Miller moved to adopt the draft application as discussed. The motion was properly seconded and carried unanimously.

Break at 9:51 a.m., resumed meeting at 10:03 a.m.

4. Greater Delegation to Licensing Staff for Non-Routine Applications – Dr. Harp

Dr. Harp shared with the Committee that on October 20, 2022, a Zoom meeting was held with Mr. Marchese, Dr. Miller, and Michael during which non-routine information was discussed. Mr. Marchese then shared with the Committee that there are about twenty non-routine applications a week, some of which Ms. Hickey has reviewed as well. Dr. Miller and he have made suggestions about the non-routine information that staff could be delegated for review. Dr. Miller, Mr. Marchese, and Ms. Hickey all agree that these suggestions will help reduce the number of days it takes to process applications.

Dr. Miller then asked Mr. Sobowale to describe the qualifications of a licensing specialist. Mr. Sobowale responded that the licensing specialists go through an interview process, and that they all come from different professional backgrounds. Once on staff, they are trained about their specific professions, applications, and required supporting documentation.

Mr. Marchese then suggested for the Committee to review all 18 of the suggestions to see if anyone had any questions or concerns. The Committee agreed to most of the changes, but would like the wording of all suggestions be changed from "5 years prior…" to "5 years of active practice prior to application."

MOTION: Dr. Edwards moved greater delegation to licensing staff for review of non-routine applications as discussed. The motion was properly seconded by Dr. Miller and carried unanimously.

5. Regulatory Advisory Panel for Updating the Board of Medicine Regulations Governing Prescribing of Opioids and Buprenorphine – Blanton Marchese

Mr. Marchese shared that the CDC published its 2022 Clinical Practice Guideline for Prescribing Opioids for Pain in November. He suggested to the Committee the need to convene a regulatory advisory panel (RAP) to perform a periodic review of the Board's opioid regulations and consider including revisions from the updated CDC guideline. He said the RAP should include a diversity of stakeholders. Dr. Harp underscored that the Board's regulations became effective in March 2017, and now that the CDC has published its new guideline, the Board can move forward with its periodic review. Stakeholders in this process should include those in academia, the community, and other state agencies. Dr. Miller suggested full-time community pain management doctors be included, since they treat 80% of pain patients. Ms. Hickey suggested recovering patients, who are consumers, would also

be good to add to the RAP. Mr. Marchese also suggested someone from the CDC could perhaps be on the panel. In closing, Mr. Owens stated that it was really good that the Board of Medicine was doing this.

MOTION: Dr. Edwards moved to form a Regulatory Advisory Panel to perform periodic review of the Board's opioid regulations and incorporate significant changes from the new CDC guideline. The motion was properly seconded by Dr. Miller and carried unanimously.

ANNOUNCEMENTS

All were reminded to submit their Travel Expense Reimbursement Vouchers within 30 days after completion of their trip (CAPP Topic 20335, State Travel Regulations, p. 7).

The next meeting of the Executive Committee will be April 7, 2023 @ 8:30 a.m.

ADJOURNMENT

With no additional business, the meeting adjourned at 10:58 a.m.

_____
William L. Harp, MD
Executive Director

--- DRAFT UNAPPROVED---

VIRGINIA BOARD OF MEDICINE

LEGISLATIVE COMMITTEE MINUTES

Friday, January 13, 2023 Department of Health Professions Henrico, VA

CALL TO ORDER: Dr. Archer called the meeting of the Legislative Committee to order at 8:34 a.m.

ROLL CALL: Ms. Brown called the roll; a quorum was established.

MEMBERS PRESENT:
David Archer, MD, Vice-President, Chair
J. Randy Clements, DPM
Jane Hickey, JD
Oliver Kim, JD, LLM
Joel Silverman, MD
William Hutchens, MD

MEMBERS ABSENT:
Manjit Dhillon, MD
Karen Ransone, MD

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD - Deputy Exec. Director for Discipline
Colanthia Morton Opher, Deputy Director for Administration
Michael Sobowale, LLM, Deputy Director for Licensing
Barbara Matusiak, MD, Medical Review Coordinator
Deirdre Brown - Executive Assistant
Matt Novak, DHP Policy Analyst
Arne Owens, DHP Director

COUNCIL PRESENT: W. Brent Saunders, Senior AAG & Board Counsel

OTHERS PRESENT:
Jennie Wood - Discipline Staff
Roslyn Nickens – Board of Medicine Licensing Supervisor
Scott Castro – MSV

EMERGENCY EGRESS INSTRUCTIONS

Dr. Archer provided the emergency egress instructions for Board Room 4.

APPROVAL OF MINUTES OF SEPTEMBER 16, 2022

Dr. Clements moved to approve the meeting minutes of September 16, 2022 as presented. The motion was seconded by Ms. Hickey and carried unanimously.

ADOPTION OF AGENDA

Dr. Archer presented the agenda. There were no amendments.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Mr. Owens welcomed all and said that it was a pleasure to meet everyone. He is excited to be back at DHP and stressed the importance of DHP to the Commonwealth. He noted that a top priority for the Administration now is behavioral health. He said the Governor has announced a three-year "Transformational Behavioral Health Plan" to increase access to behavioral health care without sacrificing public safety. DHP's role in the plan will be ensuring that behavioral health professionals are licensed in less time than they are now.

Mr. Owens shared that the General Assembly opened its 2023 Session on Wednesday, January 11, 2023. He noted that DHP's Senior Policy Analyst, Erin Barrett, could not attend the meeting today, as she was downtown at a Sub-Committee meeting. He remarked that this will be a busy time, and staff will be making trips downtown for several weeks. DHP has 4 agency bills this year. He said that he looks forward to the rest of the Session with Matt Novak, Erin Barrett, and Jim Jenkins. He is pleased to be a part of the democratic process and stated that once a bill is signed into law, the role of DHP will be implementation through regulation.

Dr. Silverman stated he hoped that mental healthcare will be expanded in the academic health centers. Mr. Owens replied that the 3-year plan has 6 pillars. DHP will be putting together a team from state government with physician representation to look at healthcare workforce needs. The plan will include a comprehensive study of all areas of the Commonwealth to find where the gaps are and to develop recommendations to enhance much-needed services.

NEW BUSINESS

1. Current Regulatory Actions – Matt Novak

Mr. Novak shared that all regulations listed on the "Current Regulatory Actions" pages remain at the same stage of review, just with a few more days added.

Mr. Novak then moved on to the handout, "Legislative Summary as of January 12, 2023". The following were reviewed:

- **HB 1389 – Mental illness or emotional disturbance; administration of controlled substances for treatment, etc.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **HB 1395 – Rights beginning at conception; definitions, etc.**

Mr. Novak reviewed the summary of the bill and stated that if passed, it would have a significant impact on abortion in the Commonwealth.

- **HB 1426 – Human trafficking; practitioners regulated by Dept. of Health Professions, etc., requiring training.**

  Mr. Novak reviewed the summary of the bill and stated that if passed, this would be a risk to Compact compliance.

- **HB 1447 – Controlled substances; administration by paramedics.**

  Mr. Novak reviewed the summary of the bill and stated that this bill will provide greater clarity and assurance for hospitals using paramedics in this way.

- **HB 1489 – Naturopathic medicine; establishes licensure requirements for the practice.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **HB 1511 – Midwifery; administration of medication.**

  Mr. Novak reviewed the summary of the bill and stated that this legislation had not passed before due to patient safety concerns.

- **HB 1513 – Psilocybin; possession or distribution for certain medical purposes permitted, penalty.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **HB 1521 – Kratom products; prohibited acts, civil penalty.**

  Mr. Novak reviewed the summary of the bill and stated that kratom has mild opioid properties, therefore some states have sought to regulate it.

- **HB 1754 – Telemedicine; extension of time period for provision of services.**

  Mr. Novak reviewed the summary of the bill. He stated that this bill will increase the hiatus from 1 to 3 years for an in-person exam for patients being seen by telemedicine. This includes out-of-state practitioners who care for patients via telemedicine in Virginia.

  Dr. Silverman asked about the out-of-state practitioners and his concern that the Commonwealth would not have jurisdiction if a concern with care arose. Ms. Deschenes remarked that the 1-year period for an in-person exam was put in place during COVID-19, and this bill seeks to extend it.

- **HB 1764 – Physician assistants; practice agreement exemption, elimination of practice ratio.**

  Mr. Novak reviewed the summary of the bill and stated that it addresses redundancy in the law. No further comments were made.

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

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **HB 1795 – Abortion; born alive infant; treatment and care penalty.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **HB 2183 – Nurse practitioners; practice authority upon licensure.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **HB 2222 – Surgical technologists and surgical assistants; practice prior to certification.**

  Mr. Novak reviewed the summary of the bill. He stated that this bill addresses issues created by the schedule for the certifying examination.

- **HB 2278 – Abortion; when lawful; 15-week gestational age; exceptions; penalty.**

  Mr. Novak reviewed the summary of the bill. Dr. Archer stated that this is an attempt to take away the physician's decision-making. He said that usually there would be no interference with this practice. He sees this issue as more about the philosophy of government.

  Dr. Harp shared that in presentations he gives to medical students, he tells them that their next-door neighbor has a say in how they practice medicine, for we live in a democracy. Dr. Clements asked about the viability of the bill. Mr. Owens said that the Governor has taken a position on this bill, so it will be taken seriously. He said that the bills that have significant advocacy will probably go all the way to the floor. He reminded the Committee that the agency is tasked with the enforcement of the law in the form it comes from the Legislature.

- **HB 2280 – Parental consent to surgical and medical treatment of certain minors.**

  Mr. Novak reviewed the summary of the bill. Dr. Silverman stated that there are situations when a child is being sexually abused by a parent, and this bill will not protect the child. No further comments were made.

- **HB 2287 – Practice of certified registered nurse anesthetists.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **SB 791 – Save Adolescents from Experimentation (SAFE) Act; established, health benefit plans, etc.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **SB 792 – COVID-19; prescriptions for hydroxychloroquine and ivermectin for treatment.**

  Mr. Novak reviewed the summary of the bill and stated that it was tabled last year. No further comments were made.

- **SB 833 – COVID-19 immunization; prohibition on requirement, discrimination prohibited, civil penalty.**

  Mr. Novak reviewed the summary of the bill and stated that it was tabled last year. No further comments were made.

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

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **SB 948 – Pharmacist scope of practice; initiation of treatment for certain diseases and conditions.**

  Mr. Novak reviewed the summary of the bill and stated that it would require the Board of Pharmacy to consult with the Board of Medicine. Dr. Harp said this was the 4th year for the development of the statewide pharmacy protocols. No further comments were made.

- **SB 1198 – Drug Control Act; prohibition of distribution of hypodermic needles; exception.**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **SB 1284 – Abortion prohibition; exceptions;**

  Mr. Novak reviewed the summary of the bill. No comments were made.

- **SB 1342 – Licensure of anesthesiologist assistants.**

  Mr. Novak reviewed the summary of the bill and stated that if passed, this would require regulations by the Board of Medicine. Dr. Harp said that this profession was studied by the Board of Health Professions and was deemed not to meet the requirements for licensure. No further comments were made.

- **SB 1406 – Behavior analysts; assistant behavior analysts; licensure criteria; certifying entities.**

  Mr. Novak reviewed the summary of the bill. Dr. Harp stated that when the regulations were developed 2011-2012, the Behavior Analyst Certification Board (BACB) was the only certification available. Now there are other entities that are nationally accredited. Mr. Kim asked if the pending regulations that the Board has approved will take care of this bill. Dr. Harp answered that the law will supersede the regulations. No further comments were made.

- **SB 1440 – Board of Medicine; continuing education; implicit bias and cultural competency in health care.**

  Mr. Novak reviewed the summary of the bill. Mr. Owens said that the Governor has no position on this bill at this time. Dr. Harp stated that the 2 hours of opioid training is no longer a requirement for renewal. The initiative the Board voted on last year was for the Board to have the same authority as does the Board of Pharmacy. Each biennium the Board would designate a topic for 2 hours of continuing education for the purpose of renewal.

Mr. Novak concluded his presentation with instructions to the Committee members that they can go to https://lis.virginia.gov to keep track of the bills. Also, there will be a livestream of the House of Delegates Health, Welfare and Institutions Subcommittee #1 on Tuesday mornings which will be addressing a number of these bills.

Dr. Archer thanked Mr. Novak for reviewing the Legislative Summary with the Committee.

ANNOUNCEMENTS

None.

NEXT MEETING

May 5, 2023

ADJOURNEMENT

With no other business to conduct, the meeting adjourned at 9:53 a.m.

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William L. Harp, MD
Executive Director

<< DRAFT UNAPPROVED >>

ADVISORY BOARD ON SURGICAL ASSISTING
Minutes

February 13, 2023

The Advisory Board on Surgical Assisting met on Monday, February 13, 2023 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Deborah Redmond, CSA
Jessica Wilhelm, CSA
Nicole Meredith, RN
Thomas Gochenour, CSA
Srikanth Mahavadi, MD

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Michael Sobowale, LLM, Deputy Director, Licensure
Erin Barrett, JD, Director of Legislative and Regulatory Affairs
Beulah Archer, Licensing Specialist

GUESTS PRESENT: Colanthia Morton Opher, Deputy Director for Administration
Jennifer Deschenes, Deputy Director for Discipline
Matt Novak, DHP Policy Analyst

Call to Order

Deborah Redmond called the meeting to order at 10:02 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Beulah Archer called the roll; a quorum was declared.

Approval of Minutes from May 31, 2022

Dr. Mahavadi moved to approve the May 31, 2022 minutes as presented. The motion was seconded by Jessica Wilhelm and carried unanimously.

Adoption of Agenda

Thomas Gochenour moved to adopt the agenda as presented. The motion was seconded by Nicole Meredith and carried unanimously.

Public Comment on Agenda Items

There was no public comment.

NEW BUSINESS

1. **Legislative Update from the 2023 General Assembly**

   Erin Barrett discussed several bills of interest for the Advisory Board. This was for informational purposes only and did not require any action.

2. **Update on Regulatory Actions:**

   Ms. Barrett reviewed the status of the Advisory Board's regulatory actions and noted that other than an update on the number days in the Secretary's office, there were no other changes to report. This was for informational purposes only and did not require any action.

3. **Review of Bylaws for the Advisory Board**

   Ms. Barrett explained that the Bylaws for the 11 advisories differ only by the statute for each profession. So instead of maintaining documents for each the Board, they have been combined into one. This was for informational purposes only and did not require any action.

4. **Discuss Certification Requirement re: Surgical Assistant Working as Surgical Technologist; Discuss Inactive Certification and Reinstatement Requirements for Surgical Technologists**

   Deborah Redmond asked for direction when scope of practice queries arise for Surgical Assistants. Dr. Harp reviewed statute *§ 54.1-2956.12,* from the Code of Virginia which provides title protection for Surgical Technologists. No person can hold himself out to be a surgical technologist or assume the title or abbreviations indicating such. RN's, Surgical Assistants, and others cannot call themselves Surgical Technologists or practice the profession of Surgical Technology, but they can perform "tasks" that may fall into their scope and the scope for Surgical Technology. It was suggested that hospital and practice attorneys familiarize themselves with this law and consider their specific circumstances and how the law applies.

5. **Approval of 2023 Meeting Calendar**
   After acknowledging the change in the June meeting date to June 20, 2023, the calendar was accepted.

6. **Election of Officers**

After the floor was opened for nominations, Ms. Redmond nominated Ms. Wilhelm for Chair. Ms. Meredith seconded the motion which carried unanimously.

Ms. Redmond then nominated Mr. Gochenour for Vice-Chair. Ms. Wilhelm seconded the motion which carried unanimously.

Announcements

Beulah Baptist Archer provided the following licensure totals for surgical assistants and surgical technologists.

Licensed Surgical Assistants		Surgical Technologist	
Current active in Virginia	530	Current active in Virginia	1424
Current Active out of state	127	Current active out of state	487
Total	**536**		**1911**

Licensure totals during the extended grandfathering period from January 1, 2022 until January 1, 2023

Licensed Surgical Assistant	**Surgical Technologist**	
193	1,250	

Ms. Archer was given a standing ovation for her efficiency and dedication to the licensing of surgical technologists and surgical assistants.

Next Scheduled Meeting: June 20, 2023, at 10:00.

Adjournment

With no other business to conduct, the meeting adjourned at 10:40 a.m.

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William L. Harp, MD, Executive Director

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

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 12, 2022

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.

Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 12, 2022

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.

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

Agenda Item: **Other Reports**

- Assistant Attorney General*
- Board of Health Professions
- Podiatry Report*
- Chiropractic Report*
- Committee of the Joint Boards of Nursing and Medicine

Staff Note: *Reports will be given orally at the meeting

Action: These reports are for information only. No action needed unless requested by presenter.

Agenda Item: **Current Legislative and Regulatory Actions/Considerations**

Staff Note: Ms. Barrett will speak to the Board of Medicine actions underway.

Action: If any action is required, guidance will be provided.

Board of Medicine
Current Regulatory Actions
As of February 6, 2023

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject Matter	Date submitted*	Time in office**	Notes
18VAC85-150	NOIRA	Conforming licensure requirements to Code	7/1/2022	220 days	Amendment to 18VAC85-150-60, which sets out requirements for licensure as a behavior analyst or assistant behavior analyst, to conform to Virginia Code § 54.1-2957.16(B)(1).
18VAC85-160	Final	Changes consistent with a licensed profession	7/5/2022	216 days	Proposed regulations consistent with surgical assistants changing from certification to licensure
18VAC85-160	Fast-track	Reinstatement as a surgical technologist	8/30/2022	160 days	Action to allow certified surgical technologists to voluntarily request inactive status, and for surgical technologists to reinstate certification from inactive status or from suspension or revocation following disciplinary action.
18VAC85-80	Proposed	Implementation of OT Compact	9/2/2022	157 days	Adoption of regulations to

					replace emergency regulations.

* Date submitted to current location
** As of January 3, 2023

At DPB or OAG

VAC	Stage	Subject Matter	Date submitted*	Time in office**	Notes
18VAC85-15	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-20	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-40	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-50	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-80	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-101	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-110	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-120	Fast-track	Implementation of changes	10/6/2022	OAG 123 days	Periodic review changes voted on at

		following 2022 periodic review of Chapter			October Board meeting
18VAC85-130	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-140	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-150	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting
18VAC85-170	Fast-track	Implementation of changes following 2022 periodic review of Chapter	10/6/2022	OAG 123 days	Periodic review changes voted on at October Board meeting

Recently effective/awaiting publication

None

Agenda Item: Consideration of CE Waiver for 2020-2021-2022

Staff Note: The Board became aware that a significant number of its licensees had not checked the YES/NO question regarding having obtained the required number of hours of CE at the time of renewal in 2020, 2021 & 2022. Some had checked NO. Given that some of these responses to the renewal CE question could have been inadvertent, 1,446 licensees were emailed about their response to the question. The professions that received the email included MD's, DO's, DC's, DPM's, PA's, Occupational Therapists, Occupational Therapist Assistants, Rad Techs, Limited Rad Techs, Respiratory Therapists, and Behavior Analysts. 996 responses have been obtained. Staff has reviewed approximately 350 responses. Over 50% say that their NO answer was inadvertent, that they had obtained the required hours by the time of renewal. Others said that they have obtained the hours since. The following explanations were also mentioned.

1. COVID
2. Cancelled Conferences
3. Didn't know CE was still required during COVID
4. Requested an extension from the Board per regulation
5. Have retired or gone inactive since 2020 renewal
6. Health reasons

During the Federation of State Medical Boards Executive Directors' meeting on January 30 & 31, accommodations made by some boards were noted. Some had waived the CE requirement during COVID. Some had relaxed their enforcement of CE requirements. Some had reduced the hourly requirement. A discussion about CE during COVID was not held by the Virginia Board in advance. However, what it did waive was the CE requirement and fee for the reactivation or reinstatement of MD's, DO's, PA's, DPM's and RT's who had held an unencumbered license within the last 4 years. Given this accommodation, given the precedent of other states relaxed approach to CE during COVID, and given the staff time that would be required to process fairly each licensee's circumstances, Board staff recommends that the Board provide forgiveness for those licensees that did not obtain the required CE in 2020, 2021 & 2022. In the following pages, you will find Guidance Document 85-14 on Enforcement of Continuing Competency Requirements, a page from Board Briefs #90 (April 2020) with an item regarding COVID-19 licensing, and a report from Board staff on this issue.

Action: That the Board consider waiving enforcement of the CE requirement for those that renewed in 2020, 2021 & 2022.

Guidance Document: 85-14 Reaffirmed: April 9, 2021

Board of Medicine

Procedure for Enforcement of Continuing Competency Requirements

Should a licensee not complete continuing competency requirements and it is determined that this is the first time and that the conduct is not willful or intentional, the Board will offer a Confidential Consent Agreement (CCA) that will allow the licensee to immediately obtain the missing hours. Original documentation of said missing hours shall be returned with the signed CCA.

Should it be determined that the conduct is willful or intentional, or it is the second or more occurrence for this violation, the Board of Medicine will proceed with an informal conference or offer a pre-hearing consent order and shall consider the previous violations. Suggested sanctions include a $100 monetary penalty for each missing hour and a $300 monetary penalty for each fraudulent renewal certifying that the licensee meets the renewal requirements. In addition the licensee will be required to complete the missing hours with documentation submitted to the Board within 60 days of order entry.

This procedure does not preclude the auditing and special handling of continuing competency non-compliance as may be specified in a Board order.

The Boards of Psychology, Social Work and Counseling, along with the Board of Medicine, are studying the issue of mental health providers declining to provide treatment to minors for anticipated forensic issues.

The Board of Optometry TPA Formulary Committee, with input from the Board of Medicine, met to consider the addition of Upneeq, an alpha-adrenergic agonist to the optometry TPA list to treat acquired blepharoptosis.

Pursuant to SB757 and HB1701, Board of Medicine staff is talking with Virginia's surrounding states to see if there is interest in developing reciprocal licensing agreements.

COVID-19 LICENSING

During the COVID-19 pandemic, the Board of Medicine has expedited the licensure of MD's, DO's, DPM's, PA's and RT's. Certain requirements for primary-source documents have been waived, and staff has obtained some documentation for applicants, such as a report from the National Practitioner Data Bank. Additionally, licensees in the 5 expedited professions that held an active license within the last 4 years can reactivate or reinstate their license with no fee or continuing education requirement.

EXECUTIVE ORDER 57

Governor Northam's Executive Order 57 allowed practice by out-of-state health care professionals and expanded authority for physician assistants, nurse practitioners, interns/residents/fellows/senior medical students, and waived the examination for graduate respiratory therapists until it became available again.

https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-57-AMENDED---Licensing-of-Health-Care-Professionals-in-Response-to-Novel-Coronavirus-(COVID-19).pdf

PAPERLESS LICENSING

The Department of Health Professions is moving towards paperless licensing. The 2020 & 2021 renewal cycles will be the last time paper licenses are issued. With your renewal notice in 2020 & 2021, there will be information indicating that this will be the last hard copy you

2020-2022 CE Audit Inquiry

The Hold/Alert report identified **1446** licensees who were flagged as not responding or responding in the negative to obtaining the required continuing education needed as part of the renewal process.

The professions included: MD, DO, DC, DPM, PA, OT, OTA, RRT, RT, LRT, BA

The following email sent to those individuals in September 2022

Dear Licensee of the Board of Medicine:

0101000000 | Licensee Name

You are receiving this email because you did not respond YES that you had obtained the required number of Continuing Education hours in the 2 years prior to the renewal of your license.

Please respond to the following YES/NO questions and return them to the Board by replying to this email.

1. Did you have the required hours of CE and inadvertently failed to respond YES to the question in the renewal process?

☐ YES ☐ NO

2. Did you fail to obtain the required hours of CE?

☐ YES ☐ NO

All licensees of the Board of Medicine may be subject to Continuing Education audits as outlined in the regulations.

Your response should be returned to contedreply-medbd@dhp.virginia.gov within 30 days from the date of this email.

Since September a total of **996** responses have been received.

Some of the reasons provided for not obtaining the required hours were:

1. COVID
2. Cancelled conferences
3. Didn't know ce was still required during COVID
4. Requested an extension from the Board
5. Have retired or gone into an inactive status since 2020 renewal

6. Health Reasons

Staff reviewed approximately 350 emails in which most of the licensees acknowledged meeting the requirement at the time of renewal or had obtained by receipt of the ce inquiry email.

Agenda Item: Expert Medical Reviewer Compensation

Staff Note: On occasion, the Board must rely upon an outside expert reviewer for a case that is highly specialized or has other medico-legal considerations. The expert reviewers are compensated at the rate of $150 per hour. That has been the rate for over 2 decades.

85-90% of the potential experts that are approached to serve say that they believe it is their duty to the profession to pitch in and share their expertise in such matters. When they are told that the compensation is $150 per hour, most say they're not doing it for the money.

The Board is grateful for the experts that share their expertise, some for no compensation, but it is probably time to increase the amount. The Board will not be able to pay what private attorneys pay for experts, but some increase seems reasonable. In the following pages, you will find a blank contract outlining the responsibilities of an expert reviewer.

Action: For the Board's discussion to arrive at an appropriate hourly rate.

COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

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PHONE (804) 367- 4400

AGREEMENT
EXPERT WITNESS
MED-2022-12

THIS PUBLIC BODY DOES NOT DISCRIMINATE AGAINST FAITH-BASED ORGANIZATIONS IN ACCORDANCE WITH VIRGINIA CODE § 2.2-4343.1(D) OR AGAINST A BIDDER OR OFFEROR BECAUSE OF RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, POLITICAL AFFILIATION, OR VETERAN STATUS, OR ANY OTHER BASIS PROHIBITED BY STATE LAW RELATING TO DISCRIMINATION IN EMPLOYMENT.

THIS PUBLIC BODY COMPLIES WITH THE CODE OF VIRGINIA, THE DEPARTMENT OF GENERAL SERVICES *AGENCY PROCUREMENT AND SURPLUS PROPERTY MANUAL*, AND THE *VENDOR'S MANUAL*.

THIS AGREEMENT, entered into this day, the seventh of December, 2022, between, M.D., hereinafter "Expert," and the Board of Medicine, hereinafter "Board."

PERIOD OF PERFORMANCE: December 2022 through **December 2024**, or until such time as any disciplinary proceedings related to the scope of services have concluded and resulted in an unappealed, final order, whichever shall occur last.

WITNESSETH that the Expert and the Board, in consideration of promises and of the mutual covenants, consideration, and agreements herein contained and/or attached, agree as follows:

SCOPE OF SERVICES: The Expert shall provide to the Board professional expert services to review and evaluate an investigative report to make recommendations regarding obtaining such additional evidence as is deemed necessary to form an opinion regarding the subject practitioner's standard of practice. Such expert services may include, but are not limited to, the following:

The Expert shall be available to work with the Board or an investigator employed by the Department of Health Professions (the "Agency") at reasonable times and for reasonable hours as are necessary to assist in the investigation of the subject practitioner.

The Expert shall review and evaluate a completed investigative report and make recommendations regarding obtaining such additional evidence as is deemed necessary to form an expert opinion regarding the subject practitioner's matter before the Board.

The Expert shall review all records, files, and supporting materials provided by the Board or the Agency investigator regarding the subject practitioner's matter before the Board.

The Expert shall assist the Board in its investigation at an informal conference or formal administrative proceeding at the request of the Board. Such assistance shall take the form of testimony before the Board and assisting Board staff and the Office of the Attorney General in preparing for disciplinary proceedings.

The Expert shall render an expert opinion regarding the subject practitioner's actions as they exist in the matter before the Board and with any additional specifications included in this document. Such opinion shall be rendered in writing, well documented, and provided to the Board within thirty days of the Expert's receipt of any records and the investigative report unless otherwise directed by the Board or the Office of the Attorney General.

The Expert shall assist staff of the Board and the Office of the Attorney General in developing allegations to be included in a notice of hearing in the event that the Board determines that disciplinary proceedings against the subject practitioner are warranted.

The Expert shall provide the Board with a current curriculum vitae, a list of administrative bodies and courts before which the Expert has previously been qualified to testify as an expert witness, and a list of the proceedings in which such testimony was actually given by the Expert.

The Expert shall provide any such other assistance requested by the Board in connection with disciplinary investigations or administrative proceedings of the subject practitioner as agreed to by the parties.

COMPENSATION: The Board will compensate the Expert $150.00 per hour. The total amount paid to the Expert shall not exceed $3,600.00 per day. The total amount paid to the Expert shall not exceed ten thousand dollars ($10,000.00) per year during the term of the agreement. Normal and routine travel expenses will be reimbursed pursuant to the current guidelines and requirements as set forth in the State Travel Regulations published by the Comptroller of the Commonwealth of Virginia. The Expert shall submit a monthly itemized statement to the Board showing the hours worked, the nature of the work done during each time increment, and shall include the details setting forth any reimbursable expenses incurred.

Normal and routine travel expenses will be reimbursed pursuant to the most current guidelines and requirements as set forth in the state travel regulations published by the Comptroller of the Commonwealth of Virginia.

Payment to the Expert shall be due 30 days after receipt of a proper invoice by the Board for the amount of payment due, or 30 days after the receipt of services, whichever is later.

TAXES: The Expert is self-employed and shall deliver these services as an independent contractor. The Expert is, therefore, responsible for any and all taxes and will accrue no benefits from the Commonwealth.

CONFLICTS: The Expert represents to the Board that the Expert has no conflicts of interest in this matter with respect to any of the parties to the disciplinary proceeding, that the Expert can and will serve the best interest of the Commonwealth of Virginia alone, and that the Expert will not provide services to any other party to this matter or in any matter arising from it.

CONFIDENTIALITY: The Expert agrees that any reports, materials, logs, or other materials produced by the Expert or coming into the Expert's possession while or as a result of providing the services described herein shall be the property of the Board and shall be turned over to the Board. Pursuant to Virginia Code § 54.1-2400.2, the Expert agrees to keep any reports, information, or records received and maintained in connection with the provision of expert services under this Agreement strictly confidential. The Board may consent to allow the Expert to keep duplicate copies of the Expert's report if the Expert so requests and it is deemed to be compatible with the interest of the Board to do so. Any such copies kept by the Expert shall be kept strictly confidential pursuant to Virginia Code § 54.1-2400.2 and shall not be used for any purpose other than fulfilling the requirements of this Agreement without the prior written consent of the Board. It is the duty of the Expert to maintain confidentiality of information under this Agreement and under Virginia Code § 54.1-2400.2. The Expert's duty to maintain confidentiality continues beyond the term of this Agreement or any extensions or renewals of this Agreement.

INDEPENDENT ENTITY: The Expert is an independent entity under this Agreement and is not an employee of the Commonwealth of Virginia for any purpose, including but not limited to the application of the Social Security Act, the Fair Labor Standards Act, the Federal Insurance Contribution Act, Unemployment Compensation Law and the Workers' Compensation Act. Expert retains sole and absolute discretion in the manner and means of carrying out the Expert's activities and responsibilities under this Agreement, except to the extent specified in this Agreement.

APPLICABLE LAWS AND COURTS: This Agreement shall be governed in all respects by the laws of the Commonwealth of Virginia, without regard to its choice of law provisions, and any litigation with respect thereto shall be brought in the circuit courts of the Commonwealth. The Expert shall comply with all applicable federal, state and local laws, rules and regulations.

ASSIGNMENT OF AGREEMENT: This Agreement shall not be assignable by the Expert in whole or in part without the written consent of the Board.

CHANGES TO THE AGREEMENT: The parties may agree in writing to modify the scope of the Agreement. Any increase or decrease in the compensation provided to the Expert resulting from such modification shall be agreed to by the parties as part of their written agreement to modify the scope of the Agreement.

CANCELLATION OF AGREEMENT: The Board reserves the right to cancel and terminate this Agreement, in part or in whole, without penalty, upon sixty (60) days written notice to the Expert. Any Agreement cancellation notice shall not relieve the Expert of the obligation to provide any outstanding deliverables promised prior to the cancellation.

IMMUNITY: Pursuant to Virginia Code §§ 54.1-2502 and 2925, the Expert shall be immune to civil liability resulting from any communication, finding, opinion, or conclusion made in the course of performing the Expert's duties under this Agreement unless the Expert acted in bad faith or with malicious intent.

ETHICS IN PUBLIC CONTRACTING: By entering into this Agreement, the Expert certifies that this Agreement is made without collusion or fraud and that the Expert has not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer, subcontractor, or licensee of the boards of the Agency in connection with this Agreement, and that the Expert has not conferred on any public employee having official responsibility for this Contractual transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

MODIFICATION: This Agreement constitutes the entire agreement between the parties. There are no understandings, agreements, or representations, oral or written, not specified within this Agreement. This Agreement may not be modified, supplemented or amended, in any manner, except by written agreement signed by both parties.

AUDIT: All records, regardless of physical form, and the accounting practices and procedures of Expert relevant to this Agreement are subject to examination by the Virginia Auditor of Public Accounts or the Auditor's designee. The Expert will maintain all such records for five years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner.

SEVERABILITY: If any term of this Agreement is declared by a court having jurisdiction to be illegal or unenforceable, the validity of the remaining terms shall not be affected, and, if possible, the rights and obligations of the parties are to be construed and enforced as if the Agreement did not contain that term.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed, intending to be bound thereby.

THE EXPERT:	**THE BOARD:** **Virginia Board of Medicine**
By: _____	By: _____
Date: _____	Date: _____

Agenda Item: **Licensing Report**

Staff Note: Mr. Sobowale will provide information on note-worthy licensing matters.

Action: None anticipated.

Agenda Item: **Discipline Report**

Staff Note: Ms. Deschenes will provide information on discipline matters.

Action: Consent orders may be presented for consideration.

Agenda Item: **Appointment of a Nominating Committee**

Staff Note: The current officer terms will expire at the time of the June 2023 Board meeting. A new slate of officers will be presented by the Nominating Committee at the June Board meeting for approval.

Action: Appointment of the Nominating Committee.

Agenda Item: **Board Member Terms**

Staff Note: Dr. Harp will acknowledge

Action: None anticipated.

Full Board - 2022-2023

Peter J. Apel, MD 1st Term Expires June 2026 District: 6 - Roanoke	**Oliver Kim** 1st Term Expires June 2025 Citizen Member - Alexandria
David Archer, MD, Vice-President 2nd Term Expires June 2024 District: 2 - Norfolk	**Krishna P. Madiraju, MD** 1st Term Expires June 2026 District: 10 – Ashburn
John R. Clements, DPM 1st Term Expires June 2026 Podiatrist – Roanoke	**L. Blanton Marchese, President** 1st Term Expires June 2025 Citizen Member – N. Chesterfield
Manjit Dhillon, MD 2nd Term Expires June 2024 District: 4 - Chester	**Jacob W. Miller, DO** 1st Term Expires June 2024 Osteopath – Virginia Beach
Alvin Edwards, PhD, Secretary Treasurer 2nd Term Expires June 2023 Citizen Member - Charlottesville	**Pradeep Pradhan, MD** 1st Term Expires June 2025 District 5 – Danville
Hazem A. Elariny, MD 1st Term Expires June 2026 District: 8 – McLean	**Karen Ransone, MD** 1st Term Expires June 2024 District 1 – Cobbs Creek
Madge Ellis, MD 1st Term Expires June 2024 District: 9 - Salem	**Jennifer Rathmann, DC** 1st Term Expires June 2025 Chiropractor - Blacksburg
Jane Hickey, JD 2nd Term Expires June 2023 Citizen Member – Richmond	**Joel Silverman, MD** 1st Term Expires June 2023 District: 7 - Richmond
William Hutchens, MD 1st Term Expires June 2026 District: 11 – Great Falls	**Ryan P. Williams, MD** 1st Term Expires June 2023 District: 3 – Suffolk

Next Meeting Date of the Full Board is

June 22-24, 2023

Please check your calendars and advise staff of any known conflicts that may affect your attendance.

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher **within 30 days after completion of their trip"**. (CAPP Topic 20335, State Travel Regulations, p.7). If you submit your reimbursement after the 30-day deadline, please provide a justification for the late submission and be aware that it may not be approved.

In order for the agency to be in compliance with the travel regulations, please submit your request for today's meeting no later than

March 23, 2023