

VIRGINIA BOARD OF NURSING
BUSINESS MEETING
Final Agenda

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 2**
Henrico, Virginia 23233

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

Tuesday, September 12, 2023 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Cynthia Swineford, RN, MSN, CNE; President

ESTABLISHMENT OF A QUORUM

ANNOUNCEMENT

New Board Members:

- **Victoria Cox, DNP, RN, of Roanoke** was appointed by the Governor on July 21, 2023 to replace James Hermansen-Parker, MSN, RN, PCCN-K to serve from July 1, 2023 to June 30, 2027
- **Pamela Davis, LPN, of Powhatan** was appointed by the Governor on July 21, 2023 to replace Brandon Jones, MSN, RN, CEN, NEA-BC to serve from July 1, 2023 to June 30, 2027
- **Robert Allen Scott, RN, of Hanover** was appointed by the Governor on July 21, 2023 to replace Felisa Smith, PhD, MSA, RN, CNE to serve from July 1, 2023 to June 30, 2027.
- **Shantell L. Kinchen, LPN, of Richmond** was appointed by the Governor on July 28, 2023 to replace Jennifer Phelps, BS, LPN, QMHP-A, CSAC to serve from July 1, 2021 to June 30, 2025.
- **Delia Acuna, FNP-C, of Quinton** was appointed by the Governor on August 18, 2023 to replace Dixie McElfresh, LPN to serve from July 1, 2023 to June 30, 2027.

Staff Update:

- **Denise Pajda** has accepted the Discipline Specialist position and started on August 25, 2023

A. UPCOMING MEETINGS and HEARINGS:

- NCSBN Board of Directors (BOD) is scheduled for September 26-27, 2023 in Chicago, IL. Ms. Douglas will attend as President of the NCSBN BOD.
- National League for Nursing (NLN) Education Summit is scheduled for September 28-30, 2023 in National Harbor, MD. Dr. Mangrum will attend.
- International Regulatory Nurse Collaborative meeting is scheduled for October 2-6, 2023 in Brisbane, Australia. Ms. Douglas will attend as President of the NCSBN BOD.

- Tri-Council Fall Meeting is scheduled for October 19, 2023 in Washington DC. Ms. Douglas will attend as President of the NCSBN BOD.
- NCSBN Board of Directors (BOD) Strategy is scheduled for October 23-24, 2023 in Charleston, SC. Ms. Douglas will attend as President of the NCSBN BOD.
- The Education Informal Conference Committee is scheduled for October 18, 2023 at 9 AM in Board Room 3.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is cancelled on October 25, 2023. Disciplinary proceeding will be conducted at 10 AM in Board Room 2.
- DHP New Board Member Orientation is scheduled for October 13, 2023 at DHP Office. All Board Members are welcome to attend – detail information will be available soon.
- **REMINDER** of Additional Formal Hearings in October 2023:
 - **Wednesday, 10/11/2023** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Ms. Davis, Ms. Friedenberg, Dr. Gleason and Ms. Shah
 - **Monday, 10/16/2023** – Board Members are Dr. Gleason (**Chair**), Ms. Acuna, Dr. Cox, Ms. Davis, Dr. Dorsey, and Ms. Kinchen.
- **Nursing and Nurse Aide Education Program Training Sessions:**
 - **VIRTUAL** Orientation to Establish a Nurse Aide Education Program is scheduled for Thursday, October 5, 2023
 - Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on Thursday, October 12, 2023, at DHP – Conference Center from 9 am to 12 noon.
 - Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on Tuesday, October 17, 2023 at DHP – Conference Center from 9 am to 12 noon.
 - Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on Tuesday, October 17, 2023, at DHP – Conference Center from 1 pm to 4 pm.
- Recognition Lunch is scheduled on Tuesday, November 14, 2023 for former Board Members.

REVIEW OF THE AGENDA:

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**

*B1 July 17, 2023	Formal Hearings
*B2 July 18, 2023	Business Meeting
*B3 July 19, 2023	BON Officer Meeting
*B4 July 19, 2023	Panel A – Formal Hearings
*B5 July 19, 2023	Panel B – Formal Hearings
*B6 July 20, 2023	Formal Hearings
*B7 August 2, 2023	Formal Hearings
*B8 August 3, 2023	Formal Hearings

*B9 August 3, 2023 Possible Summary Suspension Consideration
**B10 August 30, 2023 Telephone Conference Call

**C1 - Board of Nursing Monthly Tracking Log, July 2022 - July 2023
*C2 - Agency Subordinate Recommendation Tracking Log
C3 - Executive Director Report

*C4 - Federation of Associations of Regulatory Boards (FARB) Innovation in Regulation Conference on July 20-21, 2023 in Alexandria, Virginia report - **Ms. Willinger**

*C5 - The NCSBN 45th Anniversary and Annual Meeting on August 16-18, 2023 in Chicago report - **Ms. Wilmoth, Dr. Hills and Ms. Glazier**

DIALOGUE WITH DHP DIRECTOR – Mr. Owens

B. DISPOSITION OF MINUTES – None

C. REPORTS

- **Virginia Nurses Association (VNA) Fall Conference and Virginia Nurses Foundation (VNF) Gala** on September 8-9, 2023 in Chantilly, VA report – **Ms. Douglas, Ms. Hardy and Ms. Wilmoth**

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- ***D1** - National Practitioner Data Bank (NPDB) Reporting Resources - **FYI**
- Election of Interim First Vice-President Officer for the remainder of 2023
- Discussion regarding Informal Conference Schedule for the remaining of 2023

E. EDUCATION:

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth (verbal report)**

F. REGULATIONS/LEGISLATION– Ms. Barrett

- *F1 – Chart of Regulatory Actions
- *F2 – Consideration of Fast-Track Regulatory Changes to 18VAC90-30-240 to allow Agency Subordinate to hear credential cases concerning Advanced Practice Registered Nurses (APRN)
- *F3 – Adoption of Final Regulations for Licensed Certified Midwives
- *F4 - Initiation of Periodic Review for 18VAC90-11, Public Participation Guidelines

10:00 A.M. – PUBLIC COMMENT

CONSIDERATION OF CONSENT ORDERS

- **G1 – Jill Grace Jefferson, LMT

12:00 P.M. – LUNCH

12:45 P.M. – CONSIDERATION OF POSSIBLE SUMMARY SUSPENSIONS

➤ TBD

1:30 P.M.

****E1** – August 22, 2023 Education Informal Conference Committee DRAFT Minutes

August 22, 2023 Education Informal Conference Committee Recommendations regarding:

- ****E1a** – James Madison University Baccalaureate Nursing Education Program, US28508100
- ****E1b** – Marymount University Baccalaureate Nursing Education Program, US28505500 and US28501600
- ****E1c** – George Washington University Baccalaureate Nursing Education Program, US28501500
- ****E1d** - Fast Track Healthcare, Salem, Medication Aide Training Program, 0030000005
- ****E1e** - Fortis College, Richmond, Associate Degree Program, US28408900

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS

1	*Susan Lamb Marcussen, RN	21	**Wendie Lynn Peirce, LPN
2	*Angela Emerson, CNA	22	**Cynthia Burch, CNA
3	*Shiek Ansumana Jah, CNA	23	**Sarah Ashleigh Goad, RMA
4	*Kendra Nicole Buckner, RMA	24	**Consuela Denise Holloway, RMA
5	**Christina Carrie Noss, RN - REVISED	25	**Consuela Denise Holloway, CNA
6	*Brianna Cofield, CNA	26	**Morgan Leighanne Moore, CNA
7	*Jordan L. Banks, CNA	27	**La'Sean Harrison, CNA
8	*Stephanie Ann Smith, LPN	28	**Dercia Powell Green, CNA
9	*Meeka Joel Thomas-Paramore, LPN	29	**Tiffany Dawn Self, CNA
10	*Bernard Schipper, LPN	30	**Tiffany Dawn Self, RMA
11	*Rebecca Gross, CNA	31	**Reneita Larichiuta, CNA
12	*Agnes Bertheline Simb, LPN	32	**Meredith Jean Moran Doss, RN
13	*Victor Photos, RN	33	**Haley Denielle Seagle, RN
14	*Jessica Ann Van Dunk, LPN	34	**Nicole LaFave, RN
15	*Mary Allyson Justus, RN	35	**Karen Sue Riggins Abner, LPN
16	*Carly Bokanyi, RMA		
17	**Jacob Bohnhoff, LPN		
18	**Judy Richmond McClary, RN		
19	**Kourtney Michelle Cheatum, CNA		
20	**Kisha S. Anderson, CNA		

ADJOURNMENT OF BUSINESS AGENDA

2:30 P.M. - BOARD MEMBER DEVELOPMENT

Administrative Proceedings Presentation - **Ms. Booberg** and **Ms. Douglas**

MEETING DEBRIEF

- ❖ What went well
- ❖ What needs improvement

NOMINATING COMMITTEE MEETING – following immediately after the Business meeting

Board Members: Margaret Friedenberg, Citizen Member – **Chair**
Laurie Buchwald, MSN, WHNP, FNP
Yvette Dorsey, DNP, RN

Board Staff: Jay Douglas, RN, MSM, CSAC, FRE, Executive Director

(*1st mailing – 8/30) (**2nd mailing – 9/6)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
July 17, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:08 A.M., on July 17, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS
PRESENT:**

Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Carol Cartte, RN, BSN
Yvette Dorsey, DNP,
Margaret Friedenberg, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Meenakshi Shah, BA, RN
Felisa Smith, PhD, MSA, RN, CNE

STAFF PRESENT:

Robin Hills DNP, RN, WHNP, Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director- **Joined at 1:02 P.M.**
Sylvia Tamayo-Suijk, Senior Discipline Specialist- **Joined at 1:02 P.M.**
Breana Wilkins, Administrative Support Specialist

OTHERS PRESENT:

Laura A. Booberg, Assistant Attorney General
Virginia Beach BSN Students from ECPI University

**ESTABLISHMENT
OF A PANEL:**

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

FORMAL HEARINGS:

**Lanette Carolyn Shifflett, CNA reinstatement and LPN applicant
1401-152466**

Ms. Shifflett appeared.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Mona Brooks, court reporter with County Court Reporters Inc., recorded the proceedings.

Tosha Fischetti, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:34 A.M., for the purpose of deliberation to reach a decision in the matter of **Lanette Carolyn Shifflett**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:59 A.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing approve the application for reinstatement of the certificate of **Lanette Carolyn Shifflett** to practice as a nurse aide in the Commonwealth of Virginia, dismiss the allegation and approve the practical nursing application for **Lanette Carolyn Shifflett** and issue a license to practice as a practical nurse in the Commonwealth of Virginia contingent upon completion of Board approved practical nursing refresher course. The motion was seconded by Dr. Smith and carried unanimously.

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

RECESS: The Board recessed at 10:01 A.M.

RECONVENTION: The Board reconvened at 11:00 A.M.

FORMAL HEARINGS: **Sheila White, CNA** **1401-023961**

Ms. White did not appear.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal

counsel for the Board. Mona Brooke, court reporter with County Court Reporters Inc., recorded the proceedings.

Maria Josen, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:23 A.M., for the purpose of deliberation to reach a decision in the matter of **Sheila White**. Additionally, Ms. Shah moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECESS: The Board recessed at 11:51 A.M.

RECONVENTION: The Board reconvened at 11:55 A.M.

RECONVENTION: The Board reconvened in open session at 12:06 P.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing reprimand **Sheila White** and place her on probation for a period of not less than two years, with terms. The motion was seconded by Dr. Smith and passed with five votes in favor. Mr. Jones and Ms. Friedenberg opposed the motion.

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

RECESS: The Board recessed at 12:08 P.M.

RECONVENTION: The Board reconvened at 1:02 P.M.

Dr. Hills and Ms. Wilkins left the meeting at 1:02 P.M.

Ms. Morris and Ms. Tamayo-Suijk joined the meeting at 1:02 P.M.

FORMAL HEARINGS: **Sarah Anne Alley, RN** **0001-215724**

Ms. Alley appeared, represented by Tori Bramble, her legal counsel.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Mona Brooks, court reporter with County Court Reporters Inc., recorded the proceedings.

Louise Rollins, RN, was present and testified.

RECESS: The Board recessed at 2:20 P.M.

RECONVENTION: The Board reconvened at 2:29 P.M.

RECESS: The Board recessed at 4:25 P.M.

RECONVENTION: The Board reconvened at 4:37 P.M.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:54 P.M., for the purpose of deliberation to reach a decision in the matter of **Sarah Anne Alley**. Additionally, Ms. Shah moved that, Ms. Bargdill, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:17 P.M.

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

ACTION:

Dr. Dorsey moved that the Board of Nursing indefinitely suspend the right to renew the license of **Sarah Anne Alley** to practice as a professional nurse in the Commonwealth of Virginia and stay the suspension contingent upon entry into and compliance with Health Practitioners' Monitoring Program (HMPM). The motion was seconded by Mr. Hermansen-Parker and passed with six votes in favor. Ms. Cartte opposed the motion.

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

ADJOURNMENT:

The Board adjourned at 5:19 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
July 18, 2023**

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:01 A.M. on July 18, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President

BOARD MEMBERS PRESENT: Cynthia M. Swineford, RN, MSN, CNE; First Vice-President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Laurie Buchwald, MSN, WHNP, FNP
Carol Cartte, RN, BSN
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Paul Hogan, Citizen Member
Dixie L. McElfresh, LPN
Helen Parke, DNP, FNP-BC
Meenakshi Shah, BA, RN

MEMBERS ABSENT: Jennifer Phelps, BS, LPN, QMHP-A, CSAC

STAFF PRESENT: Jay P. Douglas, RN, MSM, CSAC, FRE
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director
Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Jacquelyn Wilmoth; Deputy Executive Director
Stephanie Willinger, Deputy Executive Director
Randall Mangrum, DNP, RN; Nursing Education Program Manager
Patricia Dewey, RN, BSN, Discipline Case Manager
Huong Vu, Operations Manager
Ann Hardy, MSN, RN, Compliance and Case Adjudication Manager

OTHERS PRESENT: Laura Booberg, Senior Assistant Attorney General, Board Counsel
Arne Owens, DHP Director
James Jenkins, Jr., RN, DHP Chief Deputy
Erin Barrett, JD, Director of Legislative and Regulatory Affairs
Matthew Novak, DHP Policy Analyst

IN THE AUDIENCE: Christopher Fleury, Medical Society of Virginia (MSV)
Karen Kelly, CM, President of the Virginia ACNM
Andrew Lamar, Lobbyist, Lamar Consulting
Janet Wall, MS, CEO of Virginia Nurses Association (VNA), Virginia Nurses Foundation (VNF)

ESTABLISHMENT OF A QUORUM:

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

ANNOUNCEMENTS:

Mr. Jones acknowledged the following:

Staff Update:

- **A'nya Miller, Summer Intern** assigned to discipline, started on June 5, 2023
- **Andrea Lewis** has accepted the P-14 Licensing Specialist position and started on June 20, 2023
- **Sonja McGruder** has accepted the Discipline Support position and started on June 25, 2023
- **Candis Stoll** has accepted the Senior Licensing and Discipline position and started on July 10, 2023.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- NCSBN Workforce Modeling and Health Care Support Worker Focus Group is scheduled for August 14, 2023. Ms. Wilmoth and Ms. Douglas will attend to represent Virginia Board of Nursing
- Nurse Licensure Compact (NLC) Annual Meeting is scheduled for August 15, 2023. Ms. Douglas will attend as Commissioner and Ms. Wilmoth will attend also.
- The NCSBN 45th Anniversary and Annual Meeting is scheduled for August 16-18, 2023 in Chicago. Mr. Jones, Dr. Smith, Ms. Wilmoth, Dr. Hills and Ms. Glazier will attend.
- The Education Informal Conference Committee is scheduled for August 3, 2023 at 9 AM in Board Room 3 and for August 22, 2023 at 9 AM in Board Room 4.
- **REMINDER** of Additional Formal Hearings in August 2023:
 - **Wednesday, 8/2/2023** – Board Members are Mr. Jones (**Chair**), Ms. Friedenberg, Dr. Gleason, Ms. McElfresh, Dr. Parke, and Dr. Smith
 - **Thursday, 8/3/2023** – Board Members are Ms. Swineford (**Chair**), Dr. Dorsey, Ms. Friedenberg, Ms. McElfresh, and Dr. Parke
- Nursing and Nurse Aide Education Program Training Sessions:
 - **VIRTUAL** Orientation to Establish a Nurse Aide Education Program is

scheduled for Thursday, October 5, 2023

- Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on Thursday, October 12, 2023, at DHP – Conference Center from 9 am to 12 noon.
- Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on Tuesday, October 17, 2023 at DHP – Conference Center from 9 am to 12 noon.
- Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on Tuesday, October 17, 2023, at DHP – Conference Center from 1 pm to 4 pm..

Ms. Douglas added the additional meetings:

- Federation of Associations of Regulatory Boards (FARB) Innovation in Regulation Conference is scheduled for July 20-21, 2023 in Alexandria, Virginia. Ms. Willinger will attend.
- DHP will conduct Orientation for New Board Members on October 13, 2023. All current Board Members are welcome to attend.

PUBLIC HEARING:

Regarding Proposed Regulations Governing the Practice of Licensed Certified Midwives (18VAC90-70).

Karen Kelly, CM, President of the Virginia ACNM, signed up to comment and spoke in support of the proposed regulations.

No additional comments were received.

Mr. Jones reminded everyone that written comment on the proposed regulations governing licensed certified midwives should be direct to Erin Barret, Director of Legislative and Regulatory Affairs, or posted on Virginia's Regulatory Town Hall.

Mr. Jones added that comment may be emailed to Ms. Barrett at erin.barrett@dhp.virginia.gov and the comment period regarding these regulations will end on July 21, 2023.

The public hearing was concluded at 9:10 A.M.

**ORDERING OF
AGENDA:**

Mr. Jones announced that this will be his last board week since he was not reappointed and noted that it was a privilege to serve on the board.

Dr. Smith also announced that it is her last board week as she was not reappointed. Dr. Smith added that it was a wonderful experience and thanked for the opportunity to be on the board.

Ms. Douglas thanked Mr. Jones and Dr. Smith for their services on the board and stated they will be missed.

Ms. Douglas added that information about replacements is not available yet and Ms. Swineford will assume the President position per the Bylaws.

Mr. Owens thanked Mr. Jones and Dr. Smith for their outstanding services on the board and noted that these transitions are never easy. Mr. Owens added that both of them will serve for the remaining of the week.

Mr. Jones asked staff if there are modifications to the Agenda.

Ms. Douglas noted the following additional items:

Under Other Matters:

Use of Box by Board Members

Internationally Educated Applicants

Under Consideration of Consent Orders:

G3 – Jennifer G. Webb, LPN

Ms. Douglas stated that volunteers are needed for the August 2, 2023 formal hearings since Mr. Jones and Dr. Smith are no longer eligible to serve. Ms. Douglas asked Board Members to let staff know if they are available to participate.

Ms. Douglas noted that there is no case for the consideration of possible summary suspensions scheduled for 12:45 pm today.

Ms. Douglas stated that the Administrative Proceedings training scheduled at 3:30 pm today will be deferred to September meeting when we hope to have new board members that will benefit.

CONSENT AGENDA:

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

Ms. Shah moved to accept the items on consent agenda listed below as presented. The motion was seconded by Ms. Friedenbergl and carried unanimously.

Consent Agenda

B1 May 22, 2023

B2 May 23, 2023

B3 May 24, 2023

B4 May 24, 2023

Formal Hearings

Business Meeting

BON Officer Meeting

Panel A – Formal Hearings

B5 May 24, 2023	Panel B – Formal Hearings
B6 May 25, 2023	Formal Hearings
B7 June 1, 2023	Formal Hearings
B8 June 5, 2023	Formal Hearings
B9 June 21, 2023	Telephone Conference Call
B10 June 27, 2023	Telephone Conference Call
B11 July 6, 2023	Telephone Conference Call

C1 - Board of Nursing Monthly Tracking Log, June 2022 - June 2023

C2 - Agency Subordination Recommendation Tracking Log

C5 – June 14, 2023 Committee of the Joint Boards of Nursing and Medicine
Formal Hearing Minutes

C6 – 2024 Education Informal Conference Dates

**DIALOGUE WITH DHP
DIRECTOR OFFICE:**

Mr. Owens provided the following information:

- Healthcare workforce remains a priority for the Governor– phase 1 study is completed. Phase 2 & 3 are in process with the hope to have wrapped up in September 2023.
- Jim Jenkins, Chief Deputy Director, and Jaime Hoyle, Executive Director for Boards of Counseling, Psychology and Social Work, are representing DHP on the Governor’s Right Help Right Now initiative to improve Behavioral Health
- DHP Compensation study is complete to ensure staff pay is compensatory. Salaries have been increased and bonuses have been given to those affected.
- All staff training day occurred on April 25, 2023 and over 100 investigators attended the training
- 2024 – 2026 Biennial budget process is underway
- DHP is preparing for 2024 General Assembly with possible 10 bills from HHR going forward.

**DISPOSITION OF
MINUTES:**

None

REPORTS:

C3 – Executive Director Report:

Ms. Douglas highlighted the International Council of Nurses (ICN) Congress in Montreal, Canada she attended as follows:

- ICN President, Dr. Pamela F. Cipriano, is from Virginia
- 6000 attendees from over 133 countries. Virginia Nurses’ Association (VNA) President, Dr. Sherri Wilson, was also in attendance.
- Some of the topics discussed include challenges of education/faculty, artificial intelligence, workforces, mental health issues, environment of practice, lack of experienced leadership component, and the evaluation of international nurses which can be costly and lengthy.

- World Health Organization (WHO) announced that a new State of the World's Nursing report would be released in 2025

C4 – HPMP Quarterly Report for April – June 2023:

Mr. Jones stated that this is provided for information only.

Mr. Hermansen-Parker moved to accept **C3 and C4** as presented. The motion was seconded by Dr. Parke and carried unanimously.

OTHER MATTERS:

Board Counsel Update:

Ms. Booberg stated that she has nothing to report. Ms. Booberg thanked Mr. Jones and Dr. Smith for their service to the Board and said they will be missed.

Internationally Educated Applicants:

Ms. Willinger noted that at the last meeting the Board voted to accept an additional international credential evaluator and the Nursing website has been updated to include Board-approved Credential Evaluation Entities and English Language Proficiency (ELP) Exam.

Ms. Douglas noted that the national trend on international applicants is that certain locations are the entry points to get licensed and then nurses move to other states.

D1 – Discussion regarding Training for Nurse Aides – Federal Regulations 42 CFR 483.152 and Board Regulations 18VAC90-26-20(B)(2):

Ms. Wilmoth provided a review of 42CFR483.152 and 18VAC90-26-80 (B)(2) stating the Board of Nursing regulations were derived from the federal regulations. It was shared that DMAS, the state agency responsible for Medicaid reimbursement, interprets the federal regulation to apply to in-facility based programs only.

Dr. Parke moved to interpret the Board's regulations the same as how DMAS' interpretation of the Federal Regulations until such time that the Board's regulations are amended. The motion was seconded by Dr. Smith and carried unanimously.

PUBLIC COMMENT:

Janet Wall, CEO of VNA and VNF, stated the following:

- Virginia Legislative Nursing Alliance's first meeting included 14 organizations. Nursing Public Policy Platform is in the plan to speak to upcoming General Assembly (GA).
- VNA Fall Conference is scheduled on September 8-9, 2023 in Chantilly, VA. Dr. Yetty Shobo, Healthcare Workforce Data Center (HWDC) Executive Director, will present information on nursing's workforce. VNF Gala is scheduled on the evening of September 9,

2023. VNA's 2023 Nancy Vance Award recipient is Dr. Pamela Cipriano, PhD, RN, NEA-BC, FAAN, President of ICN.

- Meeting is being planned with Mr. Owens and Mr. Jenkins regarding youth mental health training for school nurses.

OTHER MATTERS (cont.): Ms. Douglas shared that the VA Healthcare Workforce authority is looking for 10 bedside RNs for survey, please pass names along to Mr. Jenkins for the RAND Cooperation.

Use of BOX by Board Members:

Mr. Jones noted that he, Dr. Gleason and Dr. Smith were the Board Members who piloted using BOX to review the business meeting materials.

Dr. Smith noted that it is convenient to access the materials early and highly recommended other Board Members to try.

Dr. Gleason noted that it was very easy to access the materials.

Mr. Jones noted that it was fantastic but wished to have the ability to make notes.

Ms. Douglas asked that if any Board Members wish to pilot, please let Ms. Vu know. Ms. Buchwald said she will pilot the use of BOX for review of business meeting materials.

RECESS: The Board recessed at 10:21 A.M.

RECONVENED: The Board reconvened at 10:31 A.M.

POLICY FORUM: DHP Healthcare Workforce Data Center (HWDC) Presentation by Barbara Hodgdon, PhD, Deputy Executive Director.

- DRAFT Report on Nursing Education Programs for the 2021-2022 Academic Year.

Dr. Hodgdon presented the following key findings:

- Attrition rates in PN proprietary programs could be a concern
- % of admitted who then are enrolled may be an issue for RN programs
- Faculty turnover in both PN and RN increasing; appointment rates also increasing
- In PN Programs, faculty resignations in HS extended and community colleges higher than appointments

Dr. Hodgdon stated that the final report will be posted on HWDC website.

Ms. Douglas suggested to share these findings with other stakeholders in Virginia.

EDUCATION:

Education Update:

Ms. Wilmoth reported the following:

The Education DOMA Scanning Project is complete, more than 350,000 pieces of paper have been scanned. Staff is working to add the scanned files to the electronic file and perform QC check to ensure records are legible and complete.

Nursing Education Programs Updates

- Next Generation NCLEX (NGN) launched April 1, 2023 for RN and PN. NGN pass rates – first full quarter of testing ended June 30, 2023 and staff anticipate results from NCSBN available soon.
- SB1172 – Board staff and representatives from VNA, SCHEV, and Associate and Baccalaureate programs across the state were in attendance. The group discussed the content of the bill and provided information that will be included in the report that is due to the Governor no later than November 1, 2023. Programs shared information regarding core curriculum content, policies and the diversity of the students and state localities they serve. There was also discussion regarding accreditation standards.

LEGISLATION/
REGULATION:

Ms. Barrett reported the following:

F1 Chart of Regulatory Actions

Ms. Barrett provided an overview of the regulatory actions found in the chart.

F2 - Periodic Review of Chapter 25 – Regulations Governing Certified Nurse Aides

Dr. Smith moved to retain and amend Chapter 25 as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

F3 – Periodic Review of Chapter 27 – Regulations Governing Nursing Education Programs

Dr. Dorsey moved to retain and amend Chapter 27 as presented. The motion was seconded by Ms. Swineford and carried unanimously.

F4 - Periodic Review of Chapter 50 – Regulations Governing the Licensure of Massage Therapists

Dr. Smith moved to retain Chapter 50 as is. The motion was seconded by

Ms. Shah and carried unanimously.

F5 – Adoption of Revised Policy on meetings held with Electronic Participation

Ma. Shah moved to revise policy on meetings held with electronic participation as presented. The motion was seconded by Dr. Smith and carried unanimously.

F6 - Revision to GD 90-3 (Continuing Competency Violations for Nurses) and Repeal of GD 90-11

Dr. Smith moved to revise GD 90-3 as presented. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Dr. Smith moved to repeal GD 90-11. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

F7 - Revision to GD 90-6 (Guidance statement by board regarding peripherally inserted central catheters); Repeal of the following GDs:

- ❖ **GD 90-15** (*Use of Cervical Ripening Agents*)
- ❖ **GD 90-17** (*Cutting of Corns and Warts by RN's and LPN's*)
- ❖ **GD 90-19** (*Epidural Anesthesia by RN's and LPN's*)
- ❖ **GD 90-31** (*Whether a Nurse May Administer a Medication that has been transmitted orally or in writing by a Pharmacist acting as the Prescriber's Agent*)
- ❖ **GD 90-40** (*Surveillance Activities Required by the OSHA Respiratory Standards*)
- ❖ **GD 90-43** (*Attachment of Scalp Leads for Internal Fetal Monitoring*)

Mr. Hermansen-Parker moved to revise GD 90-6 as presented. The motion was seconded by Ms. Shah and carried unanimously.

Dr. Smith moved to repeal GDs 90-15, 90-17, 90-19, 90-31, 90-40, and 90-43. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

CONSIDERATION OF CONSENT ORDERS:

G1 – Kimberly Jordan, RN MD License # R187789 with multistate privilege

Mr. Hermansen-Parker moved that the Board of Nursing accept the consent order to indefinitely suspend the privilege of **Kimberly Jordan** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Swineford and carried unanimously.

G2 – Renee Seher Allen, RN

0001-229885

Mr. Hermansen-Parker moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Renee Seher Allen** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Swineford and carried unanimously.

G3 – Jennifer G. Webb, LPN

0002-097390

Mr. Hermansen-Parker moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Jennifer G. Webb** to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years and authorize Ms. Douglas to enter on behalf of the Board once the original signed Order is received by the Board. The motion was seconded by Ms. McElfresh and carried unanimously.

OTHER MATTERS(cont.): **Volunteers needed to serve on the Nominating Committee**

Mr. Jones stated that three board member volunteers are needed to serve on the Nominating Committee and please let Ms. Vu know if you are interested.

Ms. Douglas added that the Nominating Committee will meet during the September board week to produce a slate of candidates for 2024. The Board will vote on the slate of candidates at its November 14, 2023 meeting. The new Officers will begin their term on January 1, 2024.

RECESS: The Board recessed at 11:30 A.M.

RECONVENTION: The Board reconvened at 1:00 P.M.

HEALTH PRACTITIONERS' MONITORING PROGRAM (HPMP) PRESENTATION – Christina Buisset, DHP Services and HPMP Manager, and Amy Ressler, HPMP Case Manager

Ms. Buisset and Ms. Ressler presented the following:

- Who is eligible
- Why HPMP
- Stay of Disciplinary Action
- Who HPMP is
- HPMP Advisory Committee
- Who HPMP Participants are
- HPMP: When
- HPMP: Contracts

Contracts: Toxicology Screening
Contracts: Warnings
Contracts: Warnings toward Dismissal
Contracts: Urgent Dismissals
Contracts: Medically Assisted Treatment

- When – return to Practice
- HPMP Recordkeeping: Recovery TREK
- HPMP is here to help

Mr. Jones thanked Ms. Buisset and Ms. Ressler for the information.

RECESS: The Board recessed at 1:56 P.M.

RECONVENTION: The Board reconvened at 2:03 P.M.

CONSIDERATION OF June 20, 2023 EDUCATION INFORMAL CONFERENCE COMMITTEE RECOMMENDATIONS:

Ms. Swineford and Dr. Parke left the meeting at 2:03 P.M.

Ms. Shah moved that the Board of Nursing accept the recommendations of the Education Informal Conference Committee to continue the approval of the following programs on **CONDITIONAL APPROVAL**, subject to their 2023 and 2024 NCLEX passage rate meeting or exceeding 80%:

- **E1-b** Fortis College, Norfolk, ADN Program, US2840950
- **E1-c** Fortis College, Norfolk PN Program, US28200500

The motion was seconded by Ms. McElfresh and carried unanimously.

Ms. Shah moved that the Board of Nursing accept the recommendation of the Education Informal Conference Committee to continue the approval of **Medical Solutions Academy, Danville, PN Program, US28110500 (E1d)** on **CONDITIONAL APPROVAL** with terms and conditions. The motion was seconded by Ms. McElfresh and carried unanimously.

- **E1-a** Chesterfield County Public Schools, Chesterfield PN Program
US28104300

Rebecca Harmon, Representative from Chesterfield PN Program, appeared and addressed the recommendations to the Board. Ms. Harmon was accompanied by Dawn Wells, Program Manager for the Adult Education.

CLOSED MEETING: Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:12 P.M. for the purpose of considering the Education Informal Conference Committee recommendation regarding **Chesterfield County Public Schools, Chesterfield PN Program US28104300 (E1-a)**. Additionally, Dr. Smith moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Morris, Ms. Vu, and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:22 P.M.

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

Mr. Hermansen-Parker moved that the Board of Nursing reject the recommendation of the Education Informal Conference Committee regarding **Chesterfield County Public Schools, Chesterfield PN Program US28104300 (E1-a)** and refer the matter to a formal hearing. The motion was seconded by Ms. Buchwald and carried with nine votes in favor of the motion. Ms. Shah and Dr. Smith opposed the motion.

Dr. Parke and Ms. Swineford re-joined the meeting at 2:22 P.M.

E1 – June 20, 2023 Education Informal Conference Committee DRAFT Minutes

Mr. Hermansen-Parker moved to accept the June 20, 2023 Education Informal Conference Committee DRAFT minutes as presented. The motion was seconded by Dr. Smith and carried unanimously.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Board Members for odd number recommendations in **BOARD ROOM 2:**

Presiding: Brandon Jones, MSN, RN, CEN, NEA-BC; President
Carol Cartte, RN, BSN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Meenakshi Shah, BA, RN
Felisa Smith, PhD, MSA, RN, CNE

#13 – Tamara Sherry Bryson-Diggs, LPN

0002-102147

Ms. Bryson-Diggs appeared and addressed the Board. Ms. Bryson-Diggs also submitted written response.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:40 P.M. for the purpose of considering the agency subordinate recommendation regarding **Tamara Sherry Bryson-Diggs**. Additionally, Dr. Smith moved that Ms. Douglas, Ms. Bargdill, and Ms. Wilkins, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Shah and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:45 P.M.

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

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommendation of the agency subordinate to indefinitely suspend the license **Tamara Sherry Bryson-Diggs** to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Bryson-Diggs' entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Shah and carried unanimously.

#21 – Una Michelle Bradshaw, LPN

0002-101360

Ms. Bradshaw appeared and addressed the Board.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:51 P.M. for the purpose of considering the agency subordinate recommendation regarding **Una Michelle Bradshaw**. Additionally, Dr. Smith moved that Ms. Douglas, Ms. Bargdill, and Ms. Wilkins, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Mr. Hermansen-Parker and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:02 P.M.

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

Dr. Dorsey moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Una Michelle Bradshaw** and to require Ms. Bradshaw, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours each in the subjects: professional accountability & legal liability for nurses and ethics & professionalism in nursing. The motion was seconded by Dr. Smith and carried unanimously.

#3 – Anna Chastain, RN

0001-269868

Ms. Chastain did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Anna Chastain** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Chastain's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remain in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Friedenber and carried unanimously.

#7 – Candace Roseanna Johnson, CNA

1401-211719

Ms. Rose did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Candace Roseanna Johnson** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Friedenber and carried unanimously.

#9 – Angela Renae Jones, RN

0001-200917

Ms. Jones did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Angela Renae Jones** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenber and carried unanimously.

#11 – Kristin Rose Gallanosa, RN

0001-199080

Ms. Gallanosa did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Kristin Rose Gallanosa** and to require Ms. Gllanosa, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of three contact hours of continuing education in each of the following subjects: proper documentation & professional accountability and legal liability for nurses. The motion was seconded by Ms. Friedenber and carried unanimously.

#17 – Boyblue Turkasua, CNA

1401-177265

Mr. Turkasua did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Boyblue Turkasua** a to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Fridenberg and carried unanimously.

#19 – Kimberly Dawn Crawford Evans, CNA

1401-099371

Ms. Evans did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Kimberly Dawn Crawford Evans** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Fridenberg and carried unanimously.

#23 – Willetta Rayne, CNA

1401-209565

Ms. Rayne did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Willetta Rayne** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Fridenberg and carried unanimously.

#25 – Karen Ann Vanderplow, RN

0001-231262

Ms. Vanderplow did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate reprimand **Karen Ann Vanderplow** and to indefinitely suspend her right to renew her license to practice professional

nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Fridenberg and carried unanimously.

CLOSED MEETING:

Dr. Smith moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:08 P.M. for the purpose of considering the agency subordinate recommendations regarding **#1, #5, #15 and #27**. Additionally, Dr. Smith moved that Ms. Douglas, Ms. Bargdill, Ms. Wilkins, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Cartte and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:23 P.M.

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

#1 – Tonya Lynette Cooper, CNA

1401-128891

Ms. Cooper did not appear.

Dr. Smith moved that the Board of Nursing reject the recommended decision of the agency subordinate regarding **Tonya Lynette Cooper** and to dismiss the matter. The motion was seconded by Ms. Shah and carried unanimously.

#5 – Elisabeth Anne Taurino, RN

0001-152691

Mr. Taurino did not appear.

Ms. Cartte moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of **Elisabeth Anne Taurino** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order. The motion was seconded by Dr. Smith and carried unanimously.

#15 – Julie Elizabeth Geyer, RN

0001-217032

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

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Julie Elizabeth Geyer**, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours in each of the subjects of ethics &

professionalism in nursing, professional accountability & legal liability for nurses, and proper handling & documentation of medication. The motion was seconded by Ms. Shah and carried unanimously.

#27 – Kristy Devon Adams, RN

0001-216522

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

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Kristy Devon Adams**, within 120 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of at least three contact hours in each of the subjects of: professional accountability & legal liability, ethics & professionalism, proper handling & documentation of medication, and critical thinking skills. The motion was seconded by Mr. Hermansen-Parker and carried unanimously.

Board Members for even number recommendations in **BOARD ROOM 4:**

Presiding: Cynthia Swineford, RN, MSN, CNE; First Vice-President
Laurie Buchwald, MSN, WHNP, FNP
A Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Dixie McElfresh, LPN
Helen Parke, DNP, FNP-BC

#14 – Nana Yillah, LPN

0002-079522

Ms. Yillah appeared and addressed the Board.

CLOSED MEETING:

Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:33 P.M. for the purpose of considering the agency subordinate recommendation regarding **Nana Yillah**. Additionally, Ms. Buchwald moved that Dr. Hills, Ms. Morris, Ms. Vu and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. McElfresh and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:37 P.M.

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

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Nana Yillah** and to require, within 90 days from the date of entry of the Order, that Ms. Yillah to provide written proof satisfactory to the Board successful completion of a minimum of three contact hours in each of the subjects of: ethics & professionalism in nursing, professional accountability & legal liability for nurses, and sharpening critical thinking skills . The motion was seconded by Ms. McElfresh and carried unanimously.

#26 – Lashawn Rene Wright, RN

0001-197730

Ms. Wright appeared and addressed the Board.

CLOSED MEETING:

Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:48 P.M. for the purpose of considering the agency subordinate recommendation regarding **Lashawn Rene Wright**. Additionally, Ms. Buchwald moved that Dr. Hills, Ms. Morris, Ms. Vu and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. McElfresh and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:51 P.M.

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

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Lashawn Rene Wright**, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board successful completion of a minimum of three contact hours in each of the subjects of: ethics & professionalism in nursing, and professional accountability & legal liability for nurses. The motion was seconded by Dr. Parke and carried unanimously.

#4 – Bria Jazmine Bloomer, RN

0001-279913

Ms. Bloomer did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Bria Jazmine Bloomer** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Bloomer's entry into the contract with the Virginia Health Practitioners' Monitoring Program (HPMP)

and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Buchwald and carried unanimously.

#12 – Michelle Maize Reynolds, RN

0001-309357

Ms. Reynolds did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Michelle Maize Reynolds** to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Reynolds' entry into the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days from the date of entry of the Order and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Ms. Buchwald and carried unanimously.

#16 – Augustin Kamto, CNA

1401-210910

Ms. Kamto did not appear but submitted written response.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Augustin Kamto** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Buchwald and carried unanimously.

#18 – Dara Monet' Reams, CNA

1401-081821

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Dara Monet' Reams** and to require, within 90 days from the date of entry of the Order, that Ms. Reams provide written proof satisfactory to the Board of successful completion of a Board-approved course of three contact hours in ethics and professionalism. The motion was seconded by Ms. Buchwald and carried unanimously.

#22 – Lawayne Latissia Perkins, LPN

**NC License # 077349 with
Multistate privileges**

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Lawayne Latissa Perkins** and to require Ms. Perkins, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours each in the subjects of: professional accountability & legal liability for nurse, and nurses' obligations for reporting suspected abuse or neglect. The motion was seconded by Ms. Buchwald and carried unanimously.

#24 – Latanya Chew Veney, LPN

0002-052728

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Latanya Chew Veney** and to require Ms. Veney, within 30 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three contact hours each in the subjects of: professional boundaries in nursing and ethics & professionalism in nursing. The motion was seconded by Ms. Buchwald and carried unanimously.

CLOSED MEETING:

Ms. Buchwald moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:59 P.M. for the purpose of considering the agency subordinate recommendations regarding **#2, #6, #8, #10, and #20**. Additionally, Ms. Buchwald moved that Dr. Hills, Ms. Morris, Ms. Vu and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. McElfresh and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:29 P.M.

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

#2 – Lori Marie Menser, RN

0001-255116

Ms. Menser did not appear but submitted written response.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Lori Marie Menser** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Menser's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded by Dr. Parke and carried unanimously.

#6 – Kimberly Ann Milam, LPN

0002-083624

Mr. Milam did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Kimberly Ann Milam** undergo a psychiatric evaluation conducted by a Board-approved specialist who holds

an unrestricted license in Virginia, and has a written report of the evaluation, including a diagnosis, recommended course of therapy, prognosis, and any other recommendations sent to the Board, within 90 days of the entry of the Order. The motion was seconded by Ms. McElfresh and carried unanimously.

#8 – Wanda C. Atkins, LPN

0002-080172

Mr. Atkins did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Wanda C. Atkins to renew her license to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

#10 – Kevin Robert Barthold, RN

0001-283051

Mr. Barthold did not appear.

Ms. Buchwald moved that the Board of Nursing modify the recommended decision of the agency subordinate and to indefinitely suspend the right of **Kevin Robert Barthold** his license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded by Dr. Parke and carried unanimously.

#20 – Valerie Gail Falls, RMA

0031-011880

Ms. Falls did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Valerie Gail Falls** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. McElfresh and carried unanimously.

MEETING DEBRIEF:

Board Members listed the following positive aspects of the meeting:

- Dividing the agency subordinate recommendations into two panels for consideration was great.
- HPMP presentation was valuable.
- BOX piloting went well.
- Sufficient & thoughtful facilitation of the meeting

Board Members made the following suggestions for improvement:

- Job description of Board Member may be added to profile submitted to the Secretary

Interim Officer Vacancies:

Mr. Jones stated that the First and Second Vice-President positions will be considered at the September Business meeting.

August 2, 2023 Additional Formal Hearings:

Mr. Jones stated that Dr. Gleason has agreed to chair.

Volunteers to serve on the Nominating Committee:

Ms. Friedenber (Chair), Ms. Buchwald and Ms. McEfresh have volunteered to serve on the Nominating Committee. Ms. Vu will send to Board Members Duties of Officers for review.

ADJOURNMENT:

The Board adjourned at 4:30 P.M.

Brandon A. Jones, MSN, RN, CEN, NEA-BC
President

Virginia Board of Nursing
OFFICER MEETING

July 19, 2023

Time and Place: The Board of Nursing Officer meeting was convened at 8:00 A.M. on July 19, 2023 at Department of Health Professions – Perimeter Center, 9960 Mayland Drive, Suite 201 – Hearing Room 6, Henrico, Virginia.

Board Members Present: Brandon Jones, MSN, RN, CNE, NEA-BC; President, Chairperson
Cynthia Swineford, RN, MSN, SNE; First Vice-President
Felisa Smith, PhD, MSA, RN, CNE; Second Vice-President

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

1. Meeting Debrief:

- Discussion regarding importance of future development of Informal Conferences and Formal Hearing training.
- Proceed with September training regarding administrative proceedings with new Board Members in attendance.

2. Recommendation that new Board Members be asked to complete the following NCSBN foundations of regulations courses:

- NCSBN 101
- Principles Nurse Board Governance
- Role of Regulators/Board Members

3. Board Member Development:

- Mr. Jones recommends to the incoming President that familiarization with Roberts Rule will be helpful.
- Discussion regarding the majority of new Board will not be as experienced, so staff attention to materials distributed at the Business meetings will be necessary
- Full explanations and background materials will need to be provided to Board.
- Discussion regarding the need for replacement of First Vice-President and Second Vice-President at the September meetings, staff will send to all Board Members officer role and responsibilities.

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

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
July 19, 2023**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:00 A.M., on July 19, 2022, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS

PRESENT: Brandon A. Jones, MSN, RN, CEN, NEA-BC; President
Felisa A. Smith, PhD, MSA, RN, CNE; Second Vice-President
Carol Cartte, RN, BSN
Margaret J. Friedenberg, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Meenakshi Shah, BA, RN

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Patricia Dewey, RN, BSN, Discipline Case Manager
Breana Wilkins, Administrative Support Specialist

OTHERS PRESENT: Laura Booberg, Assistant Attorney General

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

FORMAL HEARINGS: **Aimee Elliott Kiser, LPN** **0002-051082**

Ms. Kiser did not appear.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Janice Brubaker was present and testified.

RECESS: The Board recessed at 11:05 A.M.

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

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:34 A.M., for the purpose of deliberation to reach a decision in the

matter of **Aimee Elliott Kiser**. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Ms. Morris, Ms. Dewey, Ms. Wilkins and Ms. Booberg, board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Shah and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:53 A.M.

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

ACTION:

Dr. Smith moved that the Board of Nursing indefinitely suspend the right of **Aimee Elliott Kiser** to renew her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than one year. The motion was seconded by Ms. Cartte and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 11:54 A.M.

Lelia Claire Morris, RN, LNHA;
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
July 19, 2023**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 1:00 P.M., on July 19, 2023, in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Cynthia M. Swineford, MSN, RN, CNE; First Vice-President
Laurie Buchwald, MSN, WHNP
Ann T. Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Dixie L. McElfresh, LPN
Helen Parke, DNP, FNP-BC

STAFF PRESENT: Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT: M. Brent Saunders, Assistant Attorney General, Board Counsel

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

FORMAL HEARING: **Kimberly Anne Thrower, LPN** **0002-086543**
Ms. Thrower did not appear.
David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Mona Brooks, court reporter with County Court Reporters, Inc., recorded the proceedings.
Kim Martin, Senior Investigator, Enforcement Division, was present and testified. Client "A" testified via telephone.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:57 P.M., for the purpose of deliberation to reach a decision in the matter of **Kimberly Anne Thrower**. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Bargdill, Ms. Tamayo-Suijk and Mr. Saunders, board counsel, attend the closed meeting because their presence in the closed meeting is deemed

necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Gleason and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:10 P.M.

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

ACTION: Dr. Parke moved that the Board of Nursing revoke the license of **Kimberly Anne Thrower** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:10 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
July 20, 2023**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M., on July 20, 2023, in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Cynthia M. Swineford, MSN, RN, CNE; First Vice-President
Laurie Buchwald, MSN, WHNP, FNP
Yvette L. Dorsey, DNP, RN
Ann T. Gleason, PhD, Citizen Member
Dixie McElfresh, LPN
Helen Parke, DNP, FNP-BC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Lelia Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director- **Joined at 2:29 P.M.**
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT: Laura A. Booberg, Assistant Attorney General

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

FORMAL HEARINGS: **Tamela Sue Steinly, RN Reinstatement Applicant 0001-268486**
Ms. Steinly appeared.
Tammie Jones, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.
Gayle Miller, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:34 A.M., for the purpose of deliberation to reach a decision in the matter of **Tamela Sue Steinly**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed

necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. McElfresh and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:56 A.M.

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

ACTION: Ms. Buchwald moved that the Board of Nursing approve the application for reinstatement for the professional nursing license of **Tamela Sue Steinly** valid in the Commonwealth of Virginia only. The motion was seconded by Ms. McElfresh and carried unanimously.

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

RECESS: The Board recessed at 9:57 A.M.

RECONVENTION: The Board reconvened at 11:02 A.M.

FORMAL HEARINGS: **Brooke Juliette Reamer, RN** **0001-265076**

Ms. Reamer appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Shawn Ledger, Senior Investigator, Enforcement Division, and Dana Hubbard, RN, Critical Care Director, Chippenham Hospital, were present and testified.

RECESS: The Board recessed at 12:47 P.M.

RECONVENTION: The Board reconvened at 12:56 P.M.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:14 P.M., for the purpose of deliberation to reach a decision in the matter of **Brooke Juliette Reamer**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Morris, Ms. Tamayo-Suijk and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. McElfresh and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:17 P.M.

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

ACTION: Ms. McElfresh moved that the Board of Nursing reprimand **Brooke Juliette Reamer** with terms. The motion was seconded by Dr. Gleason and carried with 4 votes in favor.

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

Ms. Morris left the meeting at 2:18 P.M.

FORMAL HEARINGS: **Dimon Solomon, CNA** **1401-174073**

Ms. Solomon appeared.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Ms. Solomon left the hearing due to illness. A continuance was granted.

FORMAL HEARINGS: **Laura Leigh Lantz, RMA** **0031-010152**

Ms. Lantz appeared.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Robin Carroll, Senior Investigator, Enforcement Division, and Amy Ressler, Health Practitioners' Monitoring Program (HPMP) were present and testified.

CLOSED MEETING:

Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:47 P.M., for the purpose of deliberation to reach a decision in the matter of **Laura Leigh Lantz**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Bargdill, Ms. Tamayo- Suijk and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. McElfresh and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 4:16 P.M.

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

ACTION:

Dr. Parke moved that the Board of Nursing indefinitely suspend the registration of **Laura Leigh Lantz** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. McElfresh and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 4:17 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
August 2, 2023

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:07 A.M., on August 2, 2023, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT: Ann T. Gleason, PhD, Citizen Member
Carol Cartte, RN, BSN
Margaret J. Friedenberg, Citizen Member
Dixie L. McElfresh, LPN
Helen Parke, DNP, FNP-BC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Sylvia Tamayo-Suijk, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General

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

FORMAL HEARINGS: **Ta'Hesha Tawanna Hopkins-Collins, RN 0001-290366**
Ms. Hopkins-Collins did not appear.
Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.
Kim Martin, Senior Investigator, Enforcement Division, Kerri Revill, RN charge nurse at Chesapeake Regional Healthcare, Sarah Webb, RN charge nurse at Memorial Regional Medical Center, and Jennifer Wagoner, RN Team Coordinator at Sentara Norfolk General Hospital, were present and testified.

RECESS: The Board recessed at 10:07 A.M.

RECONVENTION: The Board reconvened at 10:16 A.M.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:08 A.M., for the purpose of deliberation to reach a decision in the matter of **Ta’Hesha Tawanna Hopkins-Collins**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Bargdill, Ms. Tamayo-Suijk and Mr. Ruktowski Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. McElfresh and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:26 A.M.

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

ACTION: Dr. Parke moved that the Board of Nursing indefinitely suspend the license of **Ta’Hesha Tawanna Hopkins-Collins** to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded by Ms. Cartte and carried unanimously.

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

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

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

FORMAL HEARINGS: **Corey Jamar Bennett, CNA** **1401-207031**

Mr. Bennett did not appear.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, recorded the proceedings.

Ka Ning Yu-Chen, Senior Investigator, Enforcement Division, Michael Trammell, Resident Aide at Hickory Hill Retirement Community, and Colleen Lobb, RN, DON at The Virginia Home were present and testified.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:41 P.M., for the purpose of deliberation to reach a decision in the matter of **Corey Jamar Bennett**. Additionally, Dr. Parke moved that Ms. Douglas, Ms. Bargdill, Ms. Tamayo-Suijk and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:49 P.M.

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

ACTION: Ms. McElfresh moved that the Board of Nursing revoke the certificate of **Corey Jamar Bennett** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Cartte and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:50 P.M.

Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Samuel Kermit Justus**. Additionally, Dr. Parke moved that Dr. Hills, Ms. Morris, Ms. Tamayo-Suijk and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. McElfresh and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:13 P.M.

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

ACTION: Ms. McElfresh moved that the Board of Nursing indefinitely suspend the license of **Samuel Kermit Justus** to practice professional nursing in the Commonwealth of Virginia, with suspension stayed contingent upon Mr. Justus continue compliance with Health Practitioners' Monitoring Program (HMMP). The motion was seconded by Dr. Dorsey and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 1:14 P.M.

Lelia Claire Morris, RN, LNHA
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION CONSIDERATION
August 3, 2023

A possible summary suspension consideration was convened by the Virginia Board of Nursing on August 3, 2023, at 8:38 A.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Laurie Buchwald, RNC, MSN, WHNP, FNP- **via telephone**
Carol Cartte, RN, BSN- **via telephone**
Yvette Dorsey, DNP, RN
Margaret Friedenber, Citizen Member
Paul Hogan, Citizen Member - **via telephone**
Dixie L. McElfresh, LPN
Helen Parke, DNP

Others participating in the meeting were:

James Rutkowski, Assistant Attorney General, Board Counsel
David Robinson, Assistant Attorney General
Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division - **via telephone**
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Claire Morris, RN, LNHA; Deputy Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Huong Vu, Operations Manager
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist
Breana Wilkins, Administrative Support Specialist
Patricia Dewey, RN, BSN, Discipline Case Manager
Avi Efreom, Adjudication Specialist, Administrative Proceedings Division
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division
Sojna McGruder, Board Staff
Candis Stoll, Board staff

The meeting was called to order by Ms. Swineford. With eight members of the Board of Nursing participating, a quorum was established.

David Robinson, Assistant Attorney General, presented evidence that the continued practice as a massage therapist by **Jesse Charles James Fitzsimmons, LMT (0019-017393)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 8:50 A.M., for the purpose of deliberation to reach a decision in the matter of **Jesse Charles James Fitzsimmons**. Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Tamayo-Suijk, Ms. Vu and Mr. Rutkowski attend the closed meeting

because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. McElfresh and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:00 A.M.

Mr. Robinson, Ms. Joseph, Ms. Ribley, Mr. Efreom, Ms. Wilkins, Ms. Dewey, Ms. McGruder and Ms. Stoll re-joined the meeting at 9:00 A.M.

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

Ms. Cartte moved to summarily suspend the license of **Jesse Charles James Fitzsimmons** to practice massage therapy and to offer a consent order for indefinite suspension of his license for a period of not less than two years in lieu of a formal hearing. The motion was seconded by Ms. McElfresh and carried unanimously.

The meeting was adjourned at 9:03 A.M.

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

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
August 30, 2023

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held August 30, 2023, at 4:31 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC
Robert Scott, RN

Others participating in the meeting were:

Laura Booberg, Assistant Attorney General, Board Counsel
Avi Efreom, Adjudication Specialist, Administrative Proceedings Division
Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division
Sean Murphy, Assistant Attorney General
David Robinson, Assistant Attorney General
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Breana Wilkins, Administrative Support Specialist
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With ten members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice as a practical nurse by **Deborah Sue Damron, LPN (0002-102467)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:41 P.M., for the purpose of deliberation to reach a decision in the matter of **Deborah Sue Damron**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Vu, Ms. Wilkins and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

Mr. Murphy, Ms. Andreoli and Mr. Eferon left the meeting at 4:42 P.M.

RECONVENTION: The Board reconvened in open session at 4:56 P.M.

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

Mr. Murphy, Ms. Andreoli and Mr. Eferon re-joined the meeting at 4:57 P.M.

Dr. Dorsey moved to summarily suspend the license of **Deborah Sue Damron** to practice as a practical nurse and to offer a consent order for revocation her license in lieu of a formal hearing. The motion was seconded by Ms. Friedenberg and carried unanimously.

Ms. Douglas, Mr. Murphy and Ms. Andreoli left the meeting at 5:00 P.M.

David Robinson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Michele Denise Prince Turner (0001-168712)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:18 P.M., for the purpose of deliberation to reach a decision in the matter of **Michele Denise Prince Turner**. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Bargdill, Ms. Vu, Ms. Wilkins and Ms. Booberg attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

Mr. Robinson and Mr. Eferon left the meeting at 5:18 P.M.

RECONVENTION: The Board reconvened in open session at 5:27 P.M.

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

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
August 30, 2023

Mr. Robinson and Mr. Eferon re-joined the meeting at 5:28 P.M.

Dr. Gleason moved to summarily suspend the license of **Michele Denise Prince Turner** to practice professional nurse pending a formal administrative hearing. The motion was seconded by Dr. Dorsey and carried unanimously.

The meeting was adjourned at 5:30 P.M.

Christina Bargdill, BSN, MHS, RN;
Deputy Executive Director

Board of Nursing - Monthly Tracking Log - July 1, 2022 - July 31, 2023

License Count	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul
Nursing													
Practical Nurse	27,679	27,635	27,661	27,560	27,557	27,508	27,487	27,465	27,415	27,319	27,269	27,240	27,265
Registered Nurse	117,812	118,027	118,346	118,392	118,464	118,597	118,901	119,252	119,372	119,068	118,981	119,811	120,575
Massage Therapy	8,212	8,217	8,189	8,163	8,154	8,136	8,156	8,141	8,135	8,133	8,142	8,135	8,130
Medication Aide	6,754	6,715	6,770	6,743	6,759	6,749	6,783	6,822	6,841	6,860	6,863	6,898	6,883
Advanced Practice Registered Nurse (APRN) Total (effective 7/1/2023 --> NPs are now APRNs)	16,790	16,961	17,284	17,434	17,638	17,747	18,001	18,155	18,309	18,383	18,567	18,693	18,848
Autonomous Practice	2,593	2,648	2,707	2,654	2,776	2,793	2,833	2,882	2,921	2,949	2,994	3,019	3,043
Clinical Nurse Specialist	399	401	400	396	395	393	396	395	393	390	390	387	385
Certified Nurse Midwife	440	439	443	445	453	451	456	459	460	461	464	465	467
Certified Registered Nurse Anesthetist	2,293	2,289	2,290	2,288	2,301	2,306	2,357	2,379	2,386	2,386	2,401	2,419	2,427
Other APRNs	11,065	11,184	11,444	11,651	11,713	11,804	11,959	12,040	12,149	12,197	12,318	12,403	12,526
Total for Nursing	177,247	177,555	178,250	178,292	178,572	178,737	179,328	179,835	180,072	179,763	179,822	180,777	181,701

Nurse Aide	49,259	49,040	49,271	49,073	49,278	48,903	49,046	49,185	49,329	49,576	49,769	49,919	50,388
Advanced Nurse Aide	34	36	34	35	34	38	39	40	43	42	43	44	51
Total for Nurse Aide	49,293	49,076	49,305	49,108	49,312	48,941	49,085	49,225	49,372	49,618	49,812	49,963	50,439
License Count Grand Total	226,540	226,631	227,555	227,400	227,884	227,678	228,413	229,060	229,444	229,381	229,634	230,740	232,140

<i>Open Cases Count</i>	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul
Nursing	1299	1297	1265	1281	1,319	1,378	1431	1459	1511	1481	1434	1455	1410
Nurse Aide	407	393	420	420	446	457	484	492	496	519	486	458	423
Open Cases Total	1706	1690	1685	1701	1765	1835	1915	1951	2007	2000	1920	1913	1833

Board of Nursing - Monthly Tracking Log - July 1, 2022 - July 31, 2023

<i>Case Count by Occupation</i>	22-Jul	22-Aug	22-Sep	22-Oct	22-Nov	22-Dec	23-Jan	23-Feb	23-Mar	23-Apr	23-May	23-Jun	23-Jul
Rec'd RN	81	64	36	47	50	56	60	60	87	56	67	72	88
Rec'd PN	48	34	24	33	39	31	29	22	40	28	26	36	33
Rec'd ARPN	36	29	11	11	18	26	20	25	29	33	21	20	36
Rec'd LMT	5	0	2	1	1	1	6	15	3	4	34	4	5
Rec'd RMA	3	7	7	8	7	3	5	8	12	5	9	21	9
Rec'd Edu Program	2	6	0	1	1	0	1	1	1	0	2	1	2
Total Received Nursing	175	140	80	101	116	117	121	131	172	126	159	154	173
Closed RN	52	77	70	39	71	54	45	65	67	111	66	94	68
Closed PN	20	50	45	23	30	21	31	33	38	59	64	44	30
Closed ARPN	18	25	29	29	30	16	39	20	27	22	28	77	43
Closed LMT	3	11	3	2	7	1	1	6	4	2	2	4	7
Closed RMA	12	17	11	10	11	3	5	16	8	4	4	18	7
Closed Edu Program	2	2	1	1	1	3	8	2	9	0	0	2	1
Total Closed Nursing	107	182	159	104	150	98	129	142	153	198	164	239	156

<i>Case Count - Nurse Aides</i>													
Received	27	33	29	47	39	33	39	42	55	40	36	43	41
Rec'd Edu Program	3	0	0	0	0	0	0	0	0	0	0	0	1
Total Received CNA	30	33	29	47	39	33	39	42	55	40	36	43	42
Closed	39	63	48	45	39	34	24	46	25	53	53	95	58
Closed Edu Program	0	1	0	1	0	3	1	0	0	0	0	0	0
Total Closed CNA	39	64	48	46	39	37	25	46	25	53	53	95	58

<i>All Cases Closed</i>	146	246	207	150	189	135	154	188	178	251	217	334	214
<i>All Cases Received</i>	205	173	109	148	155	150	160	173	227	166	195	197	215

Agency Subordinate Recommendation Tracking Trend Log - 2010 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
<i>Total to Date:</i>	965	866	90%	79	8%	14	46	16	20	2%	2	17	3	19	20	19	0	
<i>CY 2023 to Date:</i>	112	96	86%	10	9%	3	4	2	6	5%	0	5	1	5	2	4	0	
<i>Jul-23</i>	27	24	89%	2	7%	1	1	0	1	4%	0	0	1	1	0	2	0	
<i>May-23</i>	32	27	85%	3	9%	2	0	2	2	6%	0	2	0	2	0	0	0	
<i>Mar-23</i>	24	21	88%	2	8%	0	0	0	1	4%	0	1	0	2	2	2	0	
<i>Jan-23</i>	29	24	83%	3	10%	0	3	0	2	7%	0	2	0	0	0	0	0	
<i>Annual Totals:</i>																		
Total 2022	150	132	87%	14	9%	2	2	2	4	3%	0	4	0	1	0	0	0	
Total 2021	53	48	91%	5	9%	0	2	0	0	0%	0	0	0	3	4	1	0	
Total 2020	77	69	90%	6	8%	5	6	0	2	3%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90%	12	8%	0	10	2	2	1%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86%	24	12%	4	17	7	4	2%	0	4	0	4	10	7	N/A	
Total 2017	230	220	96%	8	3%	0	5	3	2	1%	0	2	0	2	4	6	N/A	
	853	770		69		11	42	14	14		2	12	2	14	18	15		

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

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

Virginia Board of Nursing

Executive Director Report

September 12, 2023

1 Presentations

- **7/29/2023**- Jacquelyn Wilmoth, Deputy Executive Director, presented updates on NCLEX, regulations, and discipline at the Virginia League for Nursing Conference.
- **8/10/2023** – Robin Hills, Deputy Executive Director for Advanced Practice, spoke at the VA Department of Corrections Nursing Leadership meeting in Goochland, VA. Issues addressed included RN & LPN scope of practice, licensure, diversion, APA, and patient vs job abandonment.
- **8/30/2023**- Robin Hills, Deputy Executive Director for Advanced Practice, virtually presented an overview on APRN licensing/discipline issues at a Lunch and Learn for the DHP Enforcement Division.

2 Meetings attended

- **7/21/2023** – Jacquelyn Wilmoth, Deputy Executive Director, attended a meeting of the LEARN Collaborative where progress in Earn While you Learn partnerships and programs was shared.
- **7/26/2023** - many Board staff attended the virtual FDA panel discussion entitled, *Intravenous Hydration Clinics: Federal and State Regulatory Perspectives*.
- **7/28/2023**- Jacquelyn Wilmoth, Deputy Executive Director, attended the Innovative Clinical Workgroup meeting. The workgroup was advised that it is time to send the first set of data for Earn While you Learn (EWL) to VHHA. Data show that students who participated in EWL have a smoother transition to practice than those students who did not, to include increased comfort in communication with the interdisciplinary team.
- **7/31/2023 – 8/2/2023** – Jacquelyn Wilmoth, Deputy Executive Director, attended the Virginia State Simulation Alliance (VASSA) conference in Lynchburg to stay current on simulation practices in Virginia and presented updates on NCLEX, regulations, and discipline to attendees.
- **8/4/2023**- Jacquelyn Wilmoth, Deputy Executive Director for Education, virtually attended the Nursing Workforce Stakeholder Workgroup meeting hosted by VDH. The group is working to compile a document that provides input on strategies to increase workforce. The document will be provided to the Harrison Hayes workgroup in the coming week. It was also reported there are other interested stakeholders to include the Rand Corporation and the Health Innovation Group.

- **8/14/2023** – Jay Douglas, Executive Director, and Jacquelyn Wilmoth, Deputy Executive Director for Education, attended the NCSBN Workforce Modeling and Health Care Support Worker Focus Group in Chicago.
 - Topics of discussion regarding Workforce Modeling include:
 - Demographic and Social Change
 - Health Needs
 - Education Provision
 - Nature of work and its Delivery
 - Technology
 - Scope of Practice and competencies
 - Workforce modeling
 - Real time metrics, forecasting and deployment.

- **8/15/2023** - Jay Douglas, Commissioner for Virginia attended the NLC meeting on Tuesday August 15. Following a public comment period revisions to the NLC 's rules were adopted. The Committee also considered financial, technology, rules and research committee reports. Legislative affairs reported on progress being made in introducing legislation in new jurisdictions. The current membership of the NLC is 41. Positive legislative efforts continue with the adoption of the APRN Compact in additional states. Jacquelyn Wilmoth, Deputy Executive Director also attended.

- **8/16-18/2023 – NCSBN Annual Meeting-** Jay Douglas, Executive Director, Jacquelyn Wilmoth, Deputy Executive Director for Education, Robin Hills, Deputy Executive Director for Advanced Practice, and Kimberly Glazier, Education Program Inspector, attended the NCSBN Annual meeting in Chicago. Business at the NCSBN meeting regulated to Delegate Assembly, General Assembly and concerns and insights on nursing regulations. NCSBN Celebrated the 45th Anniversary of the organization which originally was housed within the American Nurses Association. NCSBN became a separate organization 45 years ago when there was recognition that public protect mandates and professional advocacy required a separation organizationally. Advances in nursing regulation and testing as well as reports on NCSBN workforce and COVID research were presented during the annual meeting. Jay Douglas presided over the Delegate Assembly where member jurisdictions voted on moving forward with an option for remote proctoring of the national licensure exam (NCLEX) , acceptance of two new Canadian Exam User Members and election of new NCSBN Board of Director members . A motion to rescind and modify the APRN Compact was defeated by members. The APRN Compact has not yet been implemented so changes to the model were seen as premature and unnecessary by a majority of members.

- **8/21/23- Claude Moore/Deloitte Workforce Workgroup** - Jay Douglas, Executive Director for the Board of Nursing participated, along with two other DHP Executive Directors in the Claude Moore /Deloitte Workforce workgroup convened by Dr William Hazel and focused on State Agencies and Regulatory issues. The focus on this meeting was to continue discussion with the goal to Develop a comprehensive list of regulatory barriers that have been previously identified
 - Develop an approach or framework to address various barriers; determine the role of the boards

- Determine strategy and process to implement regulatory change.

This was a brainstorming session.

- **8/25/2023** - Jacquelyn Wilmoth, Deputy Executive Director, attended the Innovative Clinical Taskforce where a recap of the progress of the group since December 2020. Discussion occurred around the feasibility of joint appointments with a goal to explore this an option for the next innovative clinical education experience.

OTHER:

The Board of Nursing has been made aware by the Department of Labor and Industry there will be a webinar on Registered Nurse Apprenticeship in the healthcare professions that was requested by a variety of interested parties within VCCS. The webinar will feature speakers from Alabama who supported the effort to develop Registered Apprenticeship in Nursing in Alabama who will share their successes and lessons learned.

Stephanie Willinger, Deputy Executive Director, was appointed to the Nurse Licensure Compact (NLC) Technology Task Force Committee and Cathy Hanchey, Compact Resource Specialist, was appointed to the NLC Compliance Committee.

An ongoing MLO systems issue continues to impact the Board's two (2) licensing bots, which have been offline with no expected timeframe for final resolution. These innovative licensing bots are critical to the licensing process, as they help with licensing the nursing work force more expeditiously.

The Board of nursing has been fielding an increased number of calls from facilities and stakeholders inquiring about the use of medication aides in locations other than assisted living facilities. In addition, there has been a significant increase in the number of applications for medication aide registration submitted over the past six months. The data is currently being reviewed to determine trends and identify actions needed, if any.

The Board of Nursing has become aware of a potential barrier for high school practical nursing programs who are approved by Virginia Department of Education (VDOE). VDOE requires that faculty who teach in a practical nursing programs receive an endorsement (approval) to teach in both practical nursing and nurse aide programs. As nurse aide instructors are required to possess long term care experience there is a potential barrier to hiring to teach in the practical nursing programs if the applicant does not have long term care experience. VDOE is aware of the issue and is working on a resolution.

The Article "*The Impact of COVID-19 on Nurse Aide Education Programs*" authored by Yetty Shobo, PhD, Jay Douglas, MSM, RN, CSAC, FRE, Robins Hill, RN, DNP, WHNP and Elizabeth Carter, PhD was featured in the National Council of State Boards of Nursing (NCSBN) Journal Nursing Regulation.

DISCIPLINE:

Cases received into the BON from Enforcement have increased compared to this time last year.

1/1/2022 - 9/1/2022 → 945 NSG 299 CNA

1/1/2023 - 9/1/2023 → 1283 NSG 406 CNA

➔ This represents an increase of 445 cases

Cases related to Operation Nightingale continue to be investigated and processed. In addition, 13 individuals have been mandatorily suspended as a result of action of other jurisdictions related to Operation Nightingale.



COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions


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Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Nursing (804) 367-4515
www.dhp.virginia.gov/Boards/Nursing

TO: Board Members

FROM: Stephanie H. Willinger 
Deputy Executive Director

DATE: September 12, 2023

RE: Report: Federation of Associations of Regulatory Boards (FARB) MEETING (July 20-21, 2023)

I attended a FARB conference in Alexandria and the theme was *Innovation in Regulation*. FARB's mission is 'to advance excellence in regulation of the professions in the interest of public protection'. This conference was attended by a variety of regulators from different professions, such as medicine, physical therapy, costmetology, nursing, massage therapy and veterainry medicine, etc.

There were common issues and timelines discussed such as the impact and outcomes of COVID on regulatory processes, to include encouraging legislators now to write more flexible statutes to move regulators from reactive to innovative more quickly, using artificial intelligence (AI) for online examinations or licensure processes and effecting universal licensure, if necessary. It was clear that all of these regulators are experiencing similar trends, affecting nursing and health care practitioners in general (e.g. workforce shortages, work complexity, legislative changes, AI, mitigation of exam security risks, integrity of data, etc). One important take away message was that regulators should embrace change and think innovatively when possible without regard to any limitations. Some of the questions regulators should ask include:

- What can we do?
- Are we working on the right thing(s)?
- What does the data indicate?
- Will innovation yield a *ROI* (return on investment)?

This conference served to highlight some of nursing's innovative activities that have sustained relevancy. Nationally, nursing remains a leader in *innovation*, e.g. *Next Generation NCLEX (NGN) Examination*, Online Exam Proctoring, *NURSYS* (national license/discipline databank), etc. and locally, e.g. use of AI in licensure processes, electronic discipline/licensure file management, etc. In summary, the same message came through that I have shared before and still rings true: regulators must keep moving the torch forward as we continue to face changes within our landscapes, always seeking to improve the lives of others through education, innovation, technology or other means, with the common *ROI* of protecting the public at the forefront.

Board of Audiology & Speech - Language Pathology – Board of Counseling – Board of Dentistry – Board of Funeral Directors & Embalmers
Board of Long-Term Care Administrators – Board of Medicine - Board of Nursing – Board of Optometry – Board of Pharmacy
Board of Physical Therapy – Board of Psychology – Board of Social Work – Board of Veterinary Medicine - Board of Health Professions



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Arne W. Owens
Director

Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

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TO: Virginia Board of Nursing Members

FROM: Robin Hills, RN, DNP, WHNP
Deputy Executive Director

Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Kim Glazier, RN, M.Ed.
Education Program Inspector

DATE: August 25, 2025

RE: NCSBN Annual Meeting (August 16-18, 2023)

We had the privilege of attending the NCSBN Annual Meeting held in Chicago, Illinois, from August 16-18, 2023. NCSBN's 45th anniversary theme was *Shine Through: Shaping a Brilliant Future* with meetings focused on present and future issues facing nursing regulation while highlighting NCSBN's historical accomplishments over the past 45 years. Selected highlights of the meeting are presented below.

National Council's business conducted by the Delegate Assembly included:

- Approval of two new exam user members to NCSBN (Nova Scotia College of Nursing and College of Registered Nurses of Newfoundland & Labrador);
- Approval of the use of remote testing and artificial intelligence (AI) security technology by NCSBN exams;
- Election of officers (treasurer, four area directors) to the NCSBN Board of Directors and two area members to the Leadership Succession Committee; and
- Continued support of the existing APRN compact.

Dr. David Benton was honored throughout the week for his contributions and service to NCSBN as CEO over the past 8 years. His final presentation to National Council provided his vision for the future of nursing regulation. Dr. Phil Dickison will serve as the new CEO upon Dr. Benton's retirement.

The NCSBN research team presented a session on The 2022 National Workforce Study that included the following key take aways:

- Over 200,000 experienced RNs and 60,000 experienced LPNs left the workforce between 2020 and 2022. This shifted the 2022 median age downward by 6 years from 2020 for both RNs and LPNs. For the first time, almost a quarter of RNs are age 34 or younger.
- 47.2% of survey respondents received their initial nursing education at the baccalaureate level, and 71.7% held a baccalaureate or higher degree as their highest level of nursing education.
- 88.9% of RNs surveyed were actively employed in nursing (an increase from 84.1% in 2020) and 71.0% of LPNs surveyed were actively employed in nursing (an increase from 65.7% in 2020).
- As a result of the pandemic, 46.2% of RNs and 44.8% of LPNs reported that they felt burned out at least a few times a week.
- Nurses intending to leave the profession by 2027 = 800,000 RNs and 184,000 LPNs (equivalent to 1/5 of the total licensed workforce).

Dr. Phil Dickison, NCSBN Chief Operating Officer, presented an informative session on the continued progress the NCSBN Exams division is making toward utilization of artificial intelligence (AI) for remote proctoring of exams. Dr. Dickison predicted the technology will be developed for implementation post 2025.

During the Regulatory Knowledge Network Session, Dr. Barbara Nichols, Executive Director, Wisconsin Center for Nursing presented the “in-person” history of the 1977 – 1978 activity that led to the ANA Council of State Boards of Nursing separating from the ANA to form the independent National Council of State Boards of Nursing in 1978. Dr. Nichols stressed the importance of never underestimating the power of a single person to start a movement.

The final key note speaker, Captain Scott Kelly, retired astronaut, gave an inspirational and informative presentation of his journey to be selected as an astronaut through his year long mission at the International Space Station (ISS). The ISS year long mission (3/2015 to 3/2016) was a scientific research project that studied the health effects of long-term spaceflight and supported the NASA Twins study – both of interest for future missions to Mars. Several inspirational takeaways included:

- How good we are when we start something isn't where we end up with endurance and hard work;
- Take risks and fail – as those who fail and learn from their failures move beyond those who never take risks;
- Make small positive course corrections all the time to alleviate things getting worse;
- Leadership is on a spectrum – different events require different types of leadership.

Captain Kelly also shared that after 1 year in space – in comparison to his twin, Senator Mark Kelly (also an astronaut at the time who had remained earthbound): 7% of his gene expression changed, he lost 25% of his heart mass, and he experienced an allergic skin reaction to pressure of any kind upon his return. The findings are assisting with research on measures to prevent, limit or offset the health effects of long-term spaceflight.

Vu, Huong (DHP)

From: NCSBN <replyncsbncommunications@ncsbn.org>
Sent: Thursday, August 24, 2023 4:00 PM
To: Vu, Huong (DHP)
Subject: NCSBN Elects New Leadership and Considers New Business with its Members at its 2023 Annual Meeting

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Aug. 24, 2023

NCSBN Elects National Leadership and Considers New Business with its Members at its 2023 Annual Meeting

FOR IMMEDIATE RELEASE

Media Contact:

media@ncsbn.org

CHICAGO – NCSBN met in Chicago Aug. 16-18, 2023, to consider pertinent association business with its members.

NCSBN Board of Directors President Jay Douglas, MSM, RN, CSAC, FRE, executive

director, Virginia Board of Nursing, noted, “In 2023 NCSBN celebrated its 45th Anniversary. Its rich history is chronicled in our updated [interactive timeline](#). At this year’s Annual Meeting, we honored our founders and the significant accomplishments of the last five years and also had an opportunity to recognize nurse regulatory boards and individuals, including our departing CEO David Benton.”

Significant actions approved include:

- Approved the College of Registered Nurses of Newfoundland and Labrador and the Nova Scotia College of Nursing as Exam User Members of NCSBN.
- Approved the use of remote testing and artificial intelligence (AI) security technology by NCSBN Exams.

Additionally, the Delegate Assembly (DA) debated the need to make rapid progress in advancing the adoption of the Advanced Practice Registered Nurse (APRN) Compact. Delegates noted that APRNs are eager to see the compact enacted and after reaffirming the advantages of the compact in increasing access to safe patient services and facilitating the use of new technologies particularly in remote and rural areas, the DA overwhelming voted in support of the existing compact.

“These DA actions will enhance public protection nationally and internationally, preparing NCSBN for the future,” commented Douglas. “As it has been since the inception of our organization, the determination, grit, collective wisdom, innovation and sound decision making of our members lights the way forward.”

Additional actions taken by the DA include the following:

Elections to the Board of Directors:

- Treasurer, Lori Scheidt, MBA-HCM, executive director, Missouri State Board of Nursing

- Area I Director, Danette Schloeder, DNP, RNC-OB, C-EFM, C-ONQS, board chair, Alaska Board of Nursing
- Area II Director, Sue Ann Painter, DNP, RN, executive director, West Virginia Board of Registered Nurses
- Area III Director, Jose Delfin D. Castillo III, PhD, MSNA, APRN, CRNA, board chair, Florida Board of Nursing
- Area IV Director, Barbara Blozen, EdD, MA, RN, BC CNL, board president, New Jersey Board of Nursing

NCSBN delegates also elected members of the Leadership Succession Committee:

- Area I Member, Cathy Dinauer, MSN, RN, FRE, executive director, Nevada State Board of Nursing
- Area III Member, Janice Hooper, PhD, RN, FRE, CNE, FAAN, ANEF, lead nursing consultant for education, Texas Board of Nursing

About NCSBN

Empowering and supporting nursing regulators across the world in their mandate to protect the public, NCSBN is an independent, not-for-profit organization. As a global leader in regulatory excellence, NCSBN champions regulatory solutions to borderless health care delivery, agile regulatory systems and nurses practicing to the full scope of their education, experience and expertise. A world leader in test development and administration, NCSBN's NCLEX Exams are internationally recognized as the preeminent nursing examinations.

NCSBN's membership is comprised of the nursing regulatory bodies (NRBs) in the 50 states, the District of Columbia and four U.S. territories. There are seven exam user members and 23 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

The statements and opinions expressed are those of NCSBN and not individual members.

###



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OIG Information and Resources – 08/21/23

The OIG has broad, but limited authorities – See #2 below.

The OIG reports to the NPDB. There is some overlap between the LEIE and the NPDB, see #4 & 5 below.

Determining whether or not the individual intended to commit fraud is subject to board investigation.

The OIG has authority under 1128(b)(4), 42 USC §1320a-7(b)(4) to exclude individuals when the state licensing authority revokes, suspends, or surrenders the license for the same period imposed by the state licensing authority.

LEIE Information

1. What is the HHS OIG Exclusions List? This is a good summary posted July, 2023:

<https://www.hipaajournal.com/hhs-oig-exclusions-list/>

LEIE Downloads can be found here - https://oig.hhs.gov/exclusions/exclusions_list.asp

2. OIG Exclusion Authorities: <https://oig.hhs.gov/exclusions/authorities.asp>

The effect of an exclusion is that no payment will be made by Medicare or any State health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity. This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider for which the excluded person provides services, and anyone else. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

3. OIG Contact Information for Exclusions: Fax: (202) 691-2298, Email: exclusions@oig.hhs.gov.

Additional contact information: <https://oig.hhs.gov/about-oig/contact-us/#exclusions>

4. Why are there providers in the LEIE who are not included in the NPDB Public Use File?:

<https://oig.hhs.gov/faqs/exclusions-faq/>

a. The LEIE contains all individuals and entities that are currently excluded. Once an individual or entity has been reinstated, they are removed from the LEIE. In contrast, the NPDB contains information on both exclusions and reinstatement actions taken by OIG. Further, the NPDB contains records on additional providers who have not been excluded by OIG and therefore would not appear in the LEIE.

5. Why are there providers in the NPDB who are not included in the LEIE?:

<https://oig.hhs.gov/faqs/exclusions-faq/>

a. The LEIE contains all individuals and entities that are currently excluded. Once an individual or entity has been reinstated, they are removed from the LEIE. In contrast, the NPDB contains information on both exclusions and reinstatement actions taken by OIG. Further, the NPDB contains records on additional providers who have not been excluded by OIG and therefore would not appear in the LEIE.

6. Can a Medicare Provider or Supplier Hire an Excluded Individual or Enter in a Contract with an Excluded Entity on the Medicare Exclusion List?: <https://www.exclusionscreening.com/hiring-federally-excluded-individuals/>

a. As a general rule, a Medicare provider cannot employ an excluded party. Simply stated, an exclusion action is perhaps the most severe administrative remedy that can be imposed on an individual or entity by the OIG. If an individual is excluded by the OIG from participating in Medicare, Medicaid and other Federal health care programs, he or she cannot be hired or contracted to work for any entity that participates in any of these programs. From a practical standpoint, the government does not want any Federal health care monies to be used to pay any of the salary or benefits of an excluded individual. There are very narrow exceptions, see link.

Wm. (Bill) West M.A., R.N., Compliance Officer | 📞 301-443-8441 | ✉️: wwest@hrsa.gov

[National Practitioner Data Bank](#)

Board of Nursing
Current Regulatory Actions
August 28, 2023 update

Regulations at the Governor's office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC90-15	Exempt/ Final	Allows agency subordinates to hear credentials cases	8/25/2023	Governor 3 days	Allows agency subordinates to hear credentials cases pursuant to statute.
18VAC90-30 18VAC90-40	Exempt/ Final	Name change from nurse practitioner to advanced practice registered nurse	8/25/2023	Governor 3 days	Name change pursuant to 2023 legislation

Regulations at the Secretary's office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC90-30	Fast-Track	Implementation of clinical nurse specialist practice agreement changes from 2022 General Assembly	9/15/2022	Secretary 255 days	Implements changes to existing regulations regarding CNS practice agreements.
18VAC90-19	NOIRA	Implementation of 2022 periodic review	3/22/2023	Secretary 146 days	Implementation of amendments of Chapter 19 resulting from the 2022 periodic review of regulations
18VAC90-21	NOIRA	Implementation of 2022 periodic review	3/22/2023	Secretary 146 days	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations

At DPB/OAG

None.

At Agency

VAC	Stage	Subject Matter	Date submitted	Status	Notes
18VAC90-70	Final	Creates licensure for licensed certified midwives	N/A	Approved by Board of Medicine 8/4/2023 Before Board of Nursing for approval 9/12/2023	Once final stage completes executive branch review and public comment period has ended, the Board can issue licenses to licensed certified midwives.
18VAC90-30-240	Fast-track	Conforming agency subordinate regulation for advanced practice registered nurses to HB1622	N/A	Before Board of Nursing for approval 9/12/2023 Board of Medicine will act 10/19/ 2023	Action is identical to exempt action taken in May by Board of Nursing which amended 18VAC90-15.

Agenda Item: Consideration of fast-track regulatory changes to 18VAC90-30-240**Included in your agenda packet:**

- Changes to 18VAC90-30-240 to allow agency subordinates to hear credentials cases concerning advanced practice registered nurses;
- HB1622

Staff Note: This action normally would have been included in the exempt action taken by the Board in May, but was missed. Due to statutory deadlines for exempt actions, this will now be a fast-track regulatory action, although that will not impede the Board's use of agency subordinates for credentials cases concerning APRNs.

Action Needed:

- Motion to amend 18VAC90-30-240 as presented by fast-track action.

Project 7663 - Fast-Track

Board of Nursing

Amendment to APRN regulations to allow agency subordinates to hear credentials cases

18VAC90-30-240. Delegation of proceedings.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the Committee of the Joint Boards of Nursing and Medicine (committee) may delegate an informal fact-finding proceeding to an agency subordinate ~~upon determination that probable cause exists that a nurse practitioner may be subject to a disciplinary action.~~

B. Criteria for delegation. Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the chair of the committee.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the committee to conduct an informal fact-finding proceeding may include current or past board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
2. The Executive Director of the Board of Nursing shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
3. The committee may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 191

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

[H 1622]

Approved March 22, 2023

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system, which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.).

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license, permit, or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.). Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration, permit, or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019; ~~upon receipt of information that a practitioner may be subject to a disciplinary action.~~ The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered, or licensed practitioner; a facility holding a license, certification, registration, or permit; or a person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner or facility. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner or facility. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner or facility has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered, or licensed practitioner, a facility holding a license, certification, registration, or permit, or a person holding a multistate licensure privilege to practice nursing who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

Agenda Item: Adoption of final regulations for licensure of Licensed Certified Midwives**Included in your agenda package:**

- Proposed regulations governing licensure of LCMs approved by the Boards of Medicine and Nursing;
- Chapter 200 of the 2021 Special Session I, which required that the Boards of Nursing and Medicine promulgate regulations for licensure of a new category of practitioner, licensed certified midwives.
- Public comment received on Town Hall during the public comment period, which ended on July 21, 2023.

Staff notes: The Board of Medicine approved these final regulations at its August 4, 2023 Executive Committee meeting.

Action needed:

- Motion to adopt final regulations regarding licensure of licensed certified midwives.

Project 7056 - Proposed

Board of Nursing

New regulations for licensed certified midwives

Chapter 70

Regulations Governing the Practice of Licensed Certified Midwives

Part I

General Provisions

18VAC90-70-10. Definitions.

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

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances containing an opioid may be prescribed for no more than three months.

"Approved program" means a midwifery education program that is accredited by the Accreditation Commission for Midwifery Education or its successor.

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

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances containing an opioid may be prescribed for a period greater than three months.

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

"Licensed certified midwife" means an advanced practice midwife who is jointly licensed by the Boards of Nursing and Medicine pursuant to § 54.1-2957.04 of the Code of Virginia.

"MME" means morphine milligram equivalent.

"Practice agreement" means a written or electronic statement, jointly developed by the consulting licensed physician and the licensed certified midwife, that describes the availability of the physician for routine and urgent consultation on patient care.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

18VAC90-70-20. Delegation of authority.

A. The boards hereby delegate to the Executive Director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in 18VAC90-70-90 E and F. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of licensed certified midwives shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-70-30. Committee of the Joint Boards of Nursing and Medicine.

A. The Committee of the Joint Boards of Nursing and Medicine, appointed pursuant to 18VAC90-30-30 and consisting of three members appointed from the Board of Medicine and three members appointed from the Board of Nursing, shall administer this chapter.

B. In accordance with 18VAC90-30-30, the committee may, in its discretion, appoint an advisory committee. The advisory committee shall include practitioners specified in 18VAC90-30-30.

18VAC90-70-40. Fees.

Fees required in connection with the licensure of certified midwives are:

<u>1. Application</u>	<u>\$125</u>
<u>2. Biennial licensure renewal</u>	<u>\$80</u>
<u>3. Late renewal</u>	<u>\$25</u>
<u>4. Reinstatement of licensure</u>	<u>\$150</u>
<u>5. Verification of licensure to another jurisdiction</u>	<u>\$35</u>
<u>6. Duplicate license</u>	<u>\$15</u>
<u>7. Duplicate wall certificate</u>	<u>\$25</u>
<u>8. Handling fee for returned check or dishonored credit card or debit card</u>	<u>\$50</u>
<u>9. Reinstatement of suspended or revoked license</u>	<u>\$200</u>

Part II

Licensure

18VAC90-70-50. Licensure generally.

A. No person shall perform services as a certified midwife in the Commonwealth of Virginia except as prescribed in this chapter and when licensed by the Boards of Nursing and Medicine.

B. The boards shall license applicants who meet the qualifications for licensure as set forth in 18VAC90-70-60 or 18VAC90-70-70.

18VAC90-70-60. Qualifications for initial licensure.

An applicant for initial licensure as a licensed certified midwife shall:

1. Submit evidence of a graduate degree in midwifery from an approved program;
2. Submit evidence of current certification as a certified midwife by the American Midwifery Certification Board;
3. File the required application; and
4. Pay the application fee prescribed in 18VAC90-70-40.

18VAC90-70-70. Qualifications for licensure by endorsement.

An applicant for licensure by endorsement as a licensed certified midwife shall:

1. Provide verification of a license as a certified midwife in another United States jurisdiction with a license in good standing or, if lapsed, eligible for reinstatement;
2. Submit evidence of current certification as a certified midwife by the American Midwifery Certification Board;
3. File the required application; and
4. Pay the application fee prescribed in 18VAC90-70-40.

18VAC90-70-80. Renewal of licensure.

A. Licensure of a licensed certified midwife shall be renewed biennially.

B. The renewal notice of the license shall be sent to the last known address of record of each licensed certified midwife. Failure to receive the renewal notice shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

C. The licensed certified midwife shall attest to current certification as a certified midwife by the American Midwifery Certification Board and submit the license renewal fee prescribed in 18VAC90-70-40.

D. The license shall automatically lapse if the licensee fails to renew by the expiration date. Any person practicing as a certified midwife during the time a license has lapsed shall be subject to disciplinary actions by the boards.

18VAC90-70-90. Continuing competency requirements.

A. In order to renew a license biennially, a licensed certified midwife shall hold a current certification as a certified midwife by the American Midwifery Certification Board.

B. A licensed certified midwife shall obtain a total of eight hours of continuing education in pharmacology or pharmacotherapeutics for each biennium.

C. The licensed certified midwife shall retain evidence of compliance with this section and all supporting documentation for a period of four years following the renewal period for which the records apply.

D. The boards shall periodically conduct a random audit of at least 1.0% of their licensed certified midwives to determine compliance. The licensed certified midwives selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.

E. The boards may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee submitted prior to the renewal date.

F. The boards may delegate to the committee the authority to grant an exemption for all or part of the continuing education requirements in subsection B of this section for circumstances

beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-70-100. Reinstatement of license.

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

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

1. File the required application and reinstatement fee; and

2. Provide evidence of current professional competency consisting of:

a. Current certification by the American Midwifery Certification Board;

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

c. If applicable, a current, unrestricted license as a certified midwife in another jurisdiction.

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

1. Petition for reinstatement and pay the reinstatement fee; and

2. Present evidence that he is competent to resume practice as a licensed certified midwife in Virginia, to include:

a. Current certification by the American Midwifery Certification Board; and

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

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

Part III

Practice of Licensed Certified Midwives

18VAC90-70-110. Practice of licensed certified midwives.

A. All licensed certified midwives shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-70-10.

B. The written or electronic practice agreement shall include provisions for the availability of the physician for routine and urgent consultation on patient care.

C. The practice agreement shall be maintained by the licensed certified midwife and provided to the boards upon request. For licensed certified midwives providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the licensed certified midwife's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the licensed certified midwife shall be responsible for providing a copy to the boards upon request.

D. The practice of licensed certified midwives shall be consistent with the standards of care for the profession.

E. The licensed certified midwife shall include on each prescription issued or dispensed the licensed certified midwife's signature and Drug Enforcement Administration (DEA) number, when applicable.

F. The licensed certified midwife shall disclose to patients at the initial encounter that the licensed certified midwife is a licensed certified midwife. Such disclosure may be included on a prescription or may be given in writing to the patient.

G. A licensed certified midwife who provides health care services to a patient outside of a hospital or birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation.

H. The licensed certified midwife shall disclose, upon request of a patient or a patient's legal representative, the name of the consulting physician, and information regarding how to contact the consulting physician.

Part IV

Prescribing

18VAC90-70-120. Prescribing for self or family.

A. Treating or prescribing shall be based on a bona fide practitioner-patient relationship, and prescribing shall meet the criteria set forth in § 54.1-3303 of the Code of Virginia.

B. A licensed certified midwife shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

C. When treating or prescribing for self or family, the licensed certified midwife shall maintain a patient record documenting compliance with statutory criteria for a bona fide practitioner-patient relationship.

18VAC90-70-130. Waiver for electronic prescribing.

A. A prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription consistent with § 54.1-3408.02 of the Code of Virginia, unless the prescription qualifies for an exemption as set forth in § 54.1-3408.02 C.

B. Upon written request, the boards may grant a one-time waiver of the requirement of subsection A of this section for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

Part V

Management of Acute Pain

18VAC90-70-140. Evaluation of the patient for acute pain.

A. The requirements of this part shall not apply to:

1. The treatment of acute pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;
2. The treatment of acute pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or
3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

C. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the

complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia, and conduct an assessment of the patient's history and risk of substance misuse as a part of the initial evaluation.

18VAC90-70-150. Treatment of acute pain with opioids.

A. Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids.

1. A prescriber providing treatment for a patient with acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME per day.

2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present.

C. Due to a higher risk of fatal overdose when opioids are used with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

18VAC90-70-160. Medical records for acute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan, and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part VI

Management of Chronic Pain

18VAC90-70-170. Evaluation of the chronic pain patient.

A. The requirements of this part shall not apply to:

1. The treatment of chronic pain related to (i) cancer, (ii) sickle cell, (iii) a patient in hospice care, or (iv) a patient in palliative care;
2. The treatment of chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or
3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;
2. Current and past treatments for pain;
3. Underlying or coexisting diseases or conditions;
4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;
5. Psychiatric, addiction, and substance misuse histories of the patient and any family history of addiction or substance misuse;
6. A urine drug screen or serum medication level;
7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;
8. An assessment of the patient's history and risk of substance misuse; and
9. A request for prior applicable records.

C. Prior to initiating opioid analgesia for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC90-70-180. Treatment of chronic pain with opioids.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating opioid treatment for all patients, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME per day;
2. Prior to exceeding 120 MME per day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist;
3. Prescribe naloxone for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME per day, or concomitant benzodiazepine are present; and
4. Document the rationale to continue opioid therapy every three months.

C. Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, and tramadol (an atypical opioid), the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-70-190. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall record in the medical records the presence or absence of any indicators for medication misuse or diversion and take appropriate action.

18VAC90-70-200. Informed consent and agreement to treatment of chronic pain.

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement, signed by the patient, in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screen or serum medication levels, when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record, including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC90-70-210. Opioid therapy for chronic pain.

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess

the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and thereafter randomly at the discretion of the practitioner but at least once a year.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-70-220. Additional consultation.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a practitioner makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC90-70-230. Medical records.

The prescriber shall keep current, accurate, and complete records in an accessible manner and readily available for review to include:

1. The medical history and physical examination;
2. Past medical history;
3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;
4. Diagnostic, therapeutic, and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications, including date, type, dosage and quantity prescribed, and refills;

11. Patient instructions; and

12. Periodic reviews.

Part VII

Disciplinary Provisions

18VAC90-70-240. Grounds for disciplinary action against the license of a certified midwife.

The boards may deny licensure or relicensure, revoke or suspend the license, or place on probation, censure, reprimand, or impose a monetary penalty on a licensed certified midwife for the following unprofessional conduct:

1. Has had licensure to practice midwifery in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;

2. Has directly or indirectly held himself out or represented himself to the public as a physician or is able to, or will practice independently of a physician;

3. Has performed procedures or techniques that are outside the scope of practice as a licensed certified midwife and for which the licensed certified midwife is not trained and individually competent;

4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing, or certified midwifery;

5. Has become unable to practice with reasonable skill and safety as the result of physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals, or any other type of material;

6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration, or distribution of drugs;

7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-70-90;

8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful;

9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program; or

10. Has practiced as a licensed certified midwife during a time when the practitioner's certification as a certified midwife by the American Midwifery Certification Board has lapsed.

18VAC90-70-250. Hearings.

A. The provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) shall govern proceedings on questions of violation of 18VAC90-70-240.

B. The Committee of the Joint Boards of Nursing and Medicine shall conduct all proceedings prescribed in this chapter and shall take action on behalf of the boards.

18VAC90-70-260. Delegation of proceedings.

A. Decision to delegate. In accordance with subdivision 10 of § 54.1-2400 of the Code of Virginia, the committee may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a licensed certified midwife may be subject to a disciplinary action.

B. Criteria for delegation. Cases that involve intentional or negligent conduct that caused serious injury or harm to a patient may not be delegated to an agency subordinate, except as may be approved by the chair of the committee.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the committee to conduct an informal fact-finding proceeding may include current or past board members, professional staff, or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.

2. The Executive Director of the Board of Nursing shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.

3. The committee may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

Documents Incorporated by Reference (18VAC90-70)

[Standards for the Practice of Midwifery, revised 2011, American College of Nurse-Midwives](#)

VIRGINIA ACTS OF ASSEMBLY -- 2021 SPECIAL SESSION I

CHAPTER 200

An Act to amend and reenact §§ 54.1-2900, 54.1-3005, 54.1-3303, and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-2957.04, relating to licensed certified midwives; licensure; practice.

[H 1953]

Approved March 18, 2021

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2900, 54.1-3005, 54.1-3303, and 54.1-3408 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-2957.04 as follows:

§ 54.1-2900. Definitions.

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

"Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Birth control" means contraceptive methods that are approved by the U.S. Food and Drug Administration. "Birth control" shall not be considered abortion for the purposes of Title 18.2.

"Board" means the Board of Medicine.

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

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

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

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

"Genetic counselor" means a person licensed by the Board to engage in the practice of genetic counseling.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Licensed certified midwife" means a person who is licensed as a certified midwife by the Boards of Medicine and Nursing.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the

practice of occupational therapy.

"Patient care team" means a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.

"Patient care team physician" means a physician who is actively licensed to practice medicine in the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

"Patient care team podiatrist" means a podiatrist who is actively licensed to practice podiatry in the Commonwealth, who regularly practices podiatry in the Commonwealth, and who provides management and leadership to physician assistants in the care of patients as part of a patient care team.

"Physician assistant" means a health care professional who has met the requirements of the Board for licensure as a physician assistant.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy, or the administration or prescribing of any drugs, medicines, serums, or vaccines. "Practice of chiropractic" shall include (i) requesting, receiving, and reviewing a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to the patient, and (ii) documenting in a patient's record information related to the condition and symptoms of the patient, the examination and evaluation of the patient made by the doctor of chiropractic, and treatment provided to the patient by the doctor of chiropractic. "Practice of chiropractic" shall also include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners.

"Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v) evaluating the patient's and family's responses to the medical condition or risk of recurrence and providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii) providing written documentation of medical, genetic, and counseling information for families and health care professionals.

"Practice of licensed certified midwifery" means the provision of primary health care for preadolescents, adolescents, and adults within the scope of practice of a certified midwife established in accordance with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, including (i) providing sexual and reproductive care and care during pregnancy and childbirth, postpartum care, and care for the newborn for up to 28 days following the birth of the child; (ii) prescribing of pharmacological and non-pharmacological therapies within the scope of the practice of midwifery; (iii) consulting or collaborating with or referring patients to such other health care

providers as may be appropriate for the care of the patients; and (iv) serving as an educator in the theory and practice of midwifery.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis, and treatment of human physical or mental ailments, conditions, diseases, pain, or infirmities by any means or method.

"Practice of occupational therapy" means the therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the evaluation, analysis, assessment, and delivery of education and training in basic and instrumental activities of daily living; the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

"Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of ionizing radiation to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Practice of surgical assisting" means the performance of significant surgical tasks, including manipulation of organs, suturing of tissue, placement of hemostatic agents, injection of local anesthetic, harvesting of veins, implementation of devices, and other duties as directed by a licensed doctor of medicine, osteopathy, or podiatry under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory therapist.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i) performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive chemical compounds under the direction of an authorized user as specified by regulations of the Department of Health, or other procedures that contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic procedures employing equipment that emits ionizing radiation that is limited to specific areas of the human body.

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure

as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

"Surgical assistant" means an individual who has met the requirements of the Board for licensure as a surgical assistant and who works under the direct supervision of a licensed doctor of medicine, osteopathy, or podiatry.

§ 54.1-2957.04. Licensure as a licensed certified midwife; practice as a licensed certified midwife; use of title; required disclosures.

A. *It shall be unlawful for any person to practice or to hold himself out as practicing as a licensed certified midwife or use in connection with his name the words "Licensed Certified Midwife" unless he holds a license as such issued jointly by the Boards of Medicine and Nursing.*

B. *The Boards of Medicine and Nursing shall jointly adopt regulations for the licensure of licensed certified midwives, which shall include criteria for licensure and renewal of a license as a certified midwife that shall include a requirement that the applicant provide evidence satisfactory to the Boards of current certification as a certified midwife by the American Midwifery Certification Board and that shall be consistent with the requirements for certification as a certified midwife established by the American Midwifery Certification Board.*

C. *The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as a licensed certified midwife if the applicant has been licensed as a certified midwife under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure as a licensed certified midwife in the Commonwealth.*

D. *Licensed certified midwives shall practice in consultation with a licensed physician in accordance with a practice agreement between the licensed certified midwife and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by the licensed certified midwife and provided to the Board upon request. The Board shall adopt regulations for the practice of licensed certified midwives, which shall be in accordance with regulations jointly adopted by the Boards of Medicine and Nursing, which shall be consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives governing the practice of midwifery.*

E. *Notwithstanding any provision of law or regulation to the contrary, a licensed certified midwife may prescribe Schedules II through VI controlled substances in accordance with regulations of the Boards of Medicine and Nursing.*

F. *A licensed certified midwife who provides health care services to a patient outside of a hospital or birthing center shall disclose to that patient, when appropriate, information on health risks associated with births outside of a hospital or birthing center, including but not limited to risks associated with vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk pregnancies, and births involving multiple gestation. As used in this subsection, "birthing center" shall have the same meaning as in § 54.1-2957.03.*

G. *A licensed certified midwife who provides health care to a patient shall be liable for the midwife's negligent, grossly negligent, or willful and wanton acts or omissions. Except as otherwise provided by law, any (i) doctor of medicine or osteopathy who did not collaborate or consult with the midwife regarding the patient and who has not previously treated the patient for this pregnancy, (ii) physician assistant, (iii) nurse practitioner, (iv) prehospital emergency medical personnel, or (v) hospital as defined in § 32.1-123, or any employee of, person providing services pursuant to a contract with, or agent of such hospital, that provides screening and stabilization health care services to a patient as a result of a licensed certified midwife's negligent, grossly negligent, or willful and wanton acts or omissions shall be immune from liability for acts or omissions constituting ordinary negligence.*

§ 54.1-3005. Specific powers and duties of Board.

In addition to the general powers and duties conferred in this title, the Board shall have the following specific powers and duties:

1. To prescribe minimum standards and approve curricula for educational programs preparing persons for licensure or certification under this chapter;
2. To approve programs that meet the requirements of this chapter and of the Board;
3. To provide consultation service for educational programs as requested;
4. To provide for periodic surveys of educational programs;

5. To deny or withdraw approval from educational or training programs for failure to meet prescribed standards;
6. To provide consultation regarding nursing practice for institutions and agencies as requested and investigate illegal nursing practices;
7. To keep a record of all its proceedings;
8. To certify and maintain a registry of all certified nurse aides and to promulgate regulations consistent with federal law and regulation. The Board shall require all schools to demonstrate their compliance with § 54.1-3006.2 upon application for approval or reapproval, during an on-site visit, or in response to a complaint or a report of noncompliance. The Board may impose a fee pursuant to § 54.1-2401 for any violation thereof. Such regulations may include standards for the authority of licensed practical nurses to teach nurse aides;
9. To maintain a registry of clinical nurse specialists and to promulgate regulations governing clinical nurse specialists;
10. To license and maintain a registry of all licensed massage therapists and to promulgate regulations governing the criteria for licensure as a massage therapist and the standards of professional conduct for licensed massage therapists;
11. To promulgate regulations for the delegation of certain nursing tasks and procedures not involving assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by and under the supervision of a registered nurse, who retains responsibility and accountability for such delegation;
12. To develop and revise as may be necessary, in coordination with the Boards of Medicine and Education, guidelines for the training of employees of a school board in the administration of insulin and glucagon for the purpose of assisting with routine insulin injections and providing emergency treatment for life-threatening hypoglycemia. The first set of such guidelines shall be finalized by September 1, 1999, and shall be made available to local school boards for a fee not to exceed the costs of publication;
13. To enter into the Nurse Licensure Compact as set forth in this chapter and to promulgate regulations for its implementation;
14. To collect, store and make available nursing workforce information regarding the various categories of nurses certified, licensed or registered pursuant to § 54.1-3012.1;
15. To expedite application processing, to the extent possible, pursuant to § 54.1-119 for an applicant for licensure or certification by the Board upon submission of evidence that the applicant, who is licensed or certified in another state, is relocating to the Commonwealth pursuant to a spouse's official military orders;
16. To register medication aides and promulgate regulations governing the criteria for such registration and standards of conduct for medication aides;
17. To approve training programs for medication aides to include requirements for instructional personnel, curriculum, continuing education, and a competency evaluation;
18. To set guidelines for the collection of data by all approved nursing education programs and to compile this data in an annual report. The data shall include but not be limited to enrollment, graduation rate, attrition rate, and number of qualified applicants who are denied admission;
19. (Effective until July 1, 2021) To develop, in consultation with the Board of Pharmacy, guidelines for the training of employees of child day programs as defined in § 63.2-100 and regulated by the State Board of Social Services in the administration of prescription drugs as defined in the Drug Control Act (§ 54.1-3400 et seq.). Such training programs shall be taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist;
19. (Effective July 1, 2021) To develop, in consultation with the Board of Pharmacy, guidelines for the training of employees of child day programs as defined in § 22.1-289.02 and regulated by the Board of Education in the administration of prescription drugs as defined in the Drug Control Act (§ 54.1-3400 et seq.). Such training programs shall be taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist;
20. In order to protect the privacy and security of health professionals licensed, registered or certified under this chapter, to promulgate regulations permitting use on identification badges of first name and first letter only of last name and appropriate title when practicing in hospital emergency departments, in psychiatric and mental health units and programs, or in health care facility units offering treatment for patients in custody of state or local law-enforcement agencies;
21. To revise, as may be necessary, guidelines for seizure management, in coordination with the Board of Medicine, including the list of rescue medications for students with epilepsy and other seizure disorders in the public schools. The revised guidelines shall be finalized and made available to the Board of Education by August 1, 2010. The guidelines shall then be posted on the Department of Education's website; and
22. To promulgate, together with the Board of Medicine, regulations governing the licensure of nurse practitioners pursuant to § 54.1-2957 *and the licensure of licensed certified midwives pursuant to § 54.1-2957.04.*

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, ~~or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32.~~

B. A prescription shall be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship or veterinarian-client-patient relationship. If a practitioner is providing expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention, then a bona fide practitioner-patient relationship shall not be required.

A bona fide practitioner-patient relationship shall exist if the practitioner has (i) obtained or caused to be obtained a medical or drug history of the patient; (ii) provided information to the patient about the benefits and risks of the drug being prescribed; (iii) performed or caused to be performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; and (iv) initiated additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. Except in cases involving a medical emergency, the examination required pursuant to clause (iii) shall be performed by the practitioner prescribing the controlled substance, a practitioner who practices in the same group as the practitioner prescribing the controlled substance, or a consulting practitioner.

A practitioner who has established a bona fide practitioner-patient relationship with a patient in accordance with the provisions of this subsection may prescribe Schedule II through VI controlled substances to that patient, provided that, in cases in which the practitioner has performed the examination required pursuant to clause (iii) by use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, the prescribing of such Schedule II through V controlled substance is in compliance with federal requirements for the practice of telemedicine.

For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services as defined in § 38.2-3418.16, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; and (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § 32.1-127.1:03 and all other state and federal laws and regulations. Nothing in this paragraph shall permit a prescriber to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance when the standard of care dictates that an in-person physical examination is necessary for diagnosis. Nothing in this paragraph shall apply to: (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

For purposes of this section, a bona fide veterinarian-client-patient relationship is one in which a veterinarian, another veterinarian within the group in which he practices, or a veterinarian with whom he is consulting has assumed the responsibility for making medical judgments regarding the health of and providing medical treatment to an animal as defined in § 3.2-6500, other than an equine as defined in § 3.2-6200, a group of agricultural animals as defined in § 3.2-6500, or bees as defined in § 3.2-4400, and a client who is the owner or other caretaker of the animal, group of agricultural animals, or bees has consented to such treatment and agreed to follow the instructions of the veterinarian. Evidence that a veterinarian has assumed responsibility for making medical judgments regarding the health of and providing medical treatment to an animal, group of agricultural animals, or bees shall include evidence that the veterinarian (A) has sufficient knowledge of the animal, group of agricultural animals, or bees to provide a general or preliminary diagnosis of the medical condition of the animal, group of agricultural animals, or bees; (B) has made an examination of the animal, group of agricultural animals, or bees, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically or has become familiar with the care and

keeping of that species of animal or bee on the premises of the client, including other premises within the same operation or production system of the client, through medically appropriate and timely visits to the premises at which the animal, group of agricultural animals, or bees are kept; and (C) is available to provide follow-up care.

C. A prescription shall only be issued for a medicinal or therapeutic purpose in the usual course of treatment or for authorized research. A prescription not issued in the usual course of treatment or for authorized research is not a valid prescription. A practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than for medicinal or therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the distribution or possession of controlled substances.

D. No prescription shall be filled unless a bona fide practitioner-patient-pharmacist relationship exists. A bona fide practitioner-patient-pharmacist relationship shall exist in cases in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to a patient for a medicinal or therapeutic purpose within the course of his professional practice.

In cases in which it is not clear to a pharmacist that a bona fide practitioner-patient relationship exists between a prescriber and a patient, a pharmacist shall contact the prescribing practitioner or his agent and verify the identity of the patient and name and quantity of the drug prescribed.

Any person knowingly filling an invalid prescription shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the sale, distribution or possession of controlled substances.

E. Notwithstanding any provision of law to the contrary and consistent with recommendations of the Centers for Disease Control and Prevention or the Department of Health, a practitioner may prescribe Schedule VI antibiotics and antiviral agents to other persons in close contact with a diagnosed patient when (i) the practitioner meets all requirements of a bona fide practitioner-patient relationship, as defined in subsection B, with the diagnosed patient and (ii) in the practitioner's professional judgment, the practitioner deems there is urgency to begin treatment to prevent the transmission of a communicable disease. In cases in which the practitioner is an employee of or contracted by the Department of Health or a local health department, the bona fide practitioner-patient relationship with the diagnosed patient, as required by clause (i), shall not be required.

F. A pharmacist may dispense a controlled substance pursuant to a prescription of an out-of-state practitioner of medicine, osteopathy, podiatry, dentistry, optometry, or veterinary medicine, a nurse practitioner, or a physician assistant authorized to issue such prescription if the prescription complies with the requirements of this chapter and the Drug Control Act (§ 54.1-3400 et seq.).

G. A licensed nurse practitioner who is authorized to prescribe controlled substances pursuant to § 54.1-2957.01 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

H. A licensed physician assistant who is authorized to prescribe controlled substances pursuant to § 54.1-2952.1 may issue prescriptions or provide manufacturers' professional samples for controlled substances and devices as set forth in the Drug Control Act (§ 54.1-3400 et seq.) in good faith to his patient for a medicinal or therapeutic purpose within the scope of his professional practice.

I. A TPA-certified optometrist who is authorized to prescribe controlled substances pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 may issue prescriptions in good faith or provide manufacturers' professional samples to his patients for medicinal or therapeutic purposes within the scope of his professional practice for the drugs specified on the TPA-Formulary, established pursuant to § 54.1-3223, which shall be limited to (i) analgesics included on Schedule II controlled substances as defined in § 54.1-3448 of the Drug Control Act (§ 54.1-3400 et seq.) consisting of hydrocodone in combination with acetaminophen; (ii) oral analgesics included in Schedules III through VI, as defined in §§ 54.1-3450 and 54.1-3455 of the Drug Control Act (§ 54.1-3400 et seq.), which are appropriate to relieve ocular pain; (iii) other oral Schedule VI controlled substances, as defined in § 54.1-3455 of the Drug Control Act, appropriate to treat diseases and abnormal conditions of the human eye and its adnexa; (iv) topically applied Schedule VI drugs, as defined in § 54.1-3455 of the Drug Control Act; and (v) intramuscular administration of epinephrine for treatment of emergency cases of anaphylactic shock.

J. The requirement for a bona fide practitioner-patient relationship shall be deemed to be satisfied by a member or committee of a hospital's medical staff when approving a standing order or protocol for the administration of influenza vaccinations and pneumococcal vaccinations in a hospital in compliance with § 32.1-126.4.

K. Notwithstanding any other provision of law, a prescriber may authorize a registered nurse or licensed practical nurse to approve additional refills of a prescribed drug for no more than 90 consecutive days, provided that (i) the drug is classified as a Schedule VI drug; (ii) there are no changes in the prescribed drug, strength, or dosage; (iii) the prescriber has a current written protocol, accessible by the nurse, that identifies the conditions under which the nurse may approve additional refills; and (iv) the nurse documents in the patient's chart any refills authorized for a specific patient pursuant to the

protocol and the additional refills are transmitted to a pharmacist in accordance with the allowances for an authorized agent to transmit a prescription orally or by facsimile pursuant to subsection C of § 54.1-3408.01 and regulations of the Board.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine or a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2907.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause drugs or devices to be administered by:

1. A nurse, physician assistant, or intern under his direction and supervision;
2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;
3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol; or
4. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled substances used in inhalation or respiratory therapy.

C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the diagnosis or treatment of disease.

D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii) heparin and sterile normal saline to use for the maintenance of intravenous access lines.

Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may possess and administer epinephrine in emergency cases of anaphylactic shock.

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of (1) epinephrine may possess and administer epinephrine and (2) albuterol inhalers or nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any employee of an organization providing outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health, such prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is employed, provided that such person is trained in the administration of epinephrine.

Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or

a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may possess and administer epinephrine, provided such person is authorized and trained in the administration of epinephrine.

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any employee of a public place, as defined in § 15.2-2820, who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for administration in treatment of emergency medical conditions.

E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed physical therapists to possess and administer topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen for use in emergency situations; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently implemented standards of the Occupational Safety and Health Administration and the Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles underlying tuberculin screening.

The Health Commissioner or his designee may authorize registered nurses, acting as agents of the Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies established by the Department of Health.

H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a public institution of higher education or a private institution of higher education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

Pursuant to a written order issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services to assist with the administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee or person providing services has been trained in the administration of insulin and glucagon.

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses

under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the course of his professional practice, a dentist may authorize a dental hygienist under his general supervision, as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry.

In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia.

K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize registered professional nurses certified as sexual assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess and administer preventive medications for victims of sexual assault as recommended by the Centers for Disease Control and Prevention.

L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration, and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record keeping, when the drugs administered would be normally self-administered by (i) an individual receiving services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility approved by the Board or Department of Juvenile Justice for the placement of children in need of services or delinquent or alleged delinquent youth; (iv) a program participant of an adult day-care center licensed by the Department of Social Services; (v) a resident of any facility authorized or operated by a state or local government whose primary purpose is not to provide health care services; (vi) a resident of a private children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services, Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

In addition, this section shall not prevent a person who has successfully completed a training program for the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been evaluated by a registered nurse as having demonstrated competency in administration of drugs via percutaneous gastrostomy tube from administering drugs to a person receiving services from a program licensed by the Department of Behavioral Health and Developmental Services to such person via percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous gastrostomy tube shall be evaluated semiannually by a registered nurse.

M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living facility licensed by the Department of Social Services. A registered medication aide shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

N. In addition, this section shall not prevent the administration of drugs by a person who administers such drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of administration and with written authorization of a parent, and in accordance with school board regulations relating to training, security and record keeping, when the drugs administered would be normally self-administered by a student of a Virginia public school. Training for such persons shall be accomplished through a program approved by the local school boards, in consultation with the local departments of health.

O. (Effective until July 1, 2021) In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or a local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private

Education, provided such person (a) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

O. (Effective July 1, 2021) In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, nurse practitioner, physician assistant, doctor of medicine or osteopathic medicine, or pharmacist; (b) has obtained written authorization from a parent or guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

P. In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

Q. Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed individuals to a person in his private residence.

R. This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions.

S. Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care technicians who are certified by an organization approved by the Board of Health Professions or persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a licensed physician, nurse practitioner, or physician assistant and under the immediate and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee is identified as a "trainee" while working in a renal dialysis facility.

The dialysis care technician or dialysis patient care technician administering the medications shall have demonstrated competency as evidenced by holding current valid certification from an organization approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

T. Persons who are otherwise authorized to administer controlled substances in hospitals shall be authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

U. Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration.

V. A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

W. A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical services provider who holds an advanced life support certificate issued by the

Commissioner of Health when the prescriber is not physically present.

X. Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a health care provider providing services in a hospital emergency department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science, employees of the Office of the Chief Medical Examiner, employees of the Department of General Services Division of Consolidated Laboratory Services, employees of the Department of Corrections designated as probation and parole officers or as correctional officers as defined in § 53.1-1, employees of regional jails, school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, other school board employees or individuals contracted by a school board to provide school health services, and firefighters who have completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, an employee or other person acting on behalf of a public place who has completed a training program may also possess and administer naloxone or other opioid antagonist used for overdose reversal other than naloxone in an injectable formulation with a hypodermic needle or syringe in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

Notwithstanding any other law or regulation to the contrary, an employee or other person acting on behalf of a public place may possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose if he has completed a training program on the administration of such naloxone and administers naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.

For the purposes of this subsection, "public place" means any enclosed area that is used or held out for use by the public, whether owned or operated by a public or private interest.

Y. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an organization that provides services to individuals at risk of experiencing an opioid overdose or training in the administration of naloxone for overdose reversal may dispense naloxone to a person who has received instruction on the administration of naloxone for opioid overdose reversal, provided that such dispensing is (i) pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. If the person acting on behalf of an organization dispenses naloxone in an injectable formulation with a hypodermic needle or syringe, he shall first obtain authorization from the Department of Behavioral Health and Developmental Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic needle or syringe, and he shall obtain a controlled substance registration from the Board of Pharmacy. The Board of Pharmacy shall not charge a fee for the issuance of such controlled substance registration. The dispensing may occur at a site other than that of the controlled substance registration provided the entity possessing the controlled substances registration maintains records in accordance with regulations of the Board of Pharmacy. No person who dispenses naloxone on behalf of an organization pursuant to this subsection shall charge a fee for the dispensing of naloxone that is greater than the cost to the organization of obtaining the naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

Z. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a

person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

AA. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

2. That the Department of Health Professions (the Department) shall convene a work group to study the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals. The Department shall report its findings and conclusions to the Governor and the General Assembly by November 1, 2021.



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Agency Department of Health Professions

Board Board of Nursing

Chapter

Regulations Governing the Practice of Licensed Certified Midwives [under development]
[18 VAC 90 - 70]

Action	New regulations for licensed certified midwives
Stage	Proposed
Comment Period	Ends 7/21/2023

47 comments

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Commenter: Emily Bruno

5/30/23 3:29 pm

Certified Midwives in VA

I am a 16-year resident of Richmond, VA, and currently a graduate student at Thomas Jefferson University in their Master of Science - Midwifery program. I will finish my program in two years and be qualified to seek certification through AMCB as a midwife. My hope is to continue living and working in Virginia as a Certified Midwife, serving the same community where I live and my children go to school. I hope that these regulations can be passed expeditiously so that more midwives can help provide access to quality care to women throughout their reproductive health lifespan.

Increasing the number of midwives in the healthcare workforce in Virginia is crucial for meeting the demand for maternity care, improving maternal and newborn outcomes, addressing disparities, promoting woman-centered care, reducing healthcare costs, and ensuring access to care in underserved areas. It requires strategic investments in midwifery education, training programs, and supportive policies to foster the growth and integration of midwives within the healthcare system.

CommentID: 217042

Commenter: Maryann Long, PhD, CNM (ret), FACNM

5/30/23 3:58 pm

Certified Midwives practice in Virginia

My name is Maryann Long. I am a certified nurse-midwife (CNM), now retired after 35+ years of work as a midwifery clinician and educator. I am still an active participant on the Accreditation Commission for Midwifery Education (ACME), which is the body that accredits education programs for CNMs and Certified Midwives (CMs) in the United States.

I am writing to strongly support the promulgation of regulations governing the practice of Certified Midwives in Virginia. We must increase the number of midwives in the healthcare workforce to meet the demand for maternity care. Midwifery care results in better maternal and newborn outcomes, while reducing healthcare costs. In addition, in Virginia there are many rural areas where there are no maternity care providers at all, a shocking source of inequity that must not be ignored.

Recognizing the CM credential, as Virginia has wisely chosen to do, is a means of increasing our maternity care workforce without imposing the barrier of requiring nursing education as a prerequisite. When I review a program as an ACME site visitor, I verify that every CM graduate demonstrates the very same knowledge and competencies as every CNM who completes an ACME-accredited midwifery education program. Now we in Virginia must make it possible for CMs to practice to the full scope of their education by generating the regulations that will enable them to do so. Our Virginia families and communities will thus be far better served.

Thank you.

CommentID: **217043**

Commenter: Heather Maurer, MA, CAE

6/7/23 11:20 am

Support the CM

I am the former and first Executive Director of the Accreditation Commission for Midwifery Education (ACME) and I am writing to express my support for licensure and regulation as proposed for licensed, certified midwives (CMs) in Virginia.

The Accreditation Commission for Midwifery Education is an agency established to advance and promote excellence in midwifery education. The aim of ACME is to ensure that programs are performing at the highest level of quality and providing learning experiences that will lead to optimal outcomes for midwifery students. ACME is a reliable authority regarding midwifery education. Since 1982, ACME has been recognized by the U.S. Department of Education (USED) as a nationally recognized programmatic accrediting agency for nurse-midwifery and midwifery education programs. In May 2018, ACME was awarded the maximum five-year recognition for remaining in full compliance with the USED requirements.

The goal of accreditation is to ensure that institutions of higher education meet acceptable levels of quality. ACME creates and develops rigorous standards for the CM and the CNM educational programs in the US to ensure high-quality education for midwives. There is no difference in the accreditation standards for these credentialed professional maternal healthcare provider's education. In addition, both credentials take the same certification exam offered by the American Midwifery Certification Board (AMCB). The American Midwifery Certification Board (AMCB) is the national certifying body for candidates in nurse-midwifery and midwifery who have received their graduate-level education in programs accredited by the Accreditation Commission for Midwifery Education (ACME).

In Virginia in 2021, **79.3% of infants** were born to women receiving adequate/adequate plus prenatal care. More than 2.2 million women live in maternal healthcare deserts in our country. This is unacceptable in particular for a country that spends the most money on maternal healthcare and has dismal outcomes with high maternal mortality rates.

Maternity care deserts are counties where access to maternity health care services is limited or absent, either through lack of services or barriers to a woman's ability to access that care within counties. A maternity care desert is any county in the United States without a hospital or birth center offering obstetric care and without any obstetric providers.

It is imperative to Virginians that we expand the number of maternal healthcare providers to ensure that pregnant people have access to high-quality, evidence-based maternal healthcare. Midwives play a vital role in promoting positive maternal and newborn health outcomes.

Licensed certified midwives (CMs) provide comprehensive, evidence-based care throughout the childbirth continuum, sexual and reproductive health, gynecologic and primary care throughout the lifespan focusing on preventive measures, health promotion, and personalized care. Exactly the same as the Certified Nurse Midwife (CNM).

Licensed certified midwives are equipped with the same advanced practice midwifery skill-set and certification as Certified Nurse-Midwives who have successfully been licensed in the state for many years. Licensure of certified midwives is crucial to strengthening the healthcare workforce by diversifying and increasing the range of available healthcare practitioners. By recognizing the "CM credential", we ensure that Virginians have access to a range of healthcare options that align with their preferences and values, promoting patient-centered care.

Studies repeatedly show that midwife-led care is associated with lower rates of interventions, such as cesarean sections, episiotomies, and inductions, while maintaining excellent safety and quality outcomes leading to improved health outcomes and reducing overall healthcare costs throughout one's life. Moving regulations forward is an opportunity for Virginia to play a pivotal role in advancing maternal and newborn health and improving patient satisfaction in the Commonwealth.
CommentID: **217068**

Commenter: Erica Gallagher

6/7/23 4:01 pm

I support Virginia's Certified Midwives

I support the regulations as proposed for licensed, certified midwives (CMs) in Virginia.

CommentID: **217070**

Commenter: Kate Becker, CNM

6/8/23 12:15 pm

Support for approval of CM regulations

I have been practicing as a CNM at the University of Virginia since 2013. I'm writing in support of the approval of strongly support the Regulations Governing the Practice of Licensed Certified Midwives in Virginia. Virginia would benefit tremendously from the further integration of midwives into our maternal-child healthcare system. Increasing the number of midwives in the healthcare workforce is crucial for meeting the demand for maternity care, improving maternal and newborn outcomes, addressing disparities, promoting individualized care, reducing healthcare costs, and ensuring access to care in underserved areas. It requires strategic investments in midwifery education, training programs, and supportive policies to foster the growth and integration of midwives within the healthcare system. The approval of these regulations would allow existing practices in Virginia to hire more qualified midwives, which we desperately need.

CommentID: **217097**

Commenter: Sarah Allen-Short

6/8/23 2:59 pm

strong support of regulations allowing certified midwives to practice

My name is Sarah Allen-Short, and I am a Virginia resident and former doula who has benefitted from midwifery care.

I am writing to strongly support Regulations Governing the Practice of Licensed Certified Midwives in Virginia.

I am in favor of regulations allowing certified midwives to practice in VA for the following reasons:

Meeting the growing demand for maternity care: The demand for maternity care services is increasing due to factors such as population growth, aging populations, and improved access to healthcare. Midwives play a crucial role in providing comprehensive and personalized care to pregnant women, facilitating normal childbirth, and promoting maternal and newborn health. Increasing the number of midwives can help meet the rising demand for maternity care services and ensure access to quality care for all women.

Improving maternal and newborn outcomes: Midwifery care has been associated with positive maternal and newborn outcomes. Studies have shown that midwife-led care is associated with lower rates of interventions, such as cesarean sections, episiotomies, and inductions, while maintaining excellent safety and quality outcomes. By expanding the midwifery workforce, more women can benefit from midwifery-led care, leading to improved health outcomes for both mothers and babies.

Addressing disparities in maternal health: Disparities in maternal health outcomes, particularly among marginalized and underserved populations, are a significant concern. Midwives are well positioned to address these disparities by providing culturally sensitive and equitable care. Increasing the number of midwives, particularly in areas with limited access to maternity care, can help ensure that all women, regardless of their background or socioeconomic status, receive comprehensive and respectful care throughout the childbirth continuum.

Promoting holistic and woman-centered care: Midwifery care is characterized by a holistic and woman-centered approach that emphasizes personalized care, shared decision-making, and continuity of care. Midwives focus on the physical, emotional, and social well-being of women, providing comprehensive care that extends beyond pregnancy and childbirth. The presence of more midwives in the workforce allows for greater availability of this model of care, empowering women to actively participate in their healthcare decisions and promoting a positive childbirth experience.

Reducing healthcare costs: Midwifery care has been associated with cost savings in healthcare systems. By providing care that is based on evidence, promoting normal physiological processes, and reducing unnecessary interventions, midwives can help lower healthcare costs associated with childbirth. Increased investment in midwifery services can contribute to cost-effective care models while maintaining high-quality outcomes.

Filling healthcare provider gaps in underserved areas: Many regions, particularly rural and remote areas, experience shortages of healthcare providers, including obstetricians and other maternity care specialists. Midwives can help fill these provider gaps by providing primary maternity care in these underserved areas. By expanding the midwifery workforce, access to maternity care services can be improved in these areas, reducing disparities and ensuring that women have access to essential care closer to their communities.

Thank you,

Sarah Allen-Short
CommentID: 217119

Commenter: Kelly Sicoli, CNM

6/8/23 8:35 pm

Support Regulations for Certified Midwives

My name is Kelly Sicoli, CNM, and I have been a practicing Certified Nurse-Midwife for the past 12 years in the community setting. I am writing to strongly support Regulations Governing the Practice of Licensed Certified Midwives in Virginia.

Increasing the number of midwives in the healthcare workforce is crucial for meeting the demand for maternity care, improving maternal and newborn outcomes, addressing disparities, promoting woman-centered care, reducing healthcare costs, and ensuring access to care in underserved

areas. It requires strategic investments in midwifery education, training programs, and supportive policies to foster the growth and integration of midwives within the healthcare system.

Promoting holistic and woman-centered care: Midwifery care is characterized by a holistic and woman-centered approach that emphasizes personalized care, shared decision-making, and continuity of care. Midwives focus on the physical, emotional, and social well-being of women, providing comprehensive care that extends beyond pregnancy and childbirth. The presence of more midwives in the workforce allows for greater availability of this model of care, empowering women to actively participate in their healthcare decisions and promoting a positive childbirth experience.

CommentID: 217123

Commenter: Ann Schaeffer, DNP, CNM, FACNM

6/9/23 9:18 am

Support for the CM!

Support for approval of CM regulations

I have been practicing as a CNM in Virginia since 2000. I'm writing in support of the approval of strongly support the Regulations Governing the Practice of Licensed Certified Midwives in Virginia. Virginia would benefit tremendously from the further integration of midwives into our maternal-child healthcare system. Increasing the number of midwives in the healthcare workforce is crucial for meeting the demand for maternity care, improving maternal and newborn outcomes, addressing disparities, promoting individualized care, reducing healthcare costs, and ensuring access to care in underserved areas. It requires strategic investments in midwifery education, training programs, and supportive policies to foster the growth and integration of midwives within the healthcare system. The approval of these regulations would allow existing practices in Virginia to hire more qualified midwives, which we desperately need.

CommentID: 217136

Commenter: Christina Owens, CPM, LM

6/10/23 12:49 pm

Regulations for Certified Midwives

My name is Christina Owens and I have been a practicing Certified Professional Midwife at EVa Homebirth, LLC for the last 10 years and have served as a Community Midwife in many of Virginia's healthcare deserts over the years. I am writing to strongly support Regulations Governing the Practice of Licensed Certified Midwives in Virginia.

Increasing the number of midwives in the healthcare workforce is crucial for meeting the demand for maternity care, improving maternal and newborn outcomes, addressing disparities, promoting woman-centered care, reducing healthcare costs, and ensuring access to care in underserved areas. WE NEED MORE MIDWIVES NOW MORE THAN EVER! It requires strategic investments in midwifery education, training programs, and supportive policies to foster the growth and integration of midwives within the healthcare system. The recent pandemic has brought more light to growing need of midwives in our health systems and communities!

CommentID: 217180

Commenter: Anonymous

6/12/23 1:49 pm

CM regulations

I support these regulations as written!

CommentID: **217193**

Commenter: Misty Ward Virginia Birth Center Alliance

6/12/23 5:02 pm

VA Certified Midwives

I support these regulations as written. Thank you for expanding access to midwifery care for the families of Virginia.

CommentID: **217202**

Commenter: E.H. CNM

6/12/23 9:28 pm

I support Virginia CM's

I submit this comment in support of the Virginia Certified Midwife regulations. Virginia is setting a precedent by joining the growing list of states that recognize and license Certified Midwives. The U.S. has a major shortage of maternity care providers with nearly half of all U.S counties not having a single practicing obstetric provider (OBGYN, midwife, or Family medicine). Pregnant people in urban centers and rural areas have limited access to perinatal care and poor pregnancy outcomes continue to affect our communities. Increased access to highly trained Certified Midwives will help to bridge the care gap and is a big step in the right direction to show Virginia cares about pregnant people, maternal health, and the well-being of newborns. I support the regulations and look forward to partnering and collaborating with Certified Midwife colleagues in the near future.

CommentID: **217235**

Commenter: Susan Oshel, CPM, LM

6/13/23 4:35 pm

LM in Virginia

I support these regulations as written.

CommentID: **217243**

Commenter: Crystal Fink CPM, LM - Roanoke Birth & Perinatal Center

6/14/23 8:14 am

Support for the Licensure and Practice of CMs

Midwifery care has been shown to improve outcomes and the birth experience for moms and babies. It is far past time to enact these regulations as written and begin issuing licenses. Further delays would hurt moms and babies by limiting their options and putting pressure on an overburdened maternity care system.

I support these regulations as written.

CommentID: **217246**

Commenter: Savannah Fassero, Heart of Lynchburg Midwifery

6/14/23 9:22 am

Support for CM Regulations

I am a Certified Professional Midwife serving Lynchburg, Virginia, and the surrounding areas. I am writing to express my support for licensure and regulation as proposed for licensed certified midwives in the state of Virginia. Midwives play a vital role in promoting positive maternal and newborn health outcomes. As the international healthcare provider shortage increases and maternity wards at more and more community hospitals are closed, it becomes more vital than ever that we take the steps available to us to facilitate the WHO goals to empower midlevel providers. In my community midwives provide a huge proportion of the maternity care and have the best outcomes, but we are still overtaxed and understaffed.

Licensed certified midwives provide comprehensive, evidenced-based care throughout the childbirth continuum, sexual and reproductive health, gynecologic and primary care throughout the lifespan focusing on preventive measures, health promotion, and personalized care.

Licensed certified midwives are equipped with the same advanced practice midwifery skill-set and certification as Certified Nurse-Midwives who have successfully been licensed in the state for many years. Licensure of certified midwives is crucial to strengthening the healthcare workforce by diversifying and increasing the range of available healthcare practitioners. By recognizing the "CM credential", we ensure that Virginians have access to a range of healthcare options that align with their preferences and values, promoting patient-centered care.

Studies repeatedly show that midwife-led care is associated with lower rates of interventions, such as cesarean sections, episiotomies, and inductions, while maintaining excellent safety and quality outcomes leading to improved health outcomes and reducing overall healthcare costs throughout one's life.

Moving these regulations forward is an opportunity for Virginia to play a pivotal role in advancing maternal and newborn health and improving patient satisfaction in the Commonwealth.

CommentID: **217248**

Commenter: Briana Watts, Virginia Families for Access to Midwifery

6/14/23 6:27 pm

Support for CM regulations

As a Virginian, a mother, a midwifery client and an advocate for personal autonomy, I encourage the state to pass the regulations as written. Midwifery training is a thorough, rigorous and well established credentialing pathway. Virginia women deserve to reap the benefits of all midwifery has to offer. In order for us to have access to midwives, those who would be midwives must be able to A) access the training programs required and B) use that credential once it has been earned. The professional, dedicated people who have worked so hard to establish the CM credential are making midwifery training better than ever. Now it's the job of the state to open the legal door to all midwifery has to offer us. Pass the regulation for a healthy, strong, self sufficient Virginia.

CommentID: **217259**

Commenter: Danielle Shealy

6/14/23 7:09 pm

I support virgins Midwives.

I support the Virginia midwives.

CommentID: **217260**

Commenter: Kristin H. Conrad, DNP, CNM, FACNM

6/15/23 5:15 am

Support for passage of CM regulations

As a Certified Nurse-Midwife (CNM) with 20 years experience and the Director of Midwifery of a hospital-based midwifery practice in Salem, Virginia, I want to voice my support for the passage of the Regulations Governing the Practice of Licensed Certified Midwives in Virginia. The passage of the Certified Midwife (CM) regulations is a critical step forward to help increase access to qualified maternity care providers for Virginians. The need is great, especially in rural parts of the state. The graduate-level education CMs undertake and the board certification process they complete is identical to that which CNMs complete. CMs are well-prepared to stand with their midwifery and obstetrician colleagues, to care for some of the most vulnerable citizens in our state. Passage of these regulations will increase access to midwifery care and help to elevate maternal and newborn health outcomes in Virginia.

CommentID: 217262

Commenter: Anonymous

6/15/23 7:07 am

I support Virginia midwives

I have 5 children and after a traumatic experience in the hospital with my 1st, I opted for midwife care. I have never in my life felt more cared for, more respect, more informed then I do when working with midwives. We need them and everyone should have access to them and their skills.

CommentID: 217263

Commenter: Gabriela Ammatuna

6/16/23 9:38 am

Licensed Certified Midwives

As a Health Science Researcher, Lactation Consultant, and Childbirth educator working with parents in Virginia for over 20 years, I want to voice my support for passing the Regulations Governing the Practice of Licensed Certified Midwives in Virginia. The passage of the Certified Midwife (CM) regulations is a critical step forward to help increase access to qualified maternity care providers for Virginians. The need is significant in all parts of the state. The graduate-level education CMs receive and the board certification process they complete is identical to Certified Nurse Midwives complete. CMs are well-prepared to stand with their midwifery and OBGYN colleagues to care for vulnerable families in our state. The passage of these regulations will increase access to midwifery care and help elevate maternal and newborn health outcomes in Virginia. Let Virginians lead the effort to improve maternal/child health to bring the nation next on the list as the safest developed countries for maternity care.

CommentID: 217277

Commenter: Katie Page CNM FACNM

6/16/23 11:26 am

Support for LCM Regulations

These regulations are an example for the nation for the importance of licensing Certified Midwives to the full-scope of practice consistent with education and certification as Advanced Practice Midwives. Thrilled for VA to finally be moving forward with licensure 2 YEARS after the law was passed. Approve these regs, as written by CM and CNMs in partnership with the VDHP based on the law passed by the GA and approved by the Boards of Nursing and Medicine.

CommentID: 217282

Commenter: Becky Banks, CPM, LM

6/16/23 4:11 pm

Support for these regulations as written

I am a licensed midwife in Virginia, and I support these guidelines as written. I believe we should have many choices of safe midwifery care in all settings.

CommentID: 217285

Commenter: Victoria Buchanan, CNM

6/17/23 3:19 pm

I support midwives

I support this regulation as written. Virginia needs midwives

CommentID: 217293

Commenter: Amy Lavelle, Ph.D.

6/19/23 9:54 am

Support For CM

I am writing to strongly support Regulations Governing the Practice of Licensed Certified Midwives in Virginia.

Increasing the number of midwives in the healthcare workforce is crucial for meeting the demand for maternity care, improving maternal and newborn outcomes, addressing disparities, promoting woman-centered care, reducing healthcare costs, and ensuring access to care in underserved areas. It requires strategic investments in midwifery education, training programs, and supportive policies to foster the growth and integration of midwives within the healthcare system.

CommentID: 217300

Commenter: Centra Health

6/19/23 3:38 pm

Support for CPMs and Out of Hospital Birth Safety

I strongly support the development and completion of the regulations for CPMs to carry the basic emergency medications for pregnancy and delivery in out of hospital settings. CPMs are trained on these medications, the lack of which heavily influences hospital transfer. This results in higher costs, delays in treatment and dissatisfaction on the part of the delivering families and healthcare providers at the receiving hospitals. Having the ability to start treatments for postpartum hemorrhage will improve the safety of out of hospital birth for Virginia's families without any detriment to in-hospital care or services.

Thank you for your support of the women and families of Virginia -

Erin M. Baird, DNP, MBA, MS, CNM

Executive Medical Director of Women's & Children's Services
Centra Medical Group Women's Center
2007 Graves Mill Road, Forest, VA 24551
P 434.384.8948 M 434.420.0472

CommentID: 217312

Commenter: Juliana Fehr, Shenandoah University

6/21/23 5:48 pm

Support for CM regulations.

I support the passage of the regulations for CM practice. These regulations are consistent with the national movement to increase access to midwives that are licensed to practice full-scope midwifery. Specifically, the House of Representatives reintroduced the *Midwives for Maximizing Optimal Maternity Services Act* (Midwives for MOMS) in the 118th session of Congress. This legislation is a bipartisan effort to increase access to maternal health care whose lack thereof disproportionately affects minority and indigenous populations. This Virginia CM regulation legislation will improve access to midwifery care by meeting the demand for more midwives that our federal legislation will create.

Sincerely

Juliana Fehr, CNM, PhD, VACNM, Professor Emeritus Shenandoah University, Winchester, VA.

CommentID: **217412**

Commenter: Nichole Wardlaw, National Black Midwives Alliance

6/23/23 7:27 pm

Support for CM regulations

I am the Community Engagement Coordinator for the National Black Midwives Alliance, and we are writing to express our support for licensure and regulation as proposed for licensed certified midwives in the state of Virginia. Midwives play a vital role in promoting positive maternal and newborn health outcomes. Licensed certified midwives provide comprehensive, evidenced-based care throughout the childbirth continuum, sexual and reproductive health, gynecologic and primary care throughout the lifespan focusing on preventive measures, health promotion, and personalized care.

Licensed certified midwives are equipped with the same advanced practice midwifery skill-set and certification as Certified Nurse-Midwives who have successfully been licensed in the state for many years. Licensure of certified midwives is crucial to strengthening the healthcare workforce by diversifying and increasing the range of available healthcare practitioners. By recognizing the "CM credential", we ensure that Virginians have access to a range of healthcare options that align with their preferences and values, promoting patient-centered care.

Studies repeatedly show that midwife-led care is associated with lower rates of interventions, such as cesarean sections, episiotomies, and inductions, while maintaining excellent safety and quality outcomes leading to improved health outcomes and reducing overall healthcare costs throughout one's life.

Moving these regulations forward is an opportunity for Virginia to play a pivotal role in advancing maternal and newborn health and improving patient satisfaction in the Commonwealth.

CommentID: **217430**

Commenter: Linsay Hiller

7/5/23 6:51 pm

Support for Certified Midwives in Virginia

Increasing access to Midwifery care in Virginia is an essential element to improving maternal outcomes in our state. I am mother of three young children, the last of whom was born at home under the care of a CPM. That pregnancy and birth experience was the best care I received, by far, out of my three pregnancies and births. The care I received was evidence based, individualized,

compassionate, professional, and contributed to an incredible birth experience and smooth postpartum.

I can't not understate how important access to this kind of care is for the low risk pregnant families in our state. Midwifery care provides access to health care where there may not otherwise be good options, it provides a trauma informed, compassionate care option to those who need it, and it provides a model of care that approaches Birth as a process to be respected, not just managed. This is vital for the health and success of Virginia families, women, and birthing parents.

I will add that in order to perform their jobs the way they need and want to, and in order to keep their clients safe, midwives need the ability to provide clients with lifesaving drugs like pitocin and antibiotics, and they need a medical system that is available to them when collaborative care or hospital transfers are necessary.

Thank you.
CommentID: 217754

Commenter: Molli Atallah

7/5/23 7:45 pm

Support for Certified Midwives!!

I am the mother of one (and another due any day now) and the manager of a pelvic health physical therapy clinic.

I switched from an OB practice to a homebirth practice with Certified Nurse Midwives at 20 weeks gestation with my first and had a phenomenal care and birth experience. The focus on empathetic, unhurried, evidence-based care left me feeling so empowered and peaceful about my birth and perinatal care. I never felt nervous or fearful.

As someone who works with women every single day through the pelvic health physical therapy clinic, I can unfortunately say that my experience was anomalous. I can ALSO say that those women who receive care from certified midwives have had much better outcomes than the majority. We regularly work with midwives for our patients anywhere from 14-100. They are so necessary for facilitating optimal women's health and I greatly support them.

CommentID: 217757

Commenter: Abigail Gennaccaro

7/5/23 9:49 pm

I SUPPORT MIDWIVES

Yes, I support the proposed regulations for certified midwives.

CommentID: 217764

Commenter: Jaya Ramani Duresky

7/6/23 7:33 am

Support

I support these regulations

CommentID: 217775

Commenter: Naomi Andrews

7/6/23 11:05 am

I support midwives regulations

I support midwives

CommentID: 217778

Commenter: Meghan Noonan, CNM

7/7/23 8:57 am

Support for Certified Midwife Regulations

Certified midwives have the potential to greatly increase access to perinatal care. This program decreases barriers to practice while upholding the same standards of practice that are already in place for CNMs. Please move forward with enacting these regulations so that the current and future CMs - of which many already reside in Virginia - can start practicing.

CommentID: 217799

Commenter: Mary Martin, Doula

7/8/23 8:27 am

I support Certified Midwife regulations

As a mom of three, doula, aspiring midwife and Coast Guard veteran, I have seen time and again how midwifery care provides excellent options and outcomes for pregnant and birthing families. Approving the certified midwife regulations will allow additional midwives in Virginia to practice to the full scope of their education, training and certification. This can only benefit Virginia and Virginia families.

CommentID: 217844

Commenter: Ricardo Trujillo

7/8/23 10:16 pm

Support Certified Midwives

I highly support midwives. They genuinely care for women and families.

CommentID: 217867

Commenter: Marisel Ammatuna

7/8/23 10:19 pm

I support midwives'

Midwives provide high-quality family-centered care.

CommentID: 217868

Commenter: Ludmila Trujillo

7/8/23 10:23 pm

I support regulation for certified midwives in virginia

Midwives go above and beyond caring for women's health. They focused on evidence based practices.

CommentID: 217869

Commenter: Claudio Ammatuna

7/8/23 10:30 pm

Midwives regulations

The world health Organization did enough research to prove the efficacy of the midwives work around the word getting a great impact on good outcomes related to maternal-child mortality. The USA needs more midwives to improve outcomes. We, lovers need midwives!

CommentID: 217873

Commenter: Leslie M. Payne, CPM

7/9/23 3:12 pm

CM Regulations in Virginia

Thanks for this opportunity. I have been a practicing Licensed Midwife in Central Virginia since 2005. The need for more midwives practicing in the Commonwealth has been overwhelmingly stated. Families want and deserve midwifery care in all its many forms. Those of us working struggle to keep up. After two years of waiting, it is beyond time for these midwives to offer their skills and expertise to our communities. The evidence is clear! Families are waiting! I (and many others) support the regulations governing the practice of Certified Midwives in Virginia as written. Looking forward to joining forces on behalf of the families of our area!

Most sincerely,

Leslie M. Payne, CPM

Traditional Midwifery of Lynchburg, LLC

Trillium House LLC

Lynchburg, VA

CommentID: 217891

Commenter: Kim Pekin

7/9/23 6:31 pm

I support Midwives

I have been a Virginia Licensed Midwife (CPM/LM) since 2009 and have served as the former Chair of the Midwifery Advisory Board to the Virginia Board of Medicine. I am currently the Chair of the North American Registry of Midwives Board of Directors. I regularly work with midwives nationwide to support the licensure of midwives as autonomous maternity care providers. The United States has the worst maternal and newborn outcomes in the developed world. Despite spending more on maternity care than any other country, the United States is the only high-income country with rising maternal mortality rates. The solution to our maternal mortality crisis is not money or technology. The solution is midwives. Outcomes are best in countries where midwifery care is the norm. To reduce the shockingly high maternal mortality rate in the United States, we must remove structural barriers to midwifery care, increase access to midwives for all childbearing people, and strive toward a more integrated system of care where midwives of all credentials are empowered to provide the high-quality maternity care that is within their training and scope of practice. As a Licensed Midwife and a national midwifery leader, I have seen the positive impact midwifery licensure and regulation of autonomous midwifery practice have had on consumer

access to midwifery. I fully support Certified Midwives and the passage of these regulations that encourage the safe and legal practice of midwifery in Virginia.

CommentID: 217895

Commenter: Kathleen Louise McClelland

7/9/23 10:15 pm

I support the Certified Midwife credential for Virginia

I am a Certified Nurse Midwife serving women and families in my own community. We need more midwives in Virginia, such that all women have access to a midwife for obstetric and gynecologic care. The Certified Midwife credential helps fill this need. A midwife for all women will go a long way to reduce perinatal health disparities in The Commonwealth.

CommentID: 217901

Commenter: Dani Fuller

7/17/23 8:45 am

I support the regulations for Certified Midwives in Virginia.

I support the regulations for Certified Midwives in Virginia.

CommentID: 218066

Commenter: Elle Schnetzler DM, CM, FACNM

7/20/23 12:25 am

Support for CM Licensure

I am a Certified Midwife that resides in Virginia. I have lived here since 2007 and obtained my Master of Science in Midwifery while living in Virginia. I was trained by Certified Nurse Midwives licensed in Virginia and by military Certified Nurse Midwives on a military installation. I have served in various leadership positions within ACNM; I am an adjunct professor for doctoral midwifery students and am currently a board member of the American Midwifery Certification Board, the certifying body for both Certified Nurse Midwives and Certified Midwives.

Though I live in Virginia, I am licensed in New York, where Certified Midwives and Certified Nurse Midwives are viewed as equivalent and receive the same state licensure as licensed midwives. Though I was trained by and educated alongside Certified Nurse Midwives, I have had to fly to New York to practice.

Enacting these regulations increases access to valuable care, improving health equity. This is significant as areas of the Commonwealth are limited in the number of reproductive health care clinicians. These regulations will increase the maternal and reproductive health workforce and provide Virginians with care that has been shown to reduce interventions and cost with great outcomes.

It has been a long journey to get to this point in time where Certified Midwife regulations are drafted in Virginia. I am so excited that Virginia has chosen to invest in midwifery in this way. I ask that the proposed regulations are enacted without delay so I and other midwives like myself can help meet the needs of our state to improve outcomes.

CommentID: 218079

Commenter: Karen Kelly, CM, FACNM, President-VA ACNM

7/20/23 11:58 pm

Support for LCM Regulations

My name is Karen Kelly, I am a Certified Midwife, a fellow of the American College of Nurse-Midwives and the president of the Virginia Affiliate of the American College of Nurse-Midwives.

Enacting these regulations moves forward Virginia's ability to scale up and meet the demand for maternity and primary care services at a time when more than half of the counties in Virginia have no hospital based obstetrical care. The need to travel long distances to access care is a critical factor why women do not seek care. In more urban areas of the Commonwealth we are still not close to achieving recommended ratios of reproductive health care clinicians.

Multiple studies show that midwifery care has long been associated with lower rates of interventions, particularly cesarean sections and inductions, while maintaining excellent safety outcomes. Investing in midwives, and in this case specifically Certified Midwives, can help fill these gaps in the workforce, reduce the rate of medical interventions and bring down costs.

These regulations were successfully drafted with the input of the Board of Nursing and a team of Certified Nurse-Midwives and Certified Midwives and represent a near-full-scope utilization of Certified Midwives, in accordance with standards-setting documents from the American College of Nurse-Midwives and the American College of Obstetrics and Gynecology.

We are grateful for the efforts of the Department of Health Professions and other stakeholders to support policy that promotes a more patient-centered healthcare system. The proposed regulations meet recognized standards for Advanced Practice Midwifery and promote the delivery of high quality-care to the public.

As we continue to develop quality improvement efforts aimed at reducing maternal and perinatal mortality and morbidity, we look forward to seeing Advanced Practice Midwifery integrated alongside initiatives for Advanced Practice Nursing. To fully realize the potential of Licensed Certified Midwives, we urge you to identify mechanisms for further investment in midwifery, such as education and training programs targeted to residents of the state.

On a personal note, I am one of a handful of Certified Midwives living and working in the state. As Certified Midwives, we were educated side by side with our nurse-midwife colleagues. We completed the same clinical rotations, and sat for the same exact board certification exam through the American Midwifery Certification Board as the certified nurse-midwives already practicing in Virginia.

Collectively we have worked in hospitals, led midwifery units, earned doctorates, held positions of leadership within ACNM, worked as educators and preceptors and taught student nurse-midwives and midwives, Physician Assistants, medical students and residents.

I have the privilege of currently serving on the governor-appointed task force on Maternal Data and Quality Improvement Measures, and the Department of Health Professions work group on midwifery in 2021. What I have not yet been able to do since moving to Virginia with my family in 2016, is clinically practice as a midwife.

I am aware of a handful of student midwives in Virginia who began their Master's degree in midwifery as soon as the bill was signed into law in 2021. They are about to graduate at the end of this year. I have heard from others in Virginia who will be starting their Master's degree this September. On behalf of these midwives and all who seek access to midwifery care, I urge you to move forward the proposed regulations without unnecessary delay, so that these midwives can help meet the needs of our state to improve maternal and newborn health outcomes.

Thank you for your time and consideration on this issue.

CommentID: **218094**

Commenter: Jane Celeste, PhD, HBCE

7/21/23 12:13 pm

Support for CMs

We know that midwifery care improves outcomes for both women and babies. We also know that there are not enough midwives in our state. Creating more pathways for people to become

midwives and serve the perinatal population in our state will lead to better health outcomes and care at a faster rate than we are currently experiencing. I wholeheartedly support the licensure and credentialing of CMs.

CommentID: **218097**

Commenter: Leslie Lytle

7/21/23 3:15 pm

I support the regulations for Certified Midwives

I support the regulations to provide a pathway for Certified Midwives in Virginia. Having Certified Midwives would help increase access to care for birthing people in Virginia while meeting the same standards that Certified Nurse Midwives must meet. It's a win-win for Virginia.

CommentID: **218098**

Commenter: Bianca Gandarias

7/21/23 3:40 pm

Support certified midwives

I support the regulations for certified midwives

CommentID: **218099**

Agenda Item: Initiation of periodic review of public participation guidelines contained in 18VAC90-11

Included in your agenda packet:

- 18VAC90-11

Staff Note: Agencies are required to conduct periodic reviews of regulatory chapters every 4 years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board is still required to conduct a periodic review.

Action Needed:

- Motion to initiate periodic review of 18VAC90-11.

Commonwealth of Virginia



PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF NURSING

Title of Regulations: 18 VAC 90-11-10 et seq.

**Statutory Authority: §§ 54.1-2400 and 2.2-4007
of the *Code of Virginia***

Revised Date: January 12, 2017

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Part I

Purpose and Definitions

18VAC90-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Nursing. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC90-11-20. Definitions.

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

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Nursing, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II

Notification of Interested Persons

18VAC90-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC90-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC90-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).
2. A notice of the comment period on a proposed, a repropoed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.
3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

Part III Public Participation Procedures

18VAC90-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.
3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § [2.2-4013](#) C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § [2.2-4012](#) E of the Code of Virginia.

18VAC90-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;
2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and
3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC90-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC90-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. An NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or
3. The agency determines that resolution of a controversy is unlikely.

18VAC90-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC90-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;
2. The Governor directs the agency to hold a public hearing; or
3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC90-11-110. Periodic review of regulations.

- A. The agency shall conduct a periodic review of its regulations consistent with:
 1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and
 2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.
- B. A periodic review may be conducted separately or in conjunction with other regulatory actions.
- C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

**VIRGINIA BOARD OF NURSING
EDUCATION SPECIAL CONFERENCE COMMITTEE
Tuesday, August 22, 2023**

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – Boardroom 3
Henrico, Virginia 23233

TIME AND PLACE: The meeting of the Education Special Conference Committee was convened at 9:00 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Boardroom 3, Henrico, Virginia.

MEMBERS PRESENT: Yvette L. Dorsey, DNP, RN, Chair
Ann Tucker Gleason, PhD

STAFF PRESENT: Jacquelyn Wilmoth, MSN, RN, Deputy Executive Director
Randall Mangrum, DNP, RN, Nursing Education Program Manager
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Manager
Melissa Gray, Adjudication Specialist
Grace Stewart, Adjudication Specialist
Beth Yates, Education Program Specialist

PUBLIC COMMENT: There was no public comment.

James Madison University, Harrisonburg, BSN Nursing Education Program, Richmond, US28508100

No representatives for the program were present.

ACTION: Dr. Gleason moved to recommend that the requests for continued faculty exception be approved for A. Hudson and O. Driver.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on September 12, 2023.

Marymount University, BSN and Accelerated BSN Nursing Education Programs, Arlington, US28505500 and US28501600

Andrew Wolf, EdD, RN, AGA, CNP-BC, Program Director, was in attendance to represent the program.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 10:13 a.m. for the purpose of deliberation to reach a decision in the matter of Marymount University, BSN and Accelerated BSN nursing education programs. Additionally, Dr. Gleason moved that Dr Mangrum, Ms. Smith, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 10:27 a.m.

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

The motion was seconded and carried unanimously.

ACTION:

Dr. Gleason moved to recommend to deny the request to decrease the regulatory requirement as stated in 18VAC90-27-30(4)(e) from 80% of clinical conducted in Virginia to 50% for Marymount University.

The motion was seconded and carried unanimously.

Dr. Gleason moved to recommend to deny the request to allow some students to complete 100% of their clinical experiences in Washington D.C. or Maryland.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on September 12, 2023.

George Washington University, BSN Nursing Education Programs, Ashburn, US28501500

Crystel Farina, PhD, RN, CNE, CHSE, Associate Dean was in attendance to represent the program.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 11:07 a.m. for the purpose of deliberation to reach a decision in the matter of George Washington University, Ashburn, BSN nursing education program. Additionally, Dr. Gleason moved that Ms. Wilmoth, Dr Mangrum, Ms. Smith, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 11:27 a.m.

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

The motion was seconded and carried unanimously.

ACTION:

Dr. Gleason moved to recommend to approve the request for clinical exception regarding the students who are enrolled in a scholarship program with certain clinical facilities.

The motion was seconded and carried unanimously.

Dr. Gleason moved to recommend to approve the request for clinical exception to conduct greater than 20% of clinical experiences outside of Virginia.

This recommendation will be presented to the full Board on September 12, 2023.

**Fast Track Healthcare, Salem, Medication Aide Training Program
0030000005**

Ms. Teresa Jones, Program Director, was in attendance to represent the program. The program was represented by counsel.

The program submitted additional materials that were accepted by the board.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 1:02 p.m. for the purpose of deliberation to reach a decision in the matter of Fast Track Healthcare, Salem, Medication Aide Training Program. Additionally, Dr. Gleason moved that Dr Mangrum, Ms. Smith, Ms. Gray and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 1:39 p.m.

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

The motion was seconded and carried unanimously.

ACTION:

Dr. Gleason moved to recommend to place the program on conditional approval with terms and conditions.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on September 12, 2023.

Fortis College, Richmond, Associate Degree Program, US28408900

Amanda Hyde, PhD, MSN, BSN, RN, Dean of Nursing; Elaine Foster, PhD, MSN, RN, Vice President of Nursing, Barry Brooks, PhD, Campus President were in attendance to represent the program.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 3:36 p.m. for the purpose of deliberation to reach a decision in the matter of Fortis College, Richmond, Associate Degree Nursing Education Program. Additionally, Dr. Gleason moved that Ms. Wilmoth, Ms. Smith, Ms. Stewart and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 4:18 p.m.

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

The motion was seconded and carried unanimously.

ACTION:

Dr. Gleason moved to recommend that the approval to operate an Associate Degree Program at Fortis College, Richmond be withdrawn.

The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on September 12, 2023.

Meeting adjourned at 4:20 p.m.

Jacquelyn Wilmoth, MSN, RN
Deputy Executive Director