

# **VIRGINIA BOARD OF NURSING**

## **BUSINESS MEETING**

### **AGENDA (FINAL)**

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, March 19, 2024 at 9:00 A.M. – Quorum of the Board**

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

#### **ESTABLISHMENT OF A QUORUM**

#### **ANNOUNCEMENT**

- **Staff Update:**
  - **Anthony Morales** has accepted a reassignment to serve as Administrative Coordinator for all matters related to digital processes, board technology uses and to act as a Liaison to DHP Technology and Business Services (TBS) Unit.

#### **A. UPCOMING MEETINGS and HEARINGS:**

**REMINDER** – The **DHP Board Member Training** is scheduled for March 26, 2024. Ms. Acuna, Ms. Cartte, Dr. Cox, Ms. Davis, Ms. Friedenberg and Dr. Parke will attend.

- The Tri-Regulatory Collaborative Meeting is scheduled for March 21, 2024 in Chicago. Ms. Douglas will attend as President of the NCSBN Board of Directors (BOD).
- American Association of Colleges of Nursing (AACN) Deans Annual Meeting is scheduled for March 23-25, 2024, in Washington, DC. Ms. Douglas will attend as President of the NCSBN Board of Directors (BOD).
- NCSBN Governance and Bylaws Review Committee is scheduled for March 25-26, 2024, in Chicago, IL – Ms. Glazier will attend as Chair of the Committee.
- NCSBN International Center for Regulatory Scholarship (ICRS) Advanced Leadership Institute Graduation is scheduled for April 3-4, 2024 in Washington, DC. Dr. Mangrum and Ms. Lucy Smith will attend as graduates of the ICRS Certificate Program. Ms. Douglas will also attend and provide the graduation address.
- Federation of State of Massage Therapy Boards (FSMTB) Massage Board Executive (MBE) Summit is scheduled for April 3-5, 2024 in Savannah, GA. Ms. Bargdill will attend as representative for Virginia Board of Nursing.

- American Organization for Nursing Leadership (AONL) Inspiring Leaders Conference is scheduled for April 8-11, 2024, in New Orleans, LA. Ms. Douglas will attend as President of the NCSBN BOD and will also provide a presentation on the Nurse Licensure Compact and NGN-NCLEX.
- NCSBN Model Act and Rules Committee Meeting is scheduled for April 15-16, 2024, in Chicago, IL. Ms. Wilmoth will attend as Committee Member.
- Federation of State Medical Boards (FSMB) Annual Meeting is scheduled for April 17-20, 2024, in Nashville, TN. Ms. Douglas will attend as President of the NCSBN BOD. Board of Pharmacy and Board of Medicine will be represented.
- Virginia Organization for Nurse Leaders (VONL) Spring Conference is scheduled for April 26, 2024 in Glen Allen, VA. Ms. Douglas and Ms. Morris will attend.
- NCSBN Board of Directors (BOD) is scheduled for May 7-9, 2024, in Chicago, IL. Ms. Douglas will attend as President of the NCSBN BOD.
- National Association of Boards of Pharmacy (NABP) Annual Meeting is scheduled for May 16-17, 2024, in Fort Worth, TX. Ms. Douglas will attend as President of the NCSBN BOD.
- The Education Informal Conference Committee is scheduled for April 16, 2024, at 10 AM in Board Room 3.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for April 24, 2024, at 9 am in Board Room 2.
- The Nursing Education Regulatory Review Committee Meeting is scheduled for April 26, 2024, at 9:30 AM in Board Room 4.

**REMINDER** of Additional Formal Hearings in 2024:

- **Thursday, 4/18/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Ms. Davis, Ms. Friedenberg and Dr. Gleason
- **Tuesday, 6/11/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Ms. Cartte, Ms. Friedenberg, Dr. Gleason and Ms. Kinchen.

**REMINDER** of Additional Special Conference Committee (SCC) to hear reinstatement cases in April and June 2024:

- **Thursday, 4/4/2024** – Board Members are Ms. Cartte (**Chair**) and Mr. Scott
- **Wednesday, 4/17/2024** – Board Members are Dr. Dorsey (**Chair**) and Mr. Hogan
- **Monday, 4/22/2024** – Board Members are Dr. Gleason (**Chair**) and Cartte
- **Wednesday, 6/5/2024** – Board Members are Dr. Dorsey (**Chair**) and Ms. Davis
- **Monday, 6/24/2024** – Board Members are Dr. Gleason (**Chair**) and Mr. Scott

- **Nursing and Nurse Aide Education Program Training Sessions:**
  - Preparation and Regulation Review for Program Directors and Faculty of PN & RN Pre-Licensure Nursing Programs is scheduled on **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 9 am to 12 pm.
  - Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 1 pm to 4 pm.

## **REVIEW OF THE AGENDA:**

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

<b>*B1</b> January 22, 2024	Formal Hearings
<b>*B2</b> January 23, 2024	Business Meeting
<b>*B3</b> January 24, 2024	Panel A - Formal Hearings
<b>*B4</b> January 24, 2024	Panel B - Formal Hearings
<b>*B5</b> January 25, 2024	Formal Hearings
<b>*B6</b> January 30, 2024	Telephone Conference Call
<b>*B7</b> February 13, 2024	Telephone Conference Call
<b>**B8</b> February 28, 2024	Telephone Conference Call
<b>**B9</b> February 29, 2024	Formal Hearings
<b>B10</b> March 13, 2024	Telephone Conference Call

- \*\*C1** - Board of Nursing Monthly Tracking Log
- \*C2** - Agency Subordinate Recommendation Tracking Log
- \*\*C3** - Executive Director Report
- \*C4** – Board of Nursing Criminal Background Check (CBC) Report

**\*\*\*C5** - Regulatory Review Committee January 23, 2024 Meeting minutes - **FINAL**

**C6** - Committee of the Joint Boards of Nursing and Medicine February 29, 2024 Business Meeting and Discipline Meeting minutes

**\*\*DHP** Key Performance Measures Report – Q2 2020 – Q2 2024

- ❖ **\*\*Virginia's** Licensed Nurse Practitioner Workforce: 2023
- ❖ **\*\*Virginia's** Licensed Nurse Practitioner Workforce: Comparison by Specialty
- ❖ **\*\*2023 APRN** Workforce Survey – Key Findings

## **DIALOGUE WITH DHP DIRECTOR – Mr. Owens**

## **B. DISPOSITION OF MINUTES – None**

## **C. REPORTS**

### **Verbal Reports**

- Nurse Licensure Compact (NLC) Midyear Meeting – March 11, 2024 in Atlanta, GA – **Ms. Douglas**
- NCSBN Leadership Day – March 12, 2024 in Atlanta, GA – **Ms. Swineford and Ms. Douglas**
- NCSBN Midyear Meeting – March 13-14, 2024 in Atlanta, GA – **Ms. Swineford, Ms. Davis, Ms. Hardy and Ms. Smith**
- Virginia Council of Nurse Practitioners (VCNP) Annual Conference – March 13-14, 2024 in Williamsburg, VA – **Dr. Hills**

### **Annual Reports for 2023**

- **\*C7** - Board of Nursing Licensure and Discipline Statistics – **Ms. Douglas/Ms. Vu**
- **\*\*C8** - NNAAP Pass Rates – **Ms. Wilmoth**
- **\*\*C9** - PSI Pass Rates (Medication Aide) – **Ms. Wilmoth**
- **\*C10** - NCLEX Pass Rates – **Ms. Wilmoth**
- **\*C11** - Approved Initial Faculty Exceptions – **Ms. Wilmoth**

## **D. OTHER MATTERS:**

- Board Counsel Update (**verbal report**)
- Composition of the Special Conference Committees (SCCs), Assignments and scheduling Informal Conference (IFC) from July to December 2024 – **Ms. Swineford/Ms. Douglas**
- Changes to May Board Week – **Ms. Douglas**
- Additional Formal Hearing Dates for August, October and December 2024 – **Ms. Douglas**

## **E. EDUCATION:**

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

## **F. REGULATIONS/LEGISLATION– Ms. Barrett/Mr. Novak**

- **\*\*F1** – Chart of Regulatory Actions
- **F2** – Update Report of the 2024 General Assembly
- **\*\*F3** - Review of Guidance Document (GD) 90-9

## **10:00 A.M. – PUBLIC COMMENT**

## **CONSIDERATION OF CONSENT ORDERS**

- **\*G1** – Elizabeth Ann Donald, RN

## **12:00 P.M. – LUNCH - Recognition of Service**

## **1:00 P.M. – CONSIDERATION OF POSSIBLE SUMMARY SUSPENSIONS**

- **\*\*\*Case # 227229**
- **Cases # 223944, 226649, 232117 and 233865**

**1:30 P.M.**

**\*E1** – February 14, 2024 Education Special Conference Committee DRAFT Minutes

**February 14, 2024 Education Special Conference Committee Recommendations regarding:**

- **\*E1a** - Medical Career Academy, Prince George, Medication Aide Training Program 0030000340
- **\*E1b** - Kissito Healthcare – Brian Center-Fincastle, Nurse Aide Education Program, 1414100842
- **\*E1c** - Florence Nightingale College of Virginia, Sterling, Nurse Aide Education Program, 1414100945
- **\*E1d** - Marymount University, Arlington, BSN and ABSN Programs, US28505500 and US28501600

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS**

**ODD NUMBERS** Panel in **BOARD ROOM 2**

**Presiding:** Cynthia Swineford, RN, MSN, CNE; **President**  
Delia Acuna, FNP-C  
Victoria Cox, DNP, RN  
Paul Hogan, Citizen Member

Helen Parke, DNP, FNP-BC  
Robert Scott, RN

1	*Paul Price CNA	3	*Amanda Rachael Jocken RN
5	*Jennifer Ann Corbin RN	7	*Wynette Lacole O’Neal LPN
9	*Kimberly Richard RN	11	*Franki Alyssa Skeens LPN
13	*Michael Alan King RN	15	*Melissa Black RN
17	*Brittany J. Cadd RMA	19	**Hannah West CNA
21	**Tabitha Renee Cook Kennard RMA	23	**Anna Jean Flowers Holland RN
25	**Victoria Gregory CNA	27	**Jessie Milisa Rodgers-Green RN
29	**Angela Lewis Trotter RN		

**EVEN NUMBERS** Panel in **BOARD ROOM 4**

**Presiding:** A Tucker Gleason, PhD, Citizen Member; **First Vice-President**  
Laurie Buchwald, MSN, WHNP, FNP  
Carol Cartte, RN, BSN  
Yvette Dorsey, DNP, RN

Pamela Davis LPN  
Margaret Friedenberg, Citizen Member

2	*Wendy Harrison Waugh LPN	4	*Hayat Ahmed Mohamed LPN
6	*Melissa Anne Hall Harper LPN	8	*Courtney Faye Williams RN
10	*Megan Renee Flint LPN	12	*Parris Diondra Langhorne RN
14	*Tova Alicisha Tinsley LPN	16	*Dallas Raines Dean Crouse RN
18	*Freeda Brown LPN Applicant	20	**Katrina Jeannette Cannon CNA
22	**Ronald Brockington CNA	24	N/A
26	**Jamie Leann Showers RN	28	**Diane Lee Burns RN
30	**Shoneterria Jaslyn Fulton LPN		

**ADJOURNMENT OF BUSINESS AGENDA**

(\*1<sup>st</sup> mailing – 2/28) (\*\*2<sup>nd</sup> mailing – 3/7) (\*\*\*)3<sup>rd</sup> mailing – 3/13)

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**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
Monday January 22, 2024**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:16 A.M., on January 22, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS  
PRESENT: Ann T. Gleason, PhD, Citizen Member; **First Vice-President**  
Carol Cartte, RN, BSN  
Margaret Friedenberg, Citizen Member  
Shantell Kinchen, LPN  
Robert Scott, RN  
Meenakshi Shah, BA, RN

STAFF PRESENT: Robin Hills, DNP, RN, WHNP, Deputy Executive Director  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Lakisha Goode, Discipline Team Coordinator

OTHERS PRESENT: Laura A. Booberg, Assistant Attorney General  
Students from Randolph Macon College

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

FORMAL HEARINGS: **Angel Owens, RMA, CNA**                      **0031-01356, 1401-157911**  
  
Ms. Owens appeared.  
  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Reporters, recorded the proceedings.  
  
Megan Wingate, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Mr. Scott moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:18 A.M., for the purpose of deliberation to reach a decision in the matter of **Angel Owens**. Additionally, Mr. Scott moved that Dr. Hills, Ms. Morris, Ms. Goode 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 11:05 A.M.

Mr. Scott 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: Ms. Shah moved that the Board of Nursing issue an order of reprimand to **Angel Owens** and impose terms on her privilege to practice as a certified nurse aide in the Commonwealth of Virginia and dismiss the case against the medication aide registration. 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 11:06 A.M.

RECONVENTION: The Board reconvened at 11:20 A.M.

FORMAL HEARINGS: **Henry Edward Easton, Jr., RMA** **0031-012746**

Mr. Easton appeared.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Reporters, recorded the proceedings.

Jay Paff, Senior Investigator, Enforcement Division, was present and testified. Lois Beale, PCA, testified via telephone.

CLOSED MEETING: Mr. Scott moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:27 P.M., for the purpose of deliberation to reach a decision in the matter of **Henry Edward Easton**. Additionally, Mr. Scott moved that Dr. Hills, Ms.

Morris, Ms. Goode 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. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:02 P.M.

Mr. Scott 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. Kinchen and carried unanimously.

ACTION: Ms. Shah moved that the Board of Nursing issue an order of reprimand to **Henry Edward Easton, Jr.** and impose terms on his privilege to practice as a medication aide in the Commonwealth of Virginia. 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 1:03 P.M.

RECONVENTION: The Board reconvened at 1:43 P.M.

FORMAL HEARINGS: **Hannah West, CNA** **1401-180200**

Ms. West appeared.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Reporters, recorded the proceedings.

Kimberly Martin, Senior Investigator, Enforcement Division, Jonny Galbraith, LPN and Nancy McLain, RN were present and testified.

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:32 P.M., for the purpose of deliberation to reach a decision in the matter of **Hannah**

**West.** Additionally, Ms. Kinchen moved that Dr. Hills, Ms. Morris, Ms. Goode 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. Cartte and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:40 P.M.

Ms. Kinchen 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. Scott and carried unanimously.

ACTION:

Ms. Shah moved that the Board of Nursing issue an order of reprimand to **Hannah West** and impose terms on her privilege to practice as a certified nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and passed with 5 votes in favor of the motion. Ms. Kinchen 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 3:42 P.M.

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

**VIRGINIA BOARD OF NURSING  
BUSINESS MEETING MINUTES  
January 23, 2024**

**B2**

**TIME AND PLACE:** The business meeting of the Board of Nursing was called to order at 9:00 A.M. on January 23, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**PRESIDING:** Cynthia M. Swineford, RN, MSN, CNE; President

**BOARD MEMBERS PRESENT:** Delia Acuna, FNP-C  
Laurie Buchwald, MSN, WHNP, FNP  
Carol Cartte, RN, BSN  
Pamela Davis, LPN  
Yvette L. Dorsey, DNP, RN – **joined at 10:55 AM**  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
Paul Hogan, Citizen Member  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN  
Robert Scott, RN

**MEMBERS ABSENT:** Victoria Cox, DNP, RN  
Shantell Kinchen, LPN

**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  
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager  
Francesca Iyengar, MSN, RN; Discipline Case 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 – **joined at 10:30 AM**  
Matthew Novak, DHP Policy Analyst  
Chris Moore, DHP Finance and Budget Director – **joined at 9:50 AM**

**IN THE AUDIENCE:** Janet Wall, MS, Chief Executive Officer, Virginia Nurses Association (VNA)/Virginia Nurses Foundation (VNF)  
Mary Ottinot, RN, BSN; Citizen Member of the Virginia Health Advisory Council

**ESTABLISHMENT OF A QUORUM:**

With 11 members present, Ms. Swineford indicated that a quorum was established.

**ANNOUNCEMENTS:** Ms. Swineford announced the following:

**Staff Update:**

- **Brandon Jones, MSN, RN, CEN, NEA-BC**, has accepted the P-14 RN Agency Subordinate/Probable Cause Reviewer position and started on January 2, 2024.

**UPCOMING MEETINGS:** The upcoming meetings listed on the agenda:

**REMINDER** – 2024 Conflict of Interest – Financial Disclosure Statement filing deadline is **Thursday, February 1, 2024**

- The **DHP Board Member Training** is scheduled for March 26, 2024 – more details will be available soon.
- NCSBN Board of Directors (BOD) is scheduled for February 6-7, 2024, in Chicago, IL. Ms. Douglas will attend as President of the NCSBN BOD.
- The Education Informal Conference Committee is scheduled for February 14, 2024, at 9 AM in Board Room 4.
- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for February 28, 2024, at 9 am in Board Room 2.
- The Committee of the Joint Boards of Nursing and Medicine Formal Hearings are scheduled for February 28, 2024, at 1 pm in Board Room 2.

**REMINDER** of Additional Formal Hearings in 2024:

- **Thursday, 2/29/2024** – Board Members are Dr. Dorsey (**Chair**), Ms. Cartte, Dr. Cox, Ms. Davis, Dr. Parke, and Ms. Hogue, LMT.
- **Thursday, 4/18/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Dr. Cox, Ms. Davis, Ms. Friedenberg and Dr. Gleason
- **Tuesday, 6/11/2024** – Board Members are Ms. Swineford (**Chair**), Ms. Acuna, Ms. Cartte, Ms. Friedenberg, Dr. Gleason and Ms. Kinchen.

**REMINDER** of Additional Special Conference Committee (SCC) to hear reinstatement cases in April and June 2024:

- **Thursday, 4/4/2024** – Board Members are Ms. Cartte (**Chair**) and Mr. Scott
  - **Wednesday, 4/17/2024** – Board Members are Dr. Dorsey (**Chair**) and Mr. Hogan
  - **Monday, 4/22/2024** – Board Members are Dr. Gleason (**Chair**) and Ms. Shah
  - **Wednesday, 6/5/2024** – Board Members are Dr. Dorsey (**Chair**) and Ms. Davis
  - **Monday, 6/24/2024** – Board Members are Dr. Gleason (**Chair**) and Mr. Scott
- Nurse Licensure Compact (NLC) Midyear Meeting is scheduled for March 11, 2024, in Atlanta, GA. Ms. Douglas will attend as the Commissioner.
  - NCSBN Midyear Meeting is scheduled for March 12-14, 2024, in Atlanta, GA. Ms. Douglas and Ms. Swineford will attend to represent the Virginia Board of Nursing. Other attendees will be determined at a later date.
  - **Nursing and Nurse Aide Education Program Training Sessions:**
    - Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program is scheduled on **Wednesday, March 6, 2024**, 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 **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 9 am to 12 pm.
    - Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **Wednesday, March 27, 2024**, at Hampton University (200 William R. Harvey Way, Hampton, VA 23668) – Student Center Ball Room from 1 pm to 4 pm.

**ORDERING OF  
AGENDA:**

Ms. Swineford asked staff if there are modifications to the agenda.

Ms. Douglas noted the following additional items:

**Under Consent Agenda, the following has been added:**

**B8** – January 22, 2024 Telephone Conference Call minutes

**Under Other Matters the following has been added:**  
Additional possible summary suspension consideration.

**Under Regulations/Legislation the following has been added:**  
**F4a** – Background Information regarding Fee Increase

**Under Consideration of Consent Orders, the following has been added:**  
**G2** – Katherine Luna Han, LMT

Ms. Vu noted that **C4** – HPMP Quarterly Report, October 1 – December 31, 2023 is not available and is removed from the Consent Agenda.

CONSENT AGENDA: The Board removed the following item from the consent agenda:  
**C3** – Executive Director Report

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

**Consent Agenda**

<b>B1</b> November 13, 2023	Formal Hearings
<b>B2</b> November 14, 2023	Business Meeting
<b>B3</b> November 15, 2023	Panel A – Formal Hearings
<b>B4</b> November 15, 2023	Panel B – Formal Hearings
<b>B5</b> November 16, 2023	Formal Hearings
<b>B6</b> December 7, 2023	Telephone Conference Call
<b>B7</b> January 4, 2024	Telephone Conference Call
<b>B8</b> January 22, 2024	Telephone Conference Call

**C1** - Board of Nursing Monthly Tracking Log

**C2** - Agency Subordinate Recommendation Tracking Log

**C5** – Regulatory Review Committee November 14, 2023 Meeting minutes

**Discussion of item pulled from Consent Agenda**

**C3** – Executive Director Report

Ms. Douglas noted that she is proud to have Board of Nursing staff to serve on the NCSBN Committees as follows:

- Ms. Wilmoth, Deputy Executive Director, appointed to the NCSBN Model Act and Rules Committee
- Ms. Glazier, Nurse Aide Education Inspector and former Executive Director for Oklahoma Board of Nursing, appointed to the NCSBN Governance and Bylaws Review Committee.

DISPOSITION OF  
MINUTES:

None

REPORTS:

None

OTHER MATTERS:

**Board Counsel Update:**

Ms. Booberg stated that she has nothing to report.

**DHP Performance Measure Report – First Quarter of FY2024:**

Ms. Douglas stated that the report provides the comparison between boards within DHP and the difference in volume that Nursing handles.

Ms. Douglas added that the report is posted on the DHP website.

Ms. Douglas noted the following:

- Measures are set by the General Assembly
- Time frame of 415 days includes from investigation to closure
- Nurse aide measure is different due to Federal funding

Ms. Buchwald commented that it would be helpful for the Secretary's Office to review the report. Ms. Douglas stated that the Biennial reports are posted on DHP website which include the performance measurement.

Mr. Hogan asked if other performance measures are collected related to workforce demand. Ms. Douglas replied that they are included in the Healthcare Workforce Data Center (HWDC) reports.

**Calendar Invite for Board Members:**

Ms. Douglas stated that she was made aware that Board Members are sent calendar invites regarding Education Special Conference Committee dates.

Ms. Douglas asked if Board Members have any objections for staff to send calendar invites for Nursing scheduled meeting/hearing dates.

No objections were noted from Board Members. Ms. Douglas added that Ms. Vu will send the calendar invites.

**Journal of Nursing Regulation: NCSBN 2024 Environmental Scan:**

Ms. Douglas stated that Board Members were provided a copy of the latest NCSBN Journal of Nursing Regulation.

Ms. Douglas encouraged Board Members and staff to read the report on Environmental Scan which is done by NCSBN annually. Ms. Douglas highlighted the following from the most recent report:

- Nursing Implications
- Nursing Simulation

- Operation Nightingale summary (page 49)
- The NCSBN ID – a unique number assigned to every nurse with first NCLEX attempt (page 51)
- Global Regulatory Atlas – how nursing is regulated in other countries (page 59)

Ms. Douglas noted that other organizations are always interested in the Environmental Scan report.

**Additional possible summary suspension consideration:**

Ms. Douglas stated that there are three (3) additional cases ready for possible summary suspension consideration by the Board. Instead of polling Board Members for their availability next week, Ms. Vu will pass out the polling sheet for two (2) dates: Monday, 1/29/2024, and Tuesday, 1/30/2024, both at 4:30 pm.

Ms. Douglas asked Board Members to please provide their availability for all the dates and to plan for an hour and a half call.

**EDUCATION:**

**Education Update:**

Ms. Wilmoth reported the following:

**Nurse Aide Education Program Updates**

First testing fee increase since 2018. There will be a step increase of fees over the next five (5) years

**Medication Aide Program Updates**

- Since 2021, board staff have been contacting programs to determine if they remained active. Through the course of this project, we were able to identify approximately 100 programs that were no longer active.
- PSI update: The increased passing standard as well as the new testing forms were implemented in December 2023. We will monitor pass rates for impact.

**Nursing Education Programs Updates**

- Next Generation NCLEX (NGN) launched April 1, 2023, for RN and PN. 2023 pass rates quick glance: RN=90%, PN = 89.9%.
- Regulatory review continues- next meeting today following the business meeting.
- The Board's annual report has been completed by all programs and has been sent to the HWDC for results to be compiled. Once complete the results will be presented to the full Board.
- NCSBN Annual Report was emailed to all programs for completion by March 1, 2024. As a reminder this report is optional for programs and

looks at program quality. Once data is received it will be shared with the Board.

- While our Board does not have regulatory authority over clinical facilities, it is noted during the last quarter of 2023, we received an increased number of inquiries from out of state pre-licensure programs regarding their ability to conduct clinical in Virginia.
  - Some of these programs have 100% online pre-licensure programs
- There has been a slight shift (decrease) in total number of nursing programs as some programs who have multiple locations have decided to become “one program” with satellite campuses.

Ms. Swineford invited Janet Wall, MS, Chief Executive Officer, Virginia Nurses Association (VNA)/Virginia Nurses Foundation (VNF) to update the Board on any information. Ms. Wall reported the following:

- There were 94 nurses who participated the Lobby day last week
- The Virginia Nurse Today publication is working the next article on racism in nursing. If Board Members are interested in contributing, please contact VNA staff using the email provided on the VNA business cards, which will be provided to board staff.

LEGISLATION/  
REGULATION:

Mr. Novak reported the following on behalf of Ms. Barrett who is at the General Assembly:

**F1 Chart of Regulatory Actions**

Mr. Novak reviewed the regulatory actions found in the chart.

Dr. Hills noted that staff will start the licensing process for the Licensed Certified Midwives (LCM) in February 2024.

Ms. Douglas added that LCMs will be jointly regulated by the Committee of the Joint Boards of Nursing and Medicine.

**F2 – Report of the 2024 General Assembly (GA)**

Mr. Novak reviewed the handout report of bills being considered at the GA.

Mr. Moore joined the meeting at 9:50 A.M.

PUBLIC COMMENT:

Mary Ottinot, RN, BSN, provided the following verbal and written comments:

- She has been a nurse for the past 14 years with specialization in psych mental health, substance use, disability, pediatric, geriatric and case management
- She currently serves on the Virginia Behavioral Health Advisory Council and Chair of the Youth Committee.
- She has been involved in public policy work for many years at the City, State and Federal levels that have impacted policy for people with disabilities, domestic violence, mental health and human trafficking.
- Back in December 2022, she became a victim of perpetrators posing as law enforcement medical professionals in Fairfax County and she was falsely committed to a mental institution with a fabricated psychotic story that never took place.
- Her goal is to educate policy makers and nurses about her experience and needed infrastructure improvements to laws and policy to ensure public health and safety.

RECESS:

The Board recessed at 10:12 A.M.

RECONVENED:

The Board reconvened at 10:19 A.M.

LEGISLATION/  
REGULATION (cont.):

**Possible Fee Increase**

Cover Memo from Ms. Douglas

**F4** – Letter from Mr. Owens, DHP Director

**F4a** – Background Information regarding Fee Increase

Ms. Douglas introduced Mr. Moore and stated that he is here to clarify any questions the Board has regarding the proposed fee increase.

Mr. Novak reviewed the background information regarding the fee increase and noted that the Board last raised licensure fees in 2011.

Mr. Owens joined the meeting at 10:30 A.M.

Mr. Novak said that there was a one-time required fee decrease for the renewal period of 2017-2019 which resulted in a decrease of revenue of just over \$42 million.

Mr. Moore added that the Board's cash balance projections without a fee increase as of June 30, 2025 would reflect a \$2.1 million deficit and as of June 30, 2026 a \$7.3 million deficit.

Ms. Shah moved to adopt a Notice of Intended Regulatory Action (NOIRA) to initiate a fee increase. The motion was seconded by Dr. Parke and carried unanimously.

**F2 – Report of the 2024 General Assembly (GA) - continued:**

Mr. Novak continued to review the rest of the report.

Dr. Dorsey joined the meeting at 10:55 A.M.

**F3 – Consideration of Petition for Rulemaking to Amend Faculty Requirements – 18VAC90-27-60(A)(4):**

Mr. Novak reviewed staff notes provided in the item and noted that this chapter is currently being reviewed by the Regulatory Review Committee.

Ms. Shah moved to take no action on the petition for rulemaking and send the issue to the Regulatory Review Committee as they are currently in the process of reviewing this chapter. The motion was seconded by Ms. Buchwald and carried unanimously.

RECESS:

The Board recessed at 11:02 A.M.

RECONVENED:

The Board reconvened at 11:07 A.M.

DIALOGUE WITH DHP  
DIRECTOR OFFICE:

Mr. Owens provided the following information:

- Mr. Jenkins and Ms. Barrett are at the General Assembly and DHP is reviewing and commenting on 90 bills.
- The name change of Health & Human Resources Committee is now The Committee of Health and Human Services (HHS).
- DHP has contracted with a vendor to review business process improvement of mainly licensing processes. The review has started with the Board of Medicine. Boards of Counseling and Social Work will be next.

The Board had no questions for Mr. Owens.

Ms. Swineford thanked Mr. Owens for his report.

**POLICY FORUM – Healthcare Workforce Data Center (HWDC) Reports**

Yetty Shobo, PhD, Executive Director and Barbara Hodgdon, PhD, Deputy Executive Director

- Virginia's Certified Nurse Aide Workforce: 2023
- Virginia's Licensed Practical Nurse Workforce: 2023
- Virginia's Registered Nurse Workforce: 2023

Dr. Hodgdon provided the following Key Findings:

**Registered Nurses (RNs):**

- The report contains the results of the 2023 RN survey and nearly 51,000 RNs voluntarily took part in this survey, which represent 40% of the 127,905 RNs who are licensed in the state and 96% of renewing practitioners
- Increase in licensees, VA's workforce, and FTEs (full-time equivalency units)
- Younger age distribution and diversity index increasing
- Educational attainment and % with education debt increasing
- Decrease in % of RNs working in patient hospital departments
- Between 20% and 25% intend to retire with a decade

**Licensed Practical Nurses (LPNs):**

- The report contains the results of the 2023 LPN survey and 11,609 LPNs took part in this survey, which represent 40% of the 29,377 LPNs who are licensed in the state and 95% of renewing practitioners
- Increase in licensees, VA's workforce, and FTEs (full-time equivalency units) since 2022
- Stable age distribution and increasing diversity index
- Increase in % with bachelors; increase in % with education debt
- Greatest increase in % working in primary care clinics
- A little over 20% intend to retire within 10 years

**Certified Nurse Aides (CNAs):**

- The report contains the results of the 2023 CNA survey and more than 32,000 CNAs took part in this survey, which represent 55% of the 58,501 CNAs who are certified in the state and 96% of renewing practitioners
- Increase in licensees, VA's workforce, and FTEs (full-time equivalency units) since 2022
- Majority of workforce under 40 years of age; high diversity index
- Increase in % training in nursing home/hospital settings
- Increase in % enrolled in RN program
- Decrease in % working in home health care

Ms. Swineford thanked Drs. Shobo and Hodgdon for their reports.

Mr. Owens left the meeting at 11:27 A.M.

Mr. Novak left the meeting at 11:42 A.M.

**CONSIDERATION OF CONSENT ORDERS:**

**G1 – Mary Catherine Duffy, RN**

**0001-101974**

Dr. Gleason moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Mary Catherine Duffy** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**G2 – Katherine Luna Han, LMT**

**0019-015376**

Dr. Dorsey moved that the Board of Nursing accept the consent order for voluntary surrender for indefinite suspension of the license of **Katherine Luna Han** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Shah and carried unanimously.

RECESS:

The Board recessed at 11:47 A.M.

RECONVENTION:

The Board reconvened at 12:45 P.M.

**BOARD MEMBER DEVELOPMENT:**

**Administrative Proceeding Presentation by Ms. Booberg** – the first part of the presentation was provided at the November 14, 2023 meeting.

Ms. Booberg presented the following:

- Opening Statement and Closing Argument
- What happens in closed session
- Clear and convincing evidence
- Sanctions
- Motions
- Appeals

**POSSIBLE SUMMARY SUSPENSION CONSIDERATION – CASE NUMBER 227237**

Amanda Padula-Wilson, Assistant Attorney General, and Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, joined the meeting at 1:25 PM.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Diane C. Black, RN (0001-299859)** 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 8:45 A.M., for the purpose of deliberation to reach a decision in the matter of **Diane C. Black**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Morris, Dr. Hills, Ms. Bargdill, Ms. Vu 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. Shah and carried unanimously.

Ms. Padula-Wilson and Ms. Stewart left the meeting at 1:26 PM.

**RECONVENTION:**

The Board reconvened in open session at 1:33 PM.

Ms. Padula-Wilson and Ms. Stewart re-joined the meeting at 1:33 PM.

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. Buchwald and carried unanimously.

Ms. Davis moved to summarily suspend the right of Diane C. Black to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Mr. Scott and carried unanimously.

**E1 – December 4, 2023 Education Special Conference Committee  
DRAFT minutes**

Ms. Shah moved that the Board of Nursing accept the December 4, 2023 Education Special Conference Committee minutes as presented. The motion was seconded by Ms. Buchwald and carried unanimously.

**CONSIDERATION OF December 4, 2023, EDUCATION SPECIAL CONFERENCE COMMITTEE  
RECOMMENDATIONS:**

**E1a - Partners Pharmacy, Richmond, Medication Aide Training  
Program 0030000167**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Partners Pharmacy Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1b - ApexCare Pharmacy Solutions, Salem, Medication Aide Training  
Program 0030000069**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of ApexCare Pharmacy Solutions, Salem, Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1c - Advanced Healthcare Education, Inc., Mechanicsville, Medication  
Aide Training Program 0030000229**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Advanced Healthcare Education, Inc., Mechanicsville, Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1d - Care Plus Nursing Services & Training Center, LLC Medication  
Aide Training Program 0030000060**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Care Plus Nursing Services & Training Center, LLC Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1e - Commonwealth Care, Inc. Medication Aide Training Program  
0030000048**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Commonwealth Care, Inc. Medication Aide Training Program to operate a

medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1f - Community Healthcare Training Academy, LLC Medication Aide Training Program, 0030000277**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Community Healthcare Training Academy, LLC Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1g - Dominion House, LLC Medication Aide Training Program 0030000217**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Dominion House, LLC Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1h - Faithful Nursing Resources Medication Aide Training Program 0030000240**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Faithful Nursing Resources Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1i - Family Horizons Home Health Care Agency Medication Aide Training Program 0030000175**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Family Horizons Home Health Care Agency Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1j - Healthcare Solutions by Katoria Medication Aide Training Program 0030000187**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Healthcare Solutions by Katoria Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1k - Imperial Plaza Assisted Living Community Medication Aide Training Program 0030000046**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Imperial Plaza Assisted Living Community Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1l - Langford Training Center Medication Aide Training Program 0030000101**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Langford Training Center Medication Aide Training Program to operate a medication aide training program. The motion was seconded by Ms. Buchwald and carried unanimously.

**E1m - Medical Career Academy, LLC Nurse Aide Education Program, 1414100952**

Ms. Cartte moved that the Board of Nursing accept the recommendations of the Education Special Conference Committee to withdraw the approval of Medical Career Academy, LLC Nurse Aide Training Program to operate a nurse aide education program. The motion was seconded by Ms. Buchwald and carried unanimously.

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**Panel A Board Members in BOARD ROOM 4:**

**Presiding:** Cynthia Swineford, RN, MSN, CNE; **President**  
Laurie Buchwald, MSN, WHNP, FNP  
Yvette Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member

Meenakshi Shah, BA, RN  
Robert Scott, RN

**#3 – Susana Virginia Chuquimia Morales, CNA**

**0014-071475**

**#3 – Susana Virginia Chuquimia Morales, RMA**

**0031-007322**

Ms. Morales appeared and addressed the Board.

**CLOSED MEETING:**

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:56 P.M. for the purpose of considering the agency subordinate recommendations regarding **Susana Virginia Chuquimia Morales, CNA, RMA.**

Additionally, Dr. Dorsey 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 2:04 P.M.

Dr. Dorsey 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.

**CNA # 0014-071475**

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Susana Virginia Chuquimia Morales** and to require her, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three (3) contact hours in each of the subjects of (i) proper scope of practice for certified nurse aides, and (ii) patient rights and responsibilities. The motion was seconded by Ms. Friedenberg and carried unanimously.

**RMA # 0031-007322**

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Susana Virginia Chuquimia Morales** and to require her, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three (3) contact hours in each of the subjects of (i) proper scope of practice for medication aides, and (ii) patient rights and responsibilities. The motion was seconded by Ms. Friedenberg and carried unanimously.

**#10 – Keery Dooley, RN**

**0001-301119**

Ms. Dooley appeared, addressed the Board and submitted written response.

CLOSED MEETING:

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:09 P.M. for the purpose of considering the agency subordinate recommendations regarding **Keery Dooley**. Additionally, Dr. Dorsey 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 2:17 P.M.

Dr. Dorsey 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.

Ms. Buchwald moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Keery Dooley** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Dooley'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 Mr. Scott and carried unanimously.

**#2 – Sarah Aust Omohundro, CNA**

**0014-191593**

Ms. Omohundro did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Sarah Aust Omohundro** and to require her, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three (3) contact hours in each of the subjects of (i) ethics and professionalism for certified nurse aides, and (ii) professional accountability and legal liability for nurse aides, and (iii) professional boundaries for nurse aides. The motion was seconded by Ms. Buchwald and carried unanimously.

**#4 – Kisha Biggs, CNA**

**1401-169006**

Ms. Biggs did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Kisha Biggs** and to enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Buchwald and carried unanimously.

**#5 – Brooke Symone Carter, CNA Applicant**

**Case # 225994**

Ms. Carter did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to approve the application of **Brooke Symone Carter** for certification to practice as a nurse aide in the Commonwealth of

Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#7 – Dajahnea Webb, CNA**

**1401-209651**

Ms. Webb did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Dajahnea Webb** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Buchwald and carried unanimously.

**#9 – Anthony D. Minter, CNA**

**1401-086092**

Mr. Minter did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Anthony D. Minter** and to require him, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three (3) contact hours in each of the subjects of documentation and ethics. The motion was seconded by Ms. Buchwald and carried unanimously.

**#9 – Anthony D. Minter, RMA**

**0031-011484**

Mr. Minter did not appear.

Mr. Scott moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Anthony D. Minter**. The motion was seconded by Ms. Buchwald and carried unanimously.

**CLOSED MEETING:**

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:23 P.M. for the purpose of considering the remaining agency subordinate recommendations regarding **#1 and #6**. Additionally, Dr. Dorsey 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 2:30 P.M.

Dr. Dorsey 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.

**#1 – Jimmy Donnell Rockett, LPN**

**0002-090178**

Mr. Rockett did not appear.

Ms. Shah moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Jimmy Donnell Rockett** and to require him, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved course of at least three (3) contact hours in the subject of professional accountability and legal liability for nurses. The motion was seconded by Ms. Friedenberg and carried unanimously.

**#6 – Brittney Dale Fuller RMA**

**0031-010159**

Ms. Fuller did not appear.

Dr. Dorsey moved that the Board of Nursing accept the recommended decision of the agency subordinate reprimand **Brittney Dale Fuller** and to require her, within 60 days from the date of entry of the Order, to provide written proof of successful completion of minimum of five (5) contact hours in the subject of documentation as its related to the practice of medication aide. The motion was seconded by Ms. Friedenberg and carried unanimously.

**Panel B Board Members in BOARD ROOM 2:**

**Presiding:**

A Tucker Gleason, PhD, Citizen Member; **First Vice-President**

Delia Acuna, FNP-C

Paul Hogan, Citizen Member

Carol Cartte, RN, BSN

Helen Parke, DNP, FNP-BC

Pamela Davis LPN

**#11 – Kamari Nichelle Canada Bibbs, RMA Applicant (Case # 223584)**

Ms. Bibbs did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Kamari Nichelle Canada Bibbs** for registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#12 – Shabraska Ponder, CNA Applicant (Case # 225238)**

Ms. Ponder did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Shabraska Ponder** for certification by endorsement to practice as a nurse aide in the

Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#13 – Jekera Rishay Lee, RMA Applicant (Case # 226179)**

Ms. Lee did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Jekera Rishay Lee** for registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#14 – Sheli Jean Shearer Hale, LPN**

**0002-063063**

Ms. Hale did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Sheli Jean Shearer Hale** and to **place her on indefinite probation** with terms and conditions. The motion was seconded by Dr. Parke and carried unanimously.

**#15 – Carmen Brevo Parrish, RMA**

**0031-004104**

Ms. Parrish did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Carmen Brevo Parrish**. The motion was seconded by Dr. Parke and carried unanimously.

**#16 – Samantha Kaye Riffie, LPN**

**0002-092916**

Ms. Riffie did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Samantha Kaye Riffie** and to require Ms. Riffie, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of 15 contact hours of continuing education that comply with the requirements outline in 18VAC90-19-160 of the Regulations; and successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) professional accountability & legal liability for nurses, and (ii) ethics and professionalism in nursing. The motion was seconded by Dr. Parke and carried unanimously.

**#18 – Lynn C. Bomett, LPN**

**0002-068093**

Ms. Bomett did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Lynn C. Bomett** and to indefinitely suspend her right to renew her license to practice practical

nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#20 – Millicent Ann Davis, LPN**

**0002-060042**

Ms. Davis did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Millicent Ann Davis** with suspension stayed upon proof of Ms. Davis' entry into a participation contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and in compliance 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.

**#23 – Kimberly Lynn Trotter, RN**

**Florida License # RN9446413  
With Multistate Privileges**

Ms. Trotter 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 indefinitely suspend the right of **Kimberly Lynn Trotter** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#24 – Rebecca Anne Tolbert, LPN**

**0002-053554**

Ms. Tolbert did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Rebecca Anne Tolbert** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than two (2) years from the date of entry of the Order. The motion was seconded by Dr. Parke and carried unanimously.

**#29 – Shelly Ann Smith Toppin, CNA**

**1401-172164**

Ms. Toppin did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Shelly Ann Smith Toppin** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against Ms. Toppin in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Parke and carried unanimously.

**#29 – Shelly Ann Smith Toppin, RMA**

**0031-007774**

Ms. Toppin did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Shelly Ann Smith Toppin and to require her, within 60 days, to provide written proof of successful completion of Board-approved courses of at least four (4) contact hours in each of the subjects of and (i) ethics in medication aide practice, (ii) professionalism in medication aide practice; in addition, written proof of successful completion of a Board-approved course of at least three (3) contact hours in the subject of what you need to know about disciplinary actions. The motion was seconded by Dr. Parke and carried unanimously.

**#31 – Rhonda L. Tucker, CNA**

**1401-195900**

Ms. Tucker did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Rhonda L. Tucker** 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 Dr. Parke and carried unanimously.

**#32 – Lorie Marie Hayslett, LPN**

**0002-087457**

Ms. Hayslett did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Lorie Marie Hayslett** and to require, within 60 days from the date of entry of the Order, Ms. Hayslett to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) therapeutic communication and (ii) conflict management. The motion was seconded by Dr. Parke and carried unanimously.

**#33 – Autumn Burks Ferguson, RN**

**0001-198379**

Ms. Ferguson did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Autumn Burks Ferguson** and to suspend her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than one (1) year from the date of entry of the Order. The motion was seconded by Dr. Parke and carried unanimously.

**#34 – Shontante Laverne Samuel, RMA Applicant**

**Case # 230299**

Ms. Samuel did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Shontante Laverne Samuel** for registration to practice as a medication aide in the

Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#35 – Piotr Mariusz Krestian, CNA Applicant Case # 224732 & 228067**  
Mr. Krestian 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 deny the application of **Piotr Mariusz Krestian** for certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#37 – Betty I. Aust, LPN** **0002-018193**  
Ms. Aust did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Betty I. Aust** and to require, within 90 days from the date of entry of the Order, Ms. Aust to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) professional accountability and legal liability for nurses, (ii) ethics and professionalism in nursing, and (iii) sharpening critical thinking skills. The motion was seconded by Dr. Parke and carried unanimously.

**#38 – Anthony Lee Murrell, CNA Applicant** **Case # 225020**  
Mr. Murrell did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Anthony Lee Murrell** for certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**#39 – Gilie Lee Garth, RN Applicant for Multistate Privilege** **0001-149487**  
Ms. Garth did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Gilie Lee Garth, RN** for multi-state privilege. The motion was seconded by Dr. Parke and carried unanimously.

**#40 – Michelle Antwanette Coles, LPN** **0002-100863**  
Ms. Coles did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to require, within 60 days from the date of entry of the Order, **Michelle Antwanette Coles** provide written proof satisfactory to the Board of successful completion of Board-approved courses

of at least three (3) contact hours in each of the subjects of (i) professional accountability and legal liability for nurses, (ii) proper documentation, and (iii) sharpening critical thinking skills. The motion was seconded by Dr. Parke and carried unanimously.

**#41 – Christine Teresa Walker, LPN**

**0002-026721**

Ms. Walker did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Christine Teresa Walker** to practice practical nursing in the Commonwealth of Virginia for a period of not less than two (2) years from the date of entry of the Order. The motion was seconded by Dr. Parke and carried unanimously.

**#27 – Felicia J. Griffith, CNA**

**1401-216805**

Ms. Griffith appeared to address the Board.

CLOSED MEETING:

Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:10 P.M. for the purpose of considering the agency subordinate recommendation regarding **Felicia J. Griffith**. Additionally, Ms. Cartte 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 Dr. Parke and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:19 P.M.

Ms. Cartte 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. Acuna and carried unanimously.

Dr. Parke moved that the Board of Nursing accept the recommendation of the agency subordinate to revoke the certificate of **Felicia J. Griffith** 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. Cartte and carried unanimously.

**#17 – Rebecca Saidi Kayiji, CNA**

**1401-201770**

Mr. Kayiji appeared to address the Board and submitted a written response.

CLOSED MEETING:

Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:28 P.M. for

the purpose of considering the agency subordinate recommendation regarding **Rebecca Saidi Kayiji**. Additionally, Ms. Cartte moved that 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. Acuna and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:39 P.M.

Ms. Cartte 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. Davis and carried unanimously.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Rebecca Saidi Kayiji** to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Davis and carried unanimously.

RECESS:

The Board recessed at 2:41 P.M.

RECONVENTION:

The Board reconvened at 2:50 P.M.

CLOSED MEETING:

Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:50 P.M. for the purpose of considering the remainder agency subordinate recommendations regarding **#19, 21, 22, 25, 26, 28, 30 (CNA), 30 (RMA) and 36**. Additionally, Dr. Gleason moved that Ms. Douglas, Ms. Bargdill, Dr. Hills, 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 Dr. Parke and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:43 P.M.

Ms. Cartte 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 Dr. Parke and carried unanimously.

**#19 – Priscilla Ashby, LPN**

**0002-099134**

Ms. Ashby did not appear.

Ms. Acuna moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Priscilla Ashby** to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Ashby'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 Dr. Parke and carried unanimously.

**#21 – Ta'Shanda Vedette Butler, LPN**

**0002-096035**

Ms. Butler did not appear.

Mr. Hogan moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Ta'Shanda Vedette Butler** and to require her, 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 (3) contact hours in each of the subjects of (i) ethics and professionalism; and (ii) professional accountability and legal liability for nurses. The motion was seconded by Ms. Davis and carried unanimously.

**#22 – Stephanie Dawn Stewart, LPN**

**0002-052966**

Ms. Stewart did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Stephanie Dawn Stewart** and to require her, 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 (3) contact hours in each of the subjects of (i) documentation, (ii) acknowledging/following providers' orders, (iii) wound care, and (iv) professional accountability and legal liability for nurses. The motion was seconded by Ms. Cartte and carried unanimously.

**#25 – Rebecca Ann Murphy, RN Applicant**

**Case # 227084**

Ms. Murphy did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to grant the application of **Rebecca Ann Murphy** for single state licensure to practice professional nursing in the Commonwealth of Virginia, suspend her license with suspension stayed contingent upon Ms. Murphy's continue compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP)

for the period specified by the HPMP. The motion was seconded by Dr. Parke and carried unanimously.

**#26 – Minnetta Young Cunnigham, LPN**

**0002-035273**

Ms. Cunnigham did not appear.

Ms. Cartte moved that the Board of Nursing modify the recommended decision of the agency subordinate to suspend the right of **Minnetta Young Cunnigham** to renew her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than two (2) years from the date of entry of the Order. The motion was seconded by Ms. Davis and carried unanimously.

**#28 – Patience Carruthers, CNA**

**1401-212992**

Ms. Carruthers did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Patience Carruthers** to practice as a nurse aide in the Commonwealth of Virginia and to enter Findings of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Parke and carried unanimously.

**#30 – Nancy Robin Hall Rice, CNA**

**1401-115208**

Ms. Rice did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Nancy Robin Hall Rice** 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. Davis and carried unanimously.

**#30 – Nancy Robin Hall Rice, RMA**

**0031-003621**

Ms. Rice did not appear.

Ms. Cartte moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Nancy Robin Hall Rice** and to require her, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of a Board-approved courses of at least three (3) contact hours in each of the subjects of professionalism, ethics and patient rights. The motion was seconded by Dr. Parke and carried unanimously.

**#36 – Tracy Lynn Burchell Coates, LPN**

**0002-035672**

Ms. Coates did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to revoke the license **Tracy Lynn**

**Burchell Coates** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Davis and passed with five (5) votes in favor of the motion. Ms. Cartte opposed the motion.

ADJOURNMENT: Panel A adjourned at 2:32 P.M.

Panel B adjourned at 3:43 P.M.

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Cynthia M. Swineford, RN, MSN, CNE  
President

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
PANEL A  
January 24, 2024**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:04 A.M., on January 24, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Cynthia Swineford, RN, MSN, CNE; President  
Pamela Davis, LPN  
A Tucker Gleason, PhD, Citizen Member  
Paul Hogan, Citizen Member  
Helen Parke, DNP, FNP-BC  
Meenakshi Shah, BA, RN

**STAFF PRESENT:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Breana Wilkins, Administrative Support Specialist

**OTHERS PRESENT:** James Rutkowski, Assistant Attorney General

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

**FORMAL HEARING:** **Destiny Jones, CNA Reinstatement Applicant      1401-157748**  
  
Ms. Jones did not appear.  
  
Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.  
  
Tiffany Johnson, Senior Investigator, Enforcement Division, Keith Denson, Administrator at Snyder Nursing Home, and Cortney Merkel, Senior Investigator, Enforcement Division, were present and testified.

**RECESS:** The Board recesses at 9:12 A.M.

**RECONVENTION:** The Board reconvened at 9:22 A.M.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:10 A.M., for the purpose of deliberation to reach a decision in the matter of **Destiny Jones**. Additionally, Ms. Davis moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins, 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 Dr. Gleason and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:27 A.M.

Ms. Davis 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: Ms. Shah moved that the Board of Nursing deny the application of **Destiny Jones** for reinstatement of her certification to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Davis 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.

FORMAL HEARING: **Porsha Monique Moon, RN** **0001-299272**

Ms. Moon did not appear.

Michael Parsons, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

Parke Slater, Senior Investigator, Enforcement Division, Amy Taylor, RN and Laura Crouch, RN, were present and testified. Marquasha Gray, RN, testified via telephone.

**CLOSED MEETING:** Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:24 A.M., for the purpose of deliberation to reach a decision in the matter of **Porsha Monique Moon**. Additionally, Ms. Davis moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins 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. Shah and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 11:42 A.M.

Ms. Davis 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:** Ms. Shah moved that the Board of Nursing revoke the license of **Porsha Monique Moon** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke 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 11:42 A.M.

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

**FORMAL HEARING:** **Kerrigan Elizabeth Rains, LPN Reinstatement Applicant**  
**0002-098040**

Ms. Rains appeared.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

Ashley Kight, LPN, Breanna Tate, Therapist, and Renee White, Senior investigator, Enforcement Division, were present and testified.

**CLOSED MEETING:** Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 12:44 P.M., for the purpose of medical record review of **Kerrigan Elizabeth Rains**. Additionally, Ms. Davis moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins 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. Shah and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 1:05 P.M.

Ms. Davis 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. Gleason moved that the Board of Nursing approve the application of **Kerrigan Elizabeth Rains** for reinstatement to practice practical nursing in the Commonwealth of Virginia, valid in Virginia only and indefinitely suspend her license with the suspension stayed contingent upon 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 time specified by the HPMP. The motion was seconded by Dr. Parke 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 1:07 P.M.

**RECONVENTION:** The Board reconvened at 1:47 P.M.

**FORMAL HEARING:** **Stella Louise Roach Walker, RMA** **0031-012185**

Ms. Walker did not appear.

Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

Natalie Liscio, RN, Amy Renee Allen, RN and Yu-Cheng, Senior Investigator, Enforcement Division, were present and testified.

**CLOSED MEETING:** Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:20 P.M., for the purpose of deliberation to reach a decision in the matter of **Stella Louise Roach Waler**. Additionally, Ms. Davis moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins 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. Shah and carried unanimously.

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

Ms. Davis 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:** Ms. Shah moved that the Board of Nursing indefinitely suspend the medication aide registration of **Stella Louise Roach Walker** for a period of not less than two years. The motion was seconded by Dr. Parke 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.

**FORMAL HEARING:** **Lakeisha Monique Long, LPN Reinstatement Applicant**  
**0002-093281**

Ms. Long appeared.

Claire Foley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

Kimberly Hyler, Senior Investigator, Enforcement Division, Michael Raynard, and Pamela Agriesti were present and testified.

**CLOSED MEETING:** Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:26 P.M., for the purpose of deliberation to reach a decision in the matter of **Lakisha**

**Monique Long.** Additionally, Ms. Davis moved that Dr. Hills, Ms. Bargdill, Ms. Wilkins 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. Shah and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:56 P.M.

Ms. Davis 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: Ms. Shah moved that the Board of Nursing deny the application of **Porsha Monique Moon** for reinstatement to practice as a practical nurse in the Commonwealth of Virginia and continue her license on indefinite suspension for a period of not less than one year. The motion was seconded by Ms. Davis and carried with five votes in favor of the motion. Mr. Hogan 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 3:58 P.M.

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Christina Bargdill, BSN, MHS, RN  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING**  
**FORMAL HEARINGS**  
**Panel B**  
**January 24, 2024**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M., on January 24, 2024, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS  
PRESENT:

Yvette Dorsey, DNP, RN; **Second Vice-President**  
Laurie Buchwald, MSN, WHNP, FNP  
Carol Cartte, RN, BSN  
Margaret Friedenberg, Citizen Member  
Robert Scott, RN

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Deputy Executive Director  
Huong Vu, Operations Manager  
Ann Hardy, MSN, RN, Compliance and Case Adjudication Specialist

OTHERS PRESENT:

Laura A. Booberg, Assistant Attorney General

ESTABLISHMENT  
OF A PANEL:

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

FORMAL HEARINGS:

**Brandi Pryor, LPN**

**0002-079280**

Ms. Pryor appeared, represented by Nathan Mortier and William Daisley, attorneys.

Amanda Padula-Wilson, Assistant Attorney General, and Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Mona Brooks, court reporter with Veteran Reporters, recorded the proceedings.

Brian Horowitz, Senior Investigator, Enforcement Division, Cynthia Garrett (Patterson), Mary Leaf, Adult Protective Services Case Manager, Beth Lee, Albermarle Department of Social Services, April Dovel, Licensing Specialist, Division of Quality Management, Department of Behavioral Health and Developmental Services, were present and testified.

RECESS:

The Board recessed at 10:14 A.M.

RECONVENTION:

The Board reconvened at 10:27 A.M.

RECESS: The Board recessed at 11:53 A.M.  
RECONVENTION: The Board reconvened at 12:31 P.M.

RECESS: The Board recessed at 1:57 P.M.  
RECONVENTION: The Board reconvened at 2:10 P.M.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:51 P.M., for the purpose of deliberation to reach a decision in the matter of **Brandi Pryor**. Additionally, Ms. Cartte moved that Ms. Douglas Ms. Ms. Vu, Ms. Hardy 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. Scott and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:27 P.M.

Ms. Cartte 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. Scott and carried unanimously.

ACTION: Ms. Buchwald moved that the Board of Nursing revoke the license of **Brandi Pryor** to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenberg 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 4:28 P.M.

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

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
January 25, 2024**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M., on January 25, 2024, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS  
PRESENT:**

Cynthia Swineford, RN, MSN, CNE; President  
Delia Acuna, FNP-C  
Laurie Buchwald, MSN, WHNP, FNP  
Pamela Davis, LPN  
Yvette Dorsey, DNP, RN  
Shantell Kinchen, 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  
Lakisha Goode, Discipline Team Coordinator

**OTHERS PRESENT:**

Laura Booberg, Assistant Attorney General

**ESTABLISHMENT OF  
A PANEL:**

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

**FORMAL HEARING:**

**Agustin Kamto, CNA**

**1401-210910**

Mr. Kamto appeared.

David Kazzie, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

The case against Mr. Kamto was continued.

**FORMAL HEARING:**

**Jamie Leigh Love, RN Reinstatement Applicant**

**0001-224337**

Ms. Love appeared, accompanied by Margaret Love, Cabell Clark, and Michael Racess.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, and Amanda Padula-Wilson, Assistant Attorney General, represented the Commonwealth. Ms. Booberg was legal counsel for the

Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

Joyce Johnson, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Acuna moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:13 A.M., for the purpose of deliberation to reach a decision in the matter of **Jamie Leigh Love**. Additionally, Ms. Acuna moved that Ms. Douglas, Ms. Morris, Ms. Goode, 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. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:48 A.M.

Ms. Acuna 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. Buchwald moved that the Board of Nursing approve the application of **Jamie Leigh Love** for reinstatement to practice professional nursing in the Commonwealth of Virginia and indefinitely suspend her license with suspension stayed contingent continued compliance 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 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.

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

RECONVENTION: The Board reconvened at 12:03 P.M.

FORMAL HEARING: **Donna Lynn Henry Randolph, CNA** **1401-080036**

Ms. Randolph did not appear.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

Donna Bruce, LPN, was present and testified. Kim Martin, Senior Investigator, Enforcement Division, testified via telephone.

CLOSED MEETING: Ms. Acuna moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:31 P.M., for the purpose of deliberation to reach a decision in the matter of **Donna Lynn Henry Randolph**. Additionally, Ms. Acuna moved that Ms. Douglas, Ms. Morris, Ms. Goode and Mr. 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. Dorsey and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:08 P.M.

Ms. Acuna 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. Parke and carried unanimously.

ACTION: Ms. Buchwald moved that the Board of Nursing revoke the certificate of **Donna Lynn Henry Randolph** 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. Davis 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.

FORMAL HEARING: **Holly S. Angus, RN Reinstatement Applicant** **0001-303073**

Ms. Angus appeared.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Suzy Gearing, court reporter with Veteran Court Reporters, recorded the proceedings.

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

**CLOSED MEETING:** Ms. Acuna moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 2:01 P.M., for the purpose of medical record review of **Holly S. Angus**. Additionally, Ms. Acuna moved that Ms. Douglas, Ms. Morris, Ms. Goode 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. Parke and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 2:54 P.M.

Ms. Acuna 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. Davis moved that the Board of Nursing approve the application of **Holly S. Angus** for reinstatement to practice professional nursing in the Commonwealth of Virginia with terms, valid in Virginia only. The motion was seconded by Dr. Parke 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 2:54 P.M.

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Claire Morris, RN, LNHA;  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
January 30, 2024**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held January 30, 2024, at 4:28 P.M.

**The Board of Nursing members participating in the call were:**

Cynthia Swineford, RN, MSN, CNE; **Chair**  
Carol Cartte, RN, BSN  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Margaret Friedenberg, Citizen Member  
A. Tucker Gleason, PhD, Citizen Member  
Paul Hogan, Citizen Member  
Shantell Kinchen, LPN  
Meenakshi Shah, BA, RN  
Robert Scott, RN

**Others participating in the meeting were:**

Laura Booberg, Assistant Attorney General, Board Counsel  
Claire Foley, Adjudication Specialist, Administrative Proceedings Division  
Melissa Gray, Adjudication Specialist, Administrative Proceedings Division  
Tammie Jones, Adjudication Specialist, Administrative Proceedings Division  
Sean Murphy, Assistant Attorney General  
Wayne Halbleib, Senior Assistant Attorney General/Section Chief  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 10 members of the Board of Nursing participating, a quorum was established.

Wayne Halbleib, Senior Assistant Attorney General/Section Chief, presented evidence that the continued practice of practical nursing by **Charity Collins-Umunnah, LPN (0002-102420)** may present a substantial danger to the health and safety of the public.

Sean Murphy, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Hannah Osei-Agerman, RN (0001-284281)** may present a substantial danger to the health and safety of the public.

Sean Murphy, Senior Assistant Attorney General, presented evidence that the continued practice of practical nursing by **Emeka Okafor, LPN (0002-102189)** 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 4:59 P.M., for the purpose of deliberation to reach a decision in the matter of **Charity Collins-Umunnah, Hannah Osei-Agerman** and **Emeka Okafor**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Bargdill, Ms. Vu, 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. Scott and carried unanimously.

Ms. Foley, Ms. Gray, Ms. Jones, Mr. Murphy, and Mr. Halbleib left the meeting at 4:59 P.M.

**RECONVENTION:** The Board reconvened in open session at 5:11 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. Shah and carried unanimously.

Ms. Foley, Ms. Gray, Ms. Jones, Mr. Murphy, and Mr. Halbleib re-joined the meeting at 5:11 P.M.

Ms. Cartte moved to summarily suspend the license of **Charity Collins-Umunnah** to practice as a practical nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Mr. Scott moved to summarily suspend the license of **Hannah Osei-Agerman** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Cartte moved to summarily suspend the license of **Emeka Okafor** to practice as a practical nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Shah and carried unanimously.

The meeting was adjourned at 5:18 P.M.

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

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
February 13, 2024**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 13, 2024, at 4:29 P.M.

**The Board of Nursing members participating in the call were:**

Cynthia Swineford, RN, MSN, CNE; **Chair**  
Delia Acuna, FNP-C  
Carol Cartte, RN, BSN  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Yvette Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member  
Tucker Gleason, PhD, Citizen Member  
Paul Hogan, Citizen Member  
Shantell Kinchen, LPN  
Meenakshi Shah, BA, RN

**Others participating in the meeting were:**

Laura Booberg, Assistant Attorney General, Board Counsel  
Tammie Jones, Adjudication Specialist, Administrative Proceedings Division  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division  
Amanda Padula-Wilson, Assistant Attorney General  
Wayne Halbleib, Senior Assistant Attorney General/Section Chief  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 11 members of the Board of Nursing participating, a quorum was established.

Wayne Halbleib, Senior Assistant Attorney General/Section Chief, presented evidence that the continued practice of professional nursing by **Wanda Faye Brooks, RN (0001-308247)** 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 4:44 P.M., for the purpose of deliberation to reach a decision in the matter of **Wanda Faye Brooks**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, 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. Cartte and carried unanimously.

Ms. Iyengar, Ms. Jones, Mr. Kazzie, Ms. Padula-Wilson, and Mr. Halbleib left the meeting at 4:44 P.M.

**RECONVENTION:** The Board reconvened in open session at 4:49 P.M.

Ms. Jones, Mr. Kazzie, Ms. Padula-Wilson, and Mr. Halbleib re-joined the meeting at 4:49 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 Dr. Cox and carried unanimously.

Ms. Shah moved to summarily suspend the license of **Wanda Faye Brooks** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Mr. Halbleib left the meeting at 4:52 P.M.

Amanda Padula Wilson, Assistant Attorney General, presented evidence that the continued practice as a nurse aide by **Christina Glowacki, CNA (1401-223299)** 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 4:57 P.M., for the purpose of deliberation to reach a decision in the matter of **Christina Glowacki**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, 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. Cox and carried unanimously.

Ms. Jones, Mr. Kazzie, and Ms. Padula-Wilson left the meeting at 4:57 P.M.

**RECONVENTION:** The Board reconvened in open session at 5:02 P.M.

Ms. Jones, Mr. Kazzie, and Ms. Padula-Wilson re-joined the meeting at 4:49 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 Dr. Cox and carried unanimously.

Ms. Cartte moved to summarily suspend the certificate of **Christina Glowacki** to practice as a nurse aide in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her certificate and enter a Finding of Abuse against her in lieu of a formal hearing with a finding of abuse. The motion was seconded by Ms. Davis and carried unanimously.

Ms. Jones left the meeting at 5:05 P.M.

Amanda Padula Wilson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Musa Bangura, RN (0001-180489)** 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 5:06 P.M., for the purpose of deliberation to reach a decision in the matter of **Musa Bangura**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Bargdill, Ms. Vu, 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. Cox and carried unanimously.

Mr. Kazzie, and Ms. Padula-Wilson left the meeting at 5:17 P.M.

**RECONVENTION:** The Board reconvened in open session at 5:23 P.M.

Mr. Kazzie, and Ms. Padula-Wilson re-joined the meeting at 5:25 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 Dr. Cox and carried unanimously.

Ms. Shah moved to summarily suspend the license of **Musa Bangura** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Cartte and carried unanimously.

The meeting was adjourned at 5:26 P.M.

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

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
February 28, 2024**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held February 28, 2024, at 4:30 P.M.

**The Board of Nursing members participating in the call were:**

Cynthia Swineford, RN, MSN, CNE; **Chair**  
Delia Acuna, FNP-C  
Carol Cartte, RN, BSN  
Victoria Cox, DNP, RN  
Pamela Davis, LPN  
Yvette Dorsey, DNP, RN  
Margaret Friedenberg, Citizen Member  
Tucker Gleason, PhD, Citizen Member  
Helen Parke, DNP, FNP-BC  
Robert Scott, RN

**Others participating in the meeting were:**

Laura Booberg, Assistant Attorney General, Board Counsel  
Claire Foley, Adjudication Specialist, Administrative Proceedings Division  
Melissa Gray, Adjudication Specialist, Administrative Proceedings Division  
Sean Murphy, Assistant Attorney General  
Jay Douglas, MSM, RN, CSAC, FRE; Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Huong Vu, Operations Manager

The meeting was called to order by Ms. Swineford. With 10 members of the Board of Nursing participating, a quorum was established.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of Massage Therapy by **XuDong Hu, LMT (0019-013346)** 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 **XuDong Hu**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Vu, 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. Davis and carried unanimously.

Ms. Iyengar, Mr. Murphy, Ms. Foley and Ms. Gray left the meeting at 4:41 P.M.

**RECONVENTION:** The Board reconvened in open session at 4:49 P.M.

Mr. Murphy, Ms. Foley and Ms. Gray re-joined the meeting at 4:49 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. Cartte and carried unanimously.

Ms. Davis moved to summarily suspend the license of **XuDong Hu** to practice massage therapy in the Commonwealth of Virginia pending a formal administrative hearing 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. Cartte and carried unanimously.

Ms. Foley left the meeting at 4:51 P.M.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of Practical Nursing by **Ether Jackson Richardson, LPN (0002-052378)** 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 4:58 P.M., for the purpose of deliberation to reach a decision in the matter of **Ether Jackson Richardson**. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Vu, 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. Davis and carried unanimously.

Mr. Murphy and Ms. Gray left the meeting at 4:58 P.M.

**RECONVENTION:** The Board reconvened in open session at 5:06 P.M.

Mr. Murphy and Ms. Gray re-joined the meeting at 5:06 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 Dr. Cox and carried unanimously.

Ms. Davis moved to summarily suspend the license of **Ether Jackson Richardson** to practice as a practical nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for suspension of her license for a period of not less than two years in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
February 28, 2024

The meeting was adjourned at 5:09 P.M.

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

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
Thursday, February 29, 2024**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:19 A.M., on February 29, 2024, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS  
PRESENT: Yvette L. Dorsey, DNP, RN; **Second Vice-President**  
Carol Cartte, RN, BSN  
Pamela Davis, LPN  
Helen Parke, DNP, FNP-BC  
Dawn Hogue, LMT

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for  
Advanced Practice- **Joined at 10:50 A.M.**  
Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist

OTHERS PRESENT: Laura A. Booberg, Assistant Attorney General  
Nurse Aide Students from Southside VA Community College

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

FORMAL HEARINGS: **Shuang Lu, LMT** **0019-014438**  
Ms. Lu did not appear.  
Melissa Gray, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with Veteran Reporters, recorded the proceedings.  
Amber Gray, 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 9:31 A.M., for the purpose of deliberation to reach a decision in the matter of **Shuang Lu**. 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. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:43 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: Ms. Hogue moved that the Board of Nursing revoke the right of **Shuang Lu** to renew her license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Dr. Parke 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.

FORMAL HEARINGS: **Shunji Lin, LMT** **0019-015755**

Ms. Lin did not appear.

Christine Andreoli, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with Veteran Reporters, recorded the proceedings.

Dr. Sarah Rogers, Enforcement Director, DHP, 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 10:18 A.M., for the purpose of deliberation to reach a decision in the matter of **Shunji Lin**. 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. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:29 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:**

Ms. Hogue moved that the Board of Nursing revoke the right of **Shunji Lin** to renew her license to practice massage therapy in the Commonwealth of Virginia. 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 10:30 A.M.

Ms. Morris left the meeting at 10:30 A.M.

Dr. Hills joined the meeting at 10:50 A.M.

**RECONVENTION:**

The Board reconvened at 11:01 A.M.

**FORMAL HEARINGS:**

**Xiao Tao Tian, LMT**

**0019-016078**

Ms. Tian did not appear.

Rebecca Ribley, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with Veteran Reporters, recorded the proceedings.

Amber Gray, 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 11:22 A.M., for the purpose of deliberation to reach a decision in the matter of **Xiao Tao Tian**. Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, 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. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:28 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: Ms. Hogue moved that the Board of Nursing revoke the right of **Xiao Tao Tian** to renew her license to practice massage therapy in the Commonwealth of Virginia. 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 11:29 A.M.

The Students left the meeting at 11:29 A.M.

RECONVENTION: The Board reconvened at 1:43 P.M.

#### **CONSIDERATION OF CONSENT ORDERS:**

**G1 – Bridget Ann Gardner, LMT**

**0019-007557**

Ms. Hogue moved that the Board of Nursing accept consent order for the voluntary surrender for indefinite suspension of **Bridget Ann Gardner's** right to renew her license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**G2 – Yande Zhang, LMT**

**0019-011690**

Ms. Hogue moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Yande Zhang** to practice as a massage

therapist in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

**G3 – Qi Guan, LMT**

**0019-012978**

Ms. Hogue moved that the Board of Nursing accept the consent order to reprimand Qi Guan and to indefinitely suspend his license to practice massage therapy in the Commonwealth of Virginia until such time as he provides written proof satisfactory to the Board of completion of the requirements for renewal of his license. The motion was seconded by Dr. Parke and carried unanimously.

RECESS: The Board recessed at 1:47 P.M.

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

FORMAL HEARINGS: **Hongyan Wang, LMT** **0019-016847**

Ms. Wang did not appear.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Ms. Booberg was legal counsel for the Board. Joshua Delauter, court reporter with Veteran Reporters, recorded the proceedings.

Melvina Baylor, Compliance Specialist, DHP, 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 2:12 P.M., for the purpose of deliberation to reach a decision in the matter of **Hongyan Wang**. Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, 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. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:23 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. Hogue moved that the Board of Nursing indefinitely suspend the license of **Hongyan Wang** to practice massage therapy in the Commonwealth of Virginia until written evidence of completion of compliance is provided. 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 2:24 P.M.

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

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
March 13, 2024**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held March 13, 2024, at 4:30 P.M.

**The Board of Nursing members participating in the call were:**

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

**Others participating in the meeting were:**

Laura Booberg, Assistant Attorney General, Board Counsel  
Claire Foley, Adjudication Specialist, Administrative Proceedings Division  
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division  
Amanda Padula-Wilson, Assistant Attorney General  
Sean Murphy, Assistant Attorney General  
David Robinson, Assistant Attorney General  
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director  
Lelia Claire Morris, RN, LNHA; Deputy Executive Director  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Huong Vu, Operations Manager

The meeting was called to order by Dr. Gleason. With 10 members of the Board of Nursing participating, a quorum was established.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of practical nursing by **Matilda Mattu Foday, LPN (0002-100827)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:40 P.M., for the purpose of deliberation to reach a decision in the matter of **Matilda Mattu Foday**. Additionally, Dr. Dorsey moved that Ms. Morris, Ms. Bargdill, Ms. Vu, 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. Davis and carried unanimously.

Ms. Iyengar, Mr. Murphy, Ms. Wilson, Mr. Robinson, Ms. Stewart and Ms. Foley left the meeting at 4:40 P.M.

**RECONVENTION:** The Board reconvened in open session at 4:46 P.M.

Ms. Stewart, Mr. Murphy, Ms. Wilson, Mr. Robinson and Ms. Foley re-joined the meeting at 4:46 P.M.

Dr. Dorsey 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. Cox and carried unanimously.

Ms. Buchwald moved to summarily suspend the license of **Matilda Mattu Foday** to practice as a practical nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Parke and carried unanimously.

Amanda Padula-Wilson left the meeting at 4:50 P.M.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice as a registered nurse by **Keith Allen Henry, RN (North Carolina license #175846 with multistate privilege)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Keith Allen Henry**. Additionally, Dr. Dorsey moved that Ms. Morris, Ms. Bargdill, Ms. Vu, 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. Swineford and carried unanimously.

Mr. Murphy, Ms. Stewart, Mr. Robinson and Ms. Foley left the meeting at 5:00 P.M.

**RECONVENTION:** The Board reconvened in open session at 5:06 P.M.

Mr. Murphy, Ms. Stewart, Mr. Robinson and Ms. Foley re-joined the meeting at 5:06 P.M.

Dr. Dorsey 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. Cox and carried unanimously.

Dr. Parke moved to summarily suspend the privilege of **Keith Allen Henry** pending a formal administrative hearing and to offer a consent order for revocation of his privilege to practice professional nursing in the Commonwealth of Virginia in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Mr. Murphy left the meeting at 5:10 P.M.

David Robinson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Kadie Kamara, RN (0001-301552)** may present a substantial danger to the health and safety of the public.

**CLOSED MEETING:** Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:19 P.M., for the purpose of deliberation to reach a decision in the matter of **Kadie Kamara**. Additionally, Dr. Dorsey moved that Ms. Morris, Ms. Bargdill, Ms. Vu, 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. Davis and carried unanimously.

Mr. Robinson and Ms. Stewart left the meeting at 5:19 P.M.

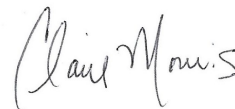
**RECONVENTION:** The Board reconvened in open session at 5:24 P.M.

Mr. Robinson and Ms. Stewart re-joined the meeting at 5:24 P.M.

Dr. Dorsey 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.

Ms. Davis moved to summarily suspend the license of **Kadie Kamara** to practice as a professional nurse in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

The meeting was adjourned at 5:26 P.M.



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Claire Morris, RN, LNHA;  
Deputy Executive Director

**BOARD OF NURSING MONTHLY STATS - PAGE 1**

[illegible][illegible]

**BOARD OF NURSING MONTHLY STATS - PAGE 2**

[illegible]

### Case Count by Occupation

[illegible]

**Case Count - Nurse Aides**

[illegible][illegible]

# Agency Subordinate Recommendation Tracking Trend Log - 2017 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>	1059	967	91%	71	7%	16	53	18	21	2%	3	18	3	21	22	19	0	
<i>CY 2024 to Date:</i>	41	36	88%	5	12%	0	5	0	0	0%	0	0	0	2	0	0	0	
Jan-24	41	36	88%	5	12%	0	5	0	0	0%	0	0	0	2	3	0	0	
<i>Annual Totals:</i>																		
Total 2023	178	161	90%	10	6%	5	6	4	7	4%	1	6	1	5	4	4	0	
Total 2022	140	132	94%	4	3%	2	2	2	4	3%	0	4	0	1	0	0	0	
Total 2021	50	48	96%	2	4%	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	

\* 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**

**March 19, 2024**

### **1 Presentation**

- **3/6/2024** – Randall Mangrum, DNP, RN, Nursing Education Program Manager conducted the Orientation on Establishment of a PN or RN Pre-Licensure Nursing Program education seminar.

### **2 Meetings attended**

- **1/19/2024 and 2/16/2024** – Jacquelyn Wilmoth, Deputy Executive Director, virtually attended the LEARN Collaborative Meeting where discussion occurred regarding the VHHA Grant needs for Earn While You Learn.
- **2/6/2024-2/7/2024** - Jay Douglas, Executive Director, in her role as President of NCSBN attended the NCSBN Board of Directors meeting in Chicago.
- **2/8/2024** – Jacquelyn Wilmoth, Deputy Executive Director, virtually met with Maryland Board of Nursing to provide information on closed Virginia nursing education programs.
- **2/22/2024** – Jay Douglas, Executive Director, attended the Winter Tri-Council for Nursing meeting in Washington, DC as the President of the NCSBN Board of Directors (BOD). Members of the Tri-Council for Nursing include American Organization for Nursing Leadership (AONL), American Association of Colleges of Nursing, American Nurses Association (ANA), National Council of State Boards of Nursing (NCSBN), and National League for Nursing. Workforce topics of discussion include:
  - Operation Nightingale – fraudulent education credentials
  - Workplace Violence
  - Well-being
  - DEI
  - Competency-based education
  - Climate
  - World events impacting nursing.
- **3/4/2024** – Jay Douglas, Executive Director, attended the Opioid Regulatory Collaborative meeting virtually to discuss policy solutions to overcome barriers to Medications for Opioid Use Disorder (OUD), including specific actions physicians and other health care professionals can take.
- **3/4/2024** - Christine Smith, RN, MSN, Nurse Aide/RMA Program Manager virtually attended the Credentia Townhall meeting where programs were provided the opportunity to connect with Credentia representatives and ask questions.

- **3/5/2024 – 3/6/2024** – Jay Douglas, Executive Director, attended the Chief Nursing Officers (CNO) Council on the Future of Digital Health in Nursing in Bethesda, MD. Discussion will include the future landscape of digital health in nursing. The American Organization of Nursing Executive Leaders and the GetWell Incorporation have invited approximately 50 chief nursing officers to attend.

### **OTHER:**

Stephanie Willinger, Deputy Executive Director for Nursing Licensing/CBC Unit, received a request from ECPI On 2/22/2024 to add all of their VA nursing program (locations) to a division account under our a DHP Fieldprint VA (nursing) so that they could pay for their nursing student/applicant's fingerprint submissions required for licensure. On February 23<sup>rd</sup>, ECPI was authorized for a DHP Fieldprint VA (nursing) division account and they anticipate paying for approximately 650 applicants annually, which will cost approximately \$22,000.00.

**Digital Case Processing-** The Board of Nursing is moving forward with the digital case processing initiative.

- On March 1, 2024, the Board has begun receiving all disciplinary cases with the exception of education program cases via BOX for digital case processing.
- All Education Program cases will be received in both digital form in BOX and in hard copy format. This will give Education Staff an opportunity to review cases in digital format.
- Beginning on March 7, 2024, weekly digital case processing update and problem-solving meetings will be held.
- Beginning on April 1, 2024, The Board should begin receiving merged case files from Enforcement.

### **DISCIPLINE:**

Operation Nightingale – Board of Nursing, Enforcement and Administrative Proceedings Administration (APD) staff continue to work collaboratively to address the significant caseload related to fraudulent education credentials. Licensing and Discipline staff resources are affected by this workload.

Enforcement Regional Managers and Deputies for the Board of Nursing met on 3/4/2024 to discuss areas of mutual concerns, identify improved processes an opportunity for increased collaboration.

### Criminal Background Check (CBC) Report for CY2023

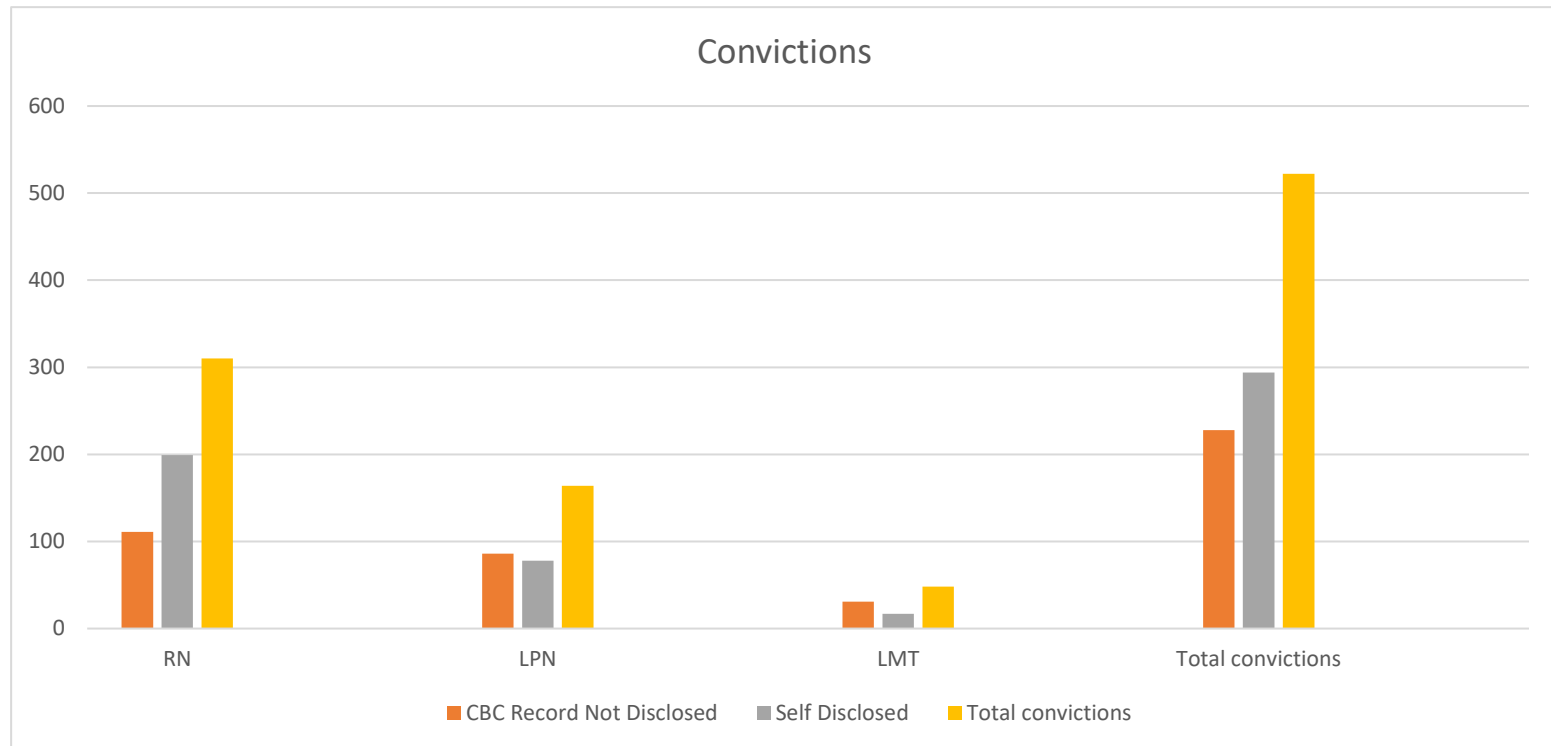
2023 RN Applicants	Column Labels			
Row Labels	RN-ENDORSEMENT	RN-EXAM	RN-REINSTATEMENT	Grand Total
CBC Record Not Disclosed	31	53	14	98
Disposition Unknown	12	2	1	15
No CBC Conviction Record	97	172	18	287
Self-Disclosed	59	121	18	198
No Record	3907	4376	397	8680
<b>Grand Total</b>	<b>4106</b>	<b>4724</b>	<b>448</b>	<b>9278</b>

2023 LPN Applicants	Column Labels			
Row Labels	LPN-ENDORSEMENT	LPN-EXAM	LPN-REINSTATEMENT	Grand Total
CBC Record Not Disclosed	15	45	11	71
Disposition Unknown	1	3		4
No CBC Conviction Record	30	106	6	142
Self-Disclosed	8	63	9	80
No Record	230	1089	66	1385
<b>Grand Total</b>	<b>284</b>	<b>1306</b>	<b>92</b>	<b>1682</b>

2023 LMT Applicants	Column Labels			
Row Labels	LMT-APP	LMT-ENDORSEMENT	LMT-REINSTATEMENT	Grand Total
CBC Record Not Disclosed	23	7	6	36
Disposition Unknown	3	3		6
No CBC Conviction Record	29	15	4	48
Self-Disclosed	18	3	7	28
No Record	388	112	55	555
<b>Grand Total</b>	<b>461</b>	<b>140</b>	<b>72</b>	<b>673</b>

## Criminal Background Check (CBC) Report for CY2023

	RN		LPN		LMT		Total convictions	
Total Applicants	9278		1682		673		11633	
CBC Record Not Disclosed	98	1.06%	71	4.22%	36	5.35%	205	1.76%
Self Disclosed	198	2.13%	80	4.76%	28	4.16%	306	2.63%
Total convictions	296	3.19%	151	8.98%	64	9.51%	511	4.39%



**VIRGINIA BOARD OF NURSING  
REGULATORY REVIEW COMMITTEE MEETING  
Tuesday, January 23, 2024  
Minutes**

<b>Time and Place</b>	The Board of Nursing Regulatory Review Committee meeting was convened at 3:03 P.M. on January 23, 2024 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
<b>Committee Members Present</b>	Cynthia Swineford, RN, MSN, CNE, Chair Yvette Dorsey, DNP, RN, Board Member Robert Scott, RN, Board Member Shanna W. Akers, EdD, MSN/MBA-HC, RN, CNE, NEA-BC, Virginia Nurses Association (VNA) Christine Turner, PhD, RN, Virginia League for Nursing (VLN) Chris-Tenna Perkins, PhD, RN, ANP, CNE, Virginia Association of Colleges of Nursing (VACN) J. Anthony Williams, Ed.D., Virginia Department of Education (VDOE)
<b>Staff Members Present</b>	Jay Douglas, RN, MSM, CSAC, FRE, Executive Director Jacquelyn Wilmoth, RN, MSN, Deputy Executive Director Randall Mangrum, DNP, RN, Nursing Education Program Manager Matt Novak, Policy and Economic Analyst, DHP
<b>Public Comment</b>	No Public Comment
<b>Review of Regulatory Process</b>	Mr. Novak reviewed the committee charge.
<b>Review of proposed changes to Chapter 27 – Regulations Governing the Nursing Education Programs</b>	<p>The committee reviewed 18VAC90-27-10 through 18VAC90-27-60 (E) to include committee feedback/suggestions for change from first meeting and suggestions from staff review. The committee had robust discussion regarding 18VAC90-27-40(A) and (C)(3)(a), as well as 18VAC90-27-60 (B) and (D).</p> <p>During the discussion regarding 18VAC90-27-60 (D)(5), the committee provided feedback regarding graduate degree for didactic faculty was necessary for baccalaureate programs. The committee agreed the inclusion of 18VAC90-27-60(D)(5)(c) was very helpful for programs and would alleviate barriers in the hiring of clinical faculty.</p>
<b>Next Steps</b>	The committee determined an additional meeting would be necessary to complete the review of Chapter 27. Mr. Novak confirmed a meeting in March 2023 would be acceptable to continue the process and shared by that time we would have an idea of bill progress during the General Assembly.

The committee was asked to save March 19, 2023 for the next committee meeting. Board staff asked the committee to retain their materials for the next meeting.

**Meeting Adjourned** 5:03 p.m.

DRAFT

**VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
February 28, 2024**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:01 A.M., February 28, 2024 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**MEMBERS PRESENT:** Cynthia M. Swineford, RN, MSN, CNE; Board of Nursing - **Chair**  
Helen M. Parke, DNP, FNP; Board of Nursing  
Blanton Marchese; Board of Medicine  
Randy Clements, DPM; Board of Medicine  
Karen Ransone, MD; Board of Medicine

**ADVISORY COMMITTEE MEMBERS PRESENT:** Kevin E. Brigle, PhD, RN, ANP  
David A. Ellington, MD  
Jean Snyder DNaP, CRNA  
Adam T. Kaul, MD  
Mark Coles, RN, BA, MSN, NP-C  
Komkwuan P. Paruchabutr, DNP, FNP-BC, WHNP-BC, CNM- **joined at 9:03 A.M.**

**STAFF PRESENT:** Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Tamika Claiborne, Senior Licensing and Discipline Specialist

**OTHERS PRESENT:** Laura Booberg, Assistant Attorney General; Board Counsel  
Arne Owens, DHP Director  
James Jenkins, Jr., RN, DHP Chief Deputy  
Erin Barrett, DHP Director of Legislative Affairs and Policy  
William L. Harp, MD, Executive Director; Board of Medicine – **joined at 9:33 A.M.**

**IN THE AUDIENCE:** Christopher Fleury, Medical Society of Virginia (MSV)  
Matthew Novak, Assistant to the DHP Director of Legislative Affairs and Policy  
Jennifer Deschenes, Deputy Executive Director; Board of Medicine

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

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

Virginia Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 28, 2024

WELCOME NEW  
MEMBERS:

Ms. Swineford acknowledged new Committee and Advisory Members and invited them to briefly share their background.

DIALOGUE WITH  
AGENCY DIRECTOR:

Mr. Owens reported the following:

- **The General Assembly** is preparing to adjourn its 2024 session. There were several APRN bills in both the Senate and the House. The bills that proposed solely regulating APRNs and Licensed Certified Midwives by the Board of Nursing were continued to 2025. The bill to reduce the clinical experience requirement from 5 years to 3 years in order to be eligible to apply for the autonomous practice designation will likely be signed into law. The Governor supported both bills.
- Mr. Owens reiterated the importance of APRN roles, especially in primary care where they fill the gap in the less densely populated/rural parts of the Commonwealth.
- The **Health Workforce Development Authority (HWDA)** commissioned a study on primary care and made specific recommendations for APRN workforce development focused on recruitment and retention. He will make sure the results of the study are provided to today's attendees. Finally, he advised that the HWDA has a strategic plan in development.

STAFF REPORTS:

Dr. Hills provided an update:

- DHP's newest profession -- Licensed Certified Midwife -- applications began being accepted on February 20<sup>th</sup>, 2024; 3 licensees to date.
- The content from the new APRN tab on the Board of Nursing website was distributed as information.
- APRN Licensure and Discipline update: Data were shared regarding current number of licensees with breakdown by role and specialty. Discipline data from the 2020-2022 DHP biennial report were provided.

Drs. Ransone and Ellington inquired whether data are collected differentiating between autonomous and nonautonomous APRN discipline cases. Dr. Hills and Ms. Douglas advised that this data has not been collected to date. However, the 2021 General Assembly report included a section on discipline of autonomous APRNs.

Mr. Marchese asked if we know where the new licensees will be working. Dr. Hills advised that this information is not collected on the licensure application.

PUBLIC COMMENT:

No public comments were received.

The October Discipline meeting minutes were provided as information only.

LEGISLATION/  
REGULATIONS:

**Chart of Regulatory Actions:**

Ms. Barrett reviewed the Chart of Regulatory Actions.

**Report of the 2024 General Assembly (GA):**

Ms. Barrett reviewed the 2024 GA report and noted that the report included dead bills also.

Mr. Owens and Ms. Barrett reiterated that the administration supported all APRN bills.

RECESS:

The Committee recessed at 9:38 A.M.

RECONVENTION:

The Committee reconvened at 9:50 A.M.

NEW BUSINESS:

**Healthcare Workforce Data Center (HWDC) Reports:**

- ❖ APRN Workforce Report: 2023
- ❖ APRN Specialties Comparison Report: 2023

Drs. Shobo and Hodgdon presented the key findings of the 2023 reports:

**Advanced Practice Registered Nurse Workforce Report: 2023**

Conclusions:

- Increase in licensees, Virginia's workforce, and FTEs
- Median age is stable and diversity index is increasing
- Educational attainment and % with education debt is stable
- Decrease in % of APRNs working group private practice
- Approximately 1 in 5 intend to retire within 10 years

**Advanced Practice Registered Nurses Workforce: Comparison by Specialty Report: 2023**

Conclusions:

- 84%, 13% and 3% of APRN licensees are CNPs, CRNAs, and CNMs, respectively
- The majority of APRNs workforce is female
- CNMs have the highest % working 60+ hours
- CNMs have the lowest job satisfaction, however 91% are satisfied with their jobs
- Majority of CRNAs, CNMs, and CNPs work in the private sector

Dr. Clements asked if there are enough RNs interested in becoming APRNs? Dr. Shobo advised that this specific information is not collected, only whether or not they plan to seek further education in the future.

## ENVIRONMENTAL SCAN – ADVISORY COMMITTEE MEMBERS

Ms. Swineford asked for updates from the Advisory Committee Members.

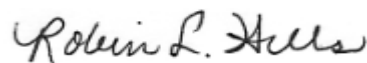
- Dr. Snyder reiterated that the CRNA bill replaces physician supervision with consultation and not collaboration.
- Mr. Coles reported that APRNs who had Full Practice Authority while in the military struggle with the restrictions on their practice when they enter the private sector. He also reminded attendees that the 50<sup>th</sup> anniversary of VCNP will be celebrated at its March conference in Williamsburg.
- Dr. Kaul reported that there is a shortage of APRNs and nurses in emergency departments to provide advocacy crisis services. In addition, ECO/TDO processes are experiencing an uphill battle.
- Dr. Brigle is one of ~500 APRNs in the VCU Health System and noted that retention of APRNs is currently a major problem.
- Dr. Paruchabutr expressed her appreciation for the efforts toward LCM licensure. She reiterated Mr. Coles' sentiments regarding the shock former military experience regarding the practice limitations when they join the civilian workforce with reduced autonomy.
- Dr. Ellington reported that APRNs are well represented in his practice in rural Virginia.

Ms. Swineford thanked Advisory Committee Members for their participation.

Members of the Advisory Committee, DHP staff, and the public left the meeting at 10:55 A.M.

## ADJOURNMENT:

As there was no additional business, the meeting was adjourned at 10:27 A.M.



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

**VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE**  
**DISCIPLINE MEETING MINUTES**  
**February 28, 2024**

**TIME AND PLACE:** The discipline meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:42 A.M., February 28, 2024 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**MEMBERS PRESENT:** Cynthia M. Swineford, RN, MSN, CNE; Board of Nursing - **Chair**  
Helen M. Parke, DNP, FNP; Board of Nursing  
Blanton Marchese; Board of Medicine  
Randy Clements, DPM; Board of Medicine  
Karen Ransone, MD; Board of Medicine

**STAFF PRESENT:** Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Tamika Claiborne, Senior Discipline and Licensing Specialist

**OTHERS PRESENT:** Laura Booberg, Senior Assistant Attorney General; Board Counsel

**INTRODUCTIONS:** Committee members and staff members introduced themselves.

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

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS**

**Dianna White, APRN**

**0024-166972**

Ms. White appeared accompanied by her attorney, Wilfredo Bonilla, Jr.

**CLOSED MEETING:** Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:49 A.M., for the purpose of consideration of the agency subordinate recommendations for Dianna White. Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, 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 Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 10:53 A.M.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed

Virginia Committee of the Joint Boards of Nursing and Medicine  
Consideration Meeting  
February 28, 2024

meeting was convened. The motion was seconded by Dr. Ransone and carried unanimously.

Dr. Clements moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to place the license of **Dianna White** on Probation with terms and conditions. The motion was seconded by Dr. Ransone and carried unanimously.

**Donna Clark, APRN**

**0024-171097**

Ms. Clark did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Donna Clark, APRN**. The motion was seconded by **Dr. Parke** and carried unanimously.

**Jaseth Taylor-Palmer, APRN**

**0024-184464**

Ms. Taylor-Palmer did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to place the license of **Jaseth Taylor-Palmer, APRN** on indefinite probation with terms and conditions. The motion was seconded by **Dr. Parke** and carried unanimously.

CLOSED MEETING:

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:59 A.M., for the purpose of consideration of the agency subordinate recommendations for **Ania Ramondo and Courtney Williams**. Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, 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 Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 11:12 A.M.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed

Virginia Committee of the Joint Boards of Nursing and Medicine  
Consideration Meeting  
February 28, 2024

meeting was convened. The motion was seconded by Dr. Ransone and carried unanimously.

**Ania Ramondo, APRN**

**0024-173902**

Ms. Ramondo did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine reject the recommended decision of the agency subordinate regarding **Ania Ramondo, APRN** and refer to a formal hearing. The motion was seconded by **Dr. Clements** and carried unanimously.

**Courtney Williams, APRN**

**0024-174666**

Ms. Williams did not appear.

Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine modify the recommended decision of the agency subordinate Reprimanding **Courtney Williams, APRN** and require her, 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 at least 12 contact hours in a Committee-approved course in the subject of Medical Ethics, Boundaries and Professionalism. The motion was seconded by **Dr. Ransone** and carried unanimously.

**CONSIDERATION OF CONSENT ORDER**

**CLOSED MEETING:**

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:15 A.M., for the purpose of consideration of the consent orders for **Elizabeth Donald** and **Elisabeth Taurino**. Additionally, Dr. Parke moved that Ms. Douglas, Dr. Hills, Ms. Claiborne, 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 Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 11:23 A.M.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed

Virginia Committee of the Joint Boards of Nursing and Medicine  
Consideration Meeting  
February 28, 2024

meeting was convened. The motion was seconded by Dr. Ransone and carried unanimously.

**Elizabeth Donald, APRN**

**0024-177449**

Ms. Donald did not appear.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order to Reprimand **Elizabeth Donald** and indefinitely suspend her APRN license with suspension stayed upon proof of Ms. Donald's continued compliance with all of the terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by **Mr. Marchese** and carried unanimously.

**Elisabeth Taurino, APRN**

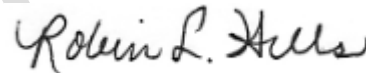
**0024-172180**

Ms. Taurino did not appear.

Dr. Parke moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order for voluntary surrender for indefinite suspension the license of **Elisabeth Taurino, APRN** to practice and Advanced Practice Registered Nurse in the Commonwealth of Virginia. The motion was seconded by **Mr. Marchese** and carried unanimously.

ADJOURNMENT:

The meeting was adjourned at 11:24 A.M.



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

# Virginia Department of Health Professions

## Patient Care Disciplinary Case Processing Times (with Continuance Days Removed): Quarterly Performance Measurement, Q2 2020 - Q2 2024

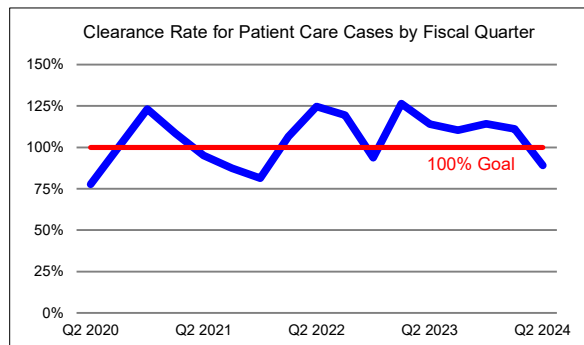
Arne W. Owens  
Director

*"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."*  
**DHP Mission Statement**

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts below, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

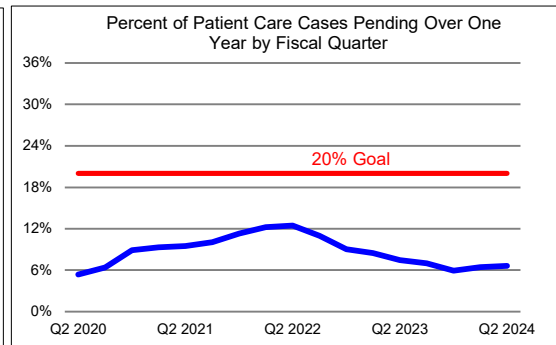
**Clearance Rate** - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 89%, with 1,207 patient care cases received and 1,075 closed.



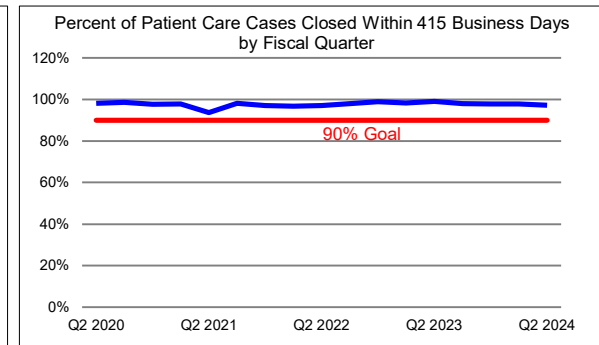
**Age of Pending Caseload** - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

The current quarter shows 7% patient care cases pending over 415 business days with 3,539 patient care cases pending and 233 pending over 415 business days.



**Time to Disposition** - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter shows 97% of patient care cases being resolved within 415 business days with 1,024 cases closed and 996 closed within 415 business days.



In FY 2023, we shifted from 250 business days to 415 business days to provide a more realistic period for a year's worth of days to process cases.

## Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

### Nursing

**Clearance Rate: 87%**

446 Cases Received

389 Cases Closed

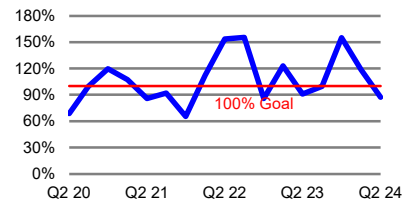
**Pending Caseload Over 415 Days: 4%**

61 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 96%**

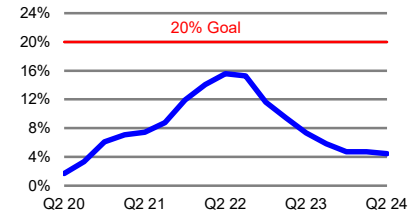
357 Cases Closed within 415 Days

### Clearance Rate

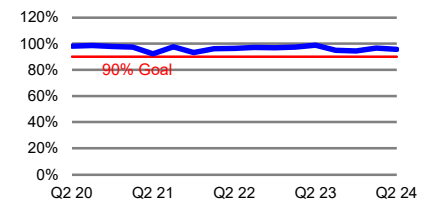


### Age of Pending Caseload

(percent of cases pending over one year)



### Time to Disposition



### Nurses

**Clearance Rate: 100%**

322 Cases Received

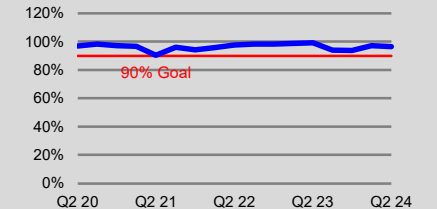
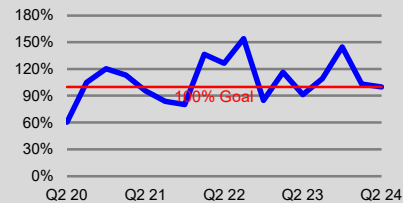
321 Cases Closed

**Pending Caseload Over 415 Days: 5%**

48 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 96%**

299 Cases Closed within 415 Days



### CNA

**Clearance Rate: 55%**

124 Cases Received

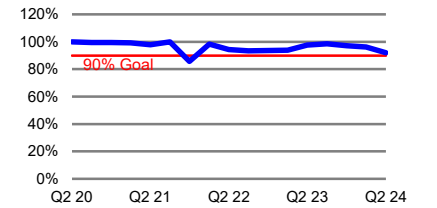
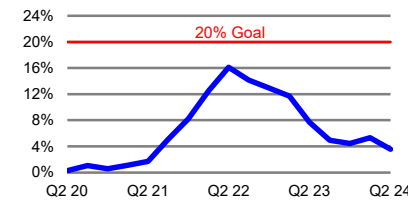
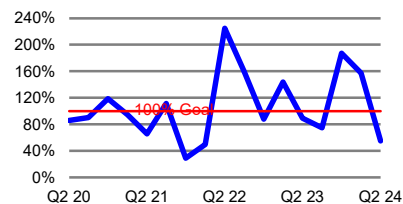
68 Cases Closed

**Pending Caseload Over 415 Days: 4%**

13 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 92%**

58 Cases Closed within 415 Days



## Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

### Medicine

**Clearance Rate: 85%**

384 Cases Received

326 Cases Closed

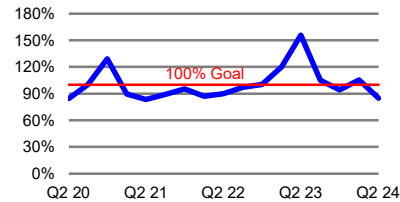
**Pending Caseload Over 415 Days: 4%**

33 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 100%**

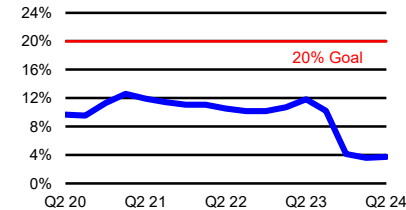
320 Cases Closed within 415 Days

### Clearance Rate

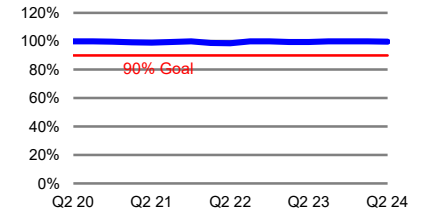


### Age of Pending Caseload

(percent of cases pending over one year)



### Time to Disposition



### Dentistry

**Clearance Rate: 110%**

82 Cases Received

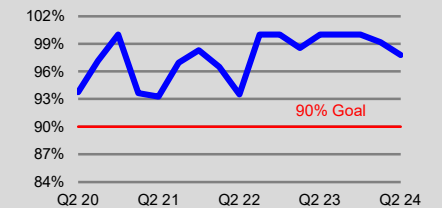
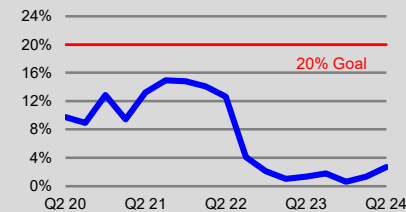
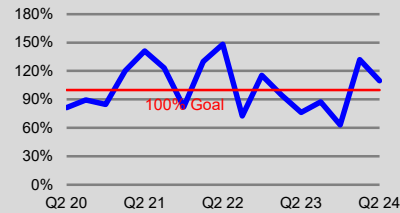
90 Cases Closed

**Pending Caseload Over 415 Days: 3%**

8 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 98%**

88 Cases Closed within 415 Days



### Pharmacy

**Clearance Rate: 109%**

108 Cases Received

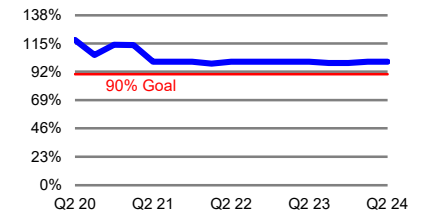
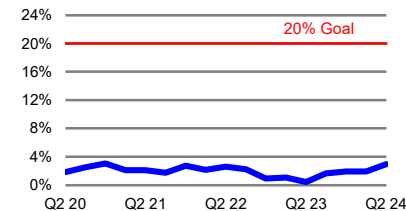
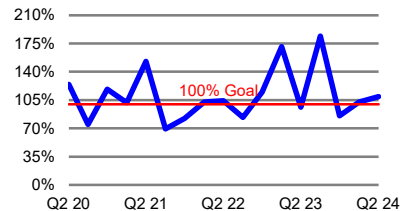
118 Cases Closed

**Pending Caseload Over 415 Days: 3%**

6 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 100%**

117 Cases Closed within 415 Days



## Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

### Veterinary Medicine

**Clearance Rate: 63%**

46 Cases Received

29 Cases Closed

**Pending Caseload Over 415 Days: 4%**

5 Cases Pending' over 415 Days

**Time to Disposition Within 415 Days: 100%**

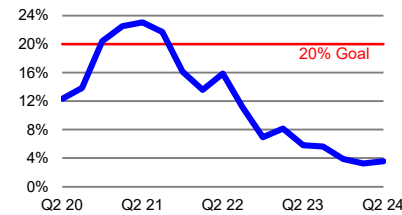
27 Cases Closed within 415 Days

### Clearance Rate

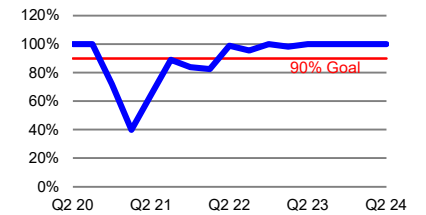


### Age of Pending Caseload

(percent of cases pending over one year)



### Time to Disposition



### Counseling

**Clearance Rate: 64%**

59 Cases Received

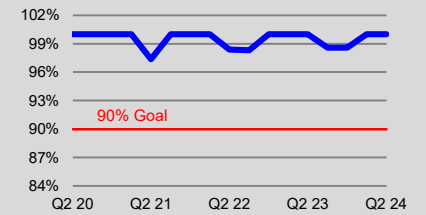
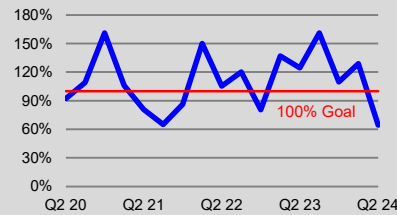
38 Cases Closed

**Pending Caseload Over 415 Days: 8%**

15 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 100%**

34 Cases Closed within 415 Days



### Social Work

**Clearance Rate: 35%**

26 Cases Received

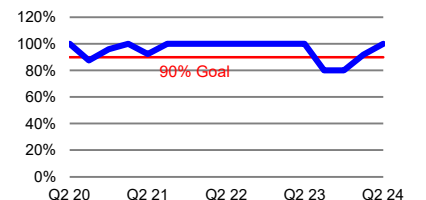
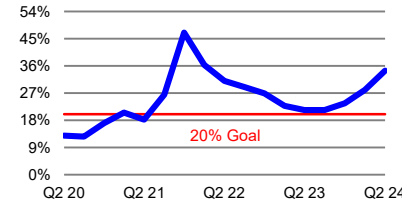
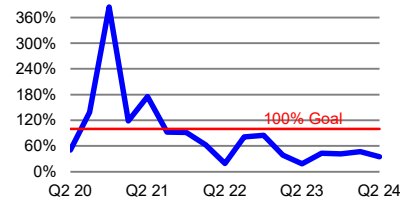
9 Cases Closed

**Pending Caseload Over 415 Days: 34%**

56 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 100%**

9 Cases Closed within 415 Days



## Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

### Psychology

**Clearance Rate: 145%**

22 Cases Received

32 Cases Closed

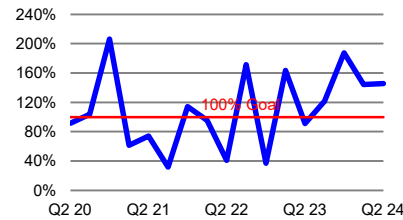
**Pending Caseload Over 415 Days: 22%**

27 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 64%**

9 Cases Closed within 415 Days

### Clearance Rate

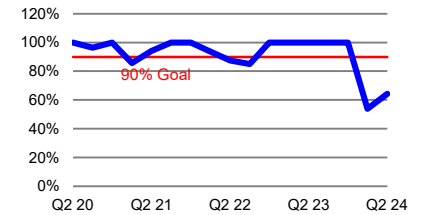


### Age of Pending Caseload

(percent of cases pending over one year)



### Time to Disposition



### Long Term Care

**Clearance Rate: 100%**

17 Cases Received

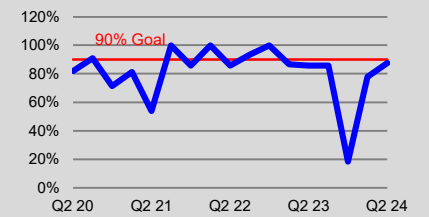
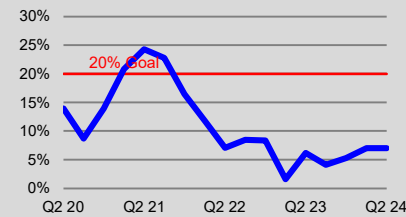
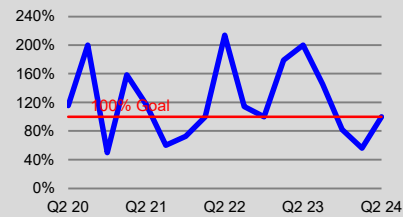
17 Cases Closed

**Pending Caseload Over 415 Days: 7%**

6 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 88%**

14 Cases Closed within 415 Days



### Optometry

**Clearance Rate: 275%**

4 Cases Received

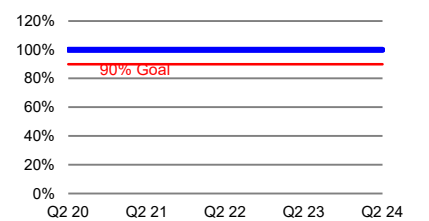
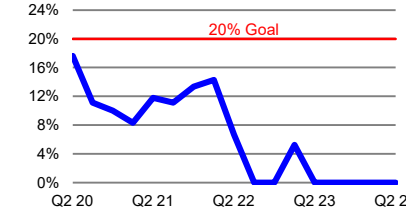
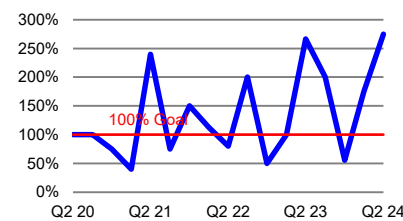
11 Cases Closed

**Pending Caseload Over 415 Days: 0%**

0 Cases Pending over 415 Days

**Time to Disposition Within 415 Days: 100%**

11 Cases Closed within 415 Days



## Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days Removed), by Board

### Physical Therapy

**Clearance Rate: 25%**

8 Cases Received

2 Cases Closed

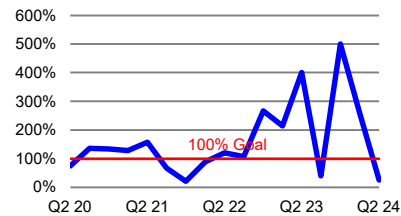
**Pending Caseload Over 415 Days: 21%**

6 Case Pending over 415 Days

**Time to Disposition Within 415 Days: 100%**

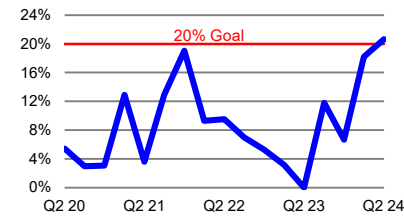
2 Cases Closed within 415 Days

### Clearance Rate

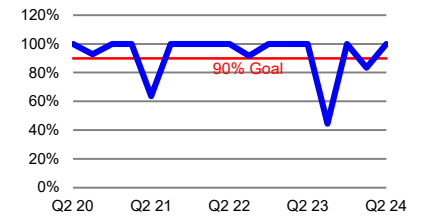


### Age of Pending Caseload

(percent of cases pending over one year)



### Time to Disposition



### Funeral

**Clearance Rate: -**

0 Cases Received

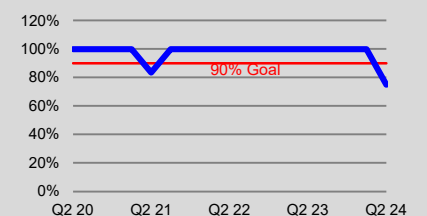
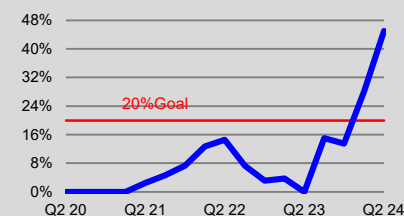
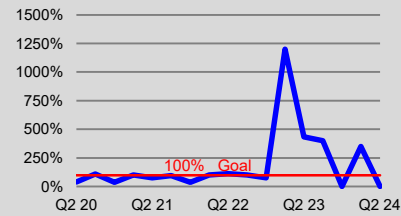
12 Cases Closed

**Pending Caseload Over 415 Days: 45%**

9 Case Pending over 415 Days

**Time to Disposition Within 415 Days: 75%**

6 Cases Closed within 415 Days



### Audiology

**Clearance Rate: 40%**

5 Case Received

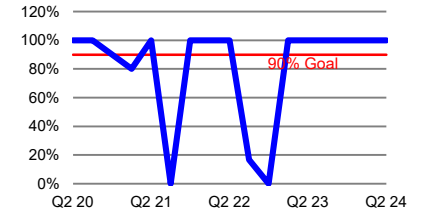
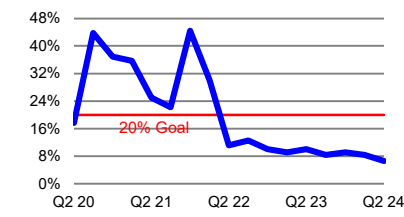
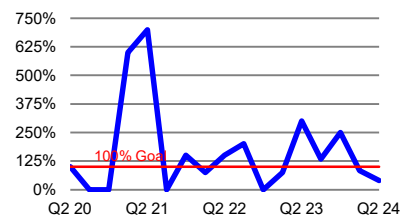
2 Cases Closed

**Pending Caseload Over 415 Days: 7%**

1 Case Pending over 415 Days

**Time to Disposition Within 415 Days: 100%**

2 Cases Closed within 415 Days



**DRAFT**

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# *Virginia's Licensed Advanced Practice Registered Nurse Workforce: 2023*

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Healthcare Workforce Data Center

November 2023

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4466(fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

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

*7,102 Licensed Advanced Practice Registered Nurses voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**Arne E. Owens, MS**

*Director*

**James L. Jenkins, Jr., RN**

*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

# **The Committee of the Joint Boards of Nursing and Medicine**

## ***Members***

Laurie Buchwald, MSN, WHNP, NCMP, FNP  
*Radford*

Blanton L. Marchese  
*North Chesterfield*

Helen M. Parke, DNP, FNP-BC  
*Concord*

Joel Silverman, MD  
*Richmond*

Ryan Williams, MD  
*Suffolk*

## ***Executive Director of Board of Medicine***

William L. Harp, MD

## ***Executive Director of Board of Nursing***

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

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# The Licensed Advanced Practice Registered Nurse Workforce: At a Glance:

## The Workforce

Licensees:	20,485
Virginia's Workforce:	14,837
FTEs:	12,313

## Background

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

## Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	64%
Satisfied?:	94%

## Survey Response Rate

All Licensees:	35%
Renewing Practitioners:	91%

## Education

Master's Degree:	76%
Post-Masters Cert.:	7%

## Job Turnover

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

## Demographics

Female:	90%
Diversity Index:	45%
Median Age:	44

## Finances

Median Income:	\$110k-\$120k
Health Benefits:	61%
Under 40 w/ Ed debt:	64%

## Time Allocation

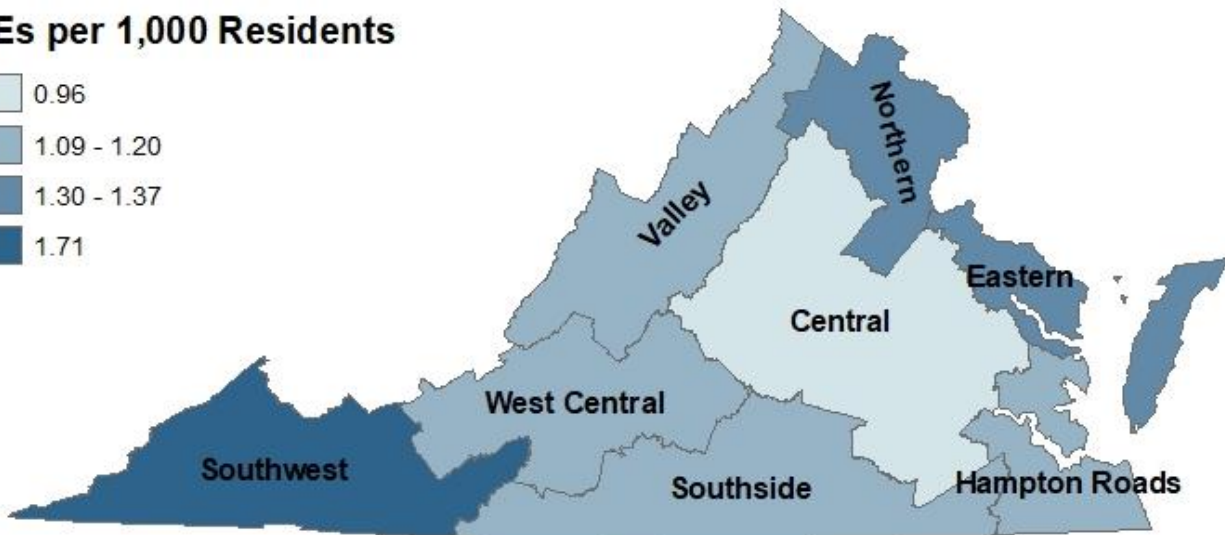
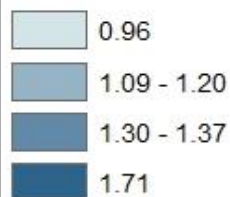
Patient Care:	90%-99%
Patient Care Role:	88%
Admin. Role:	3%

Source: Va. Healthcare Workforce Data Center

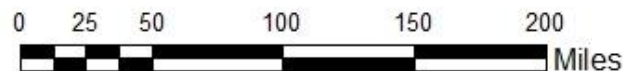
## Full Time Equivalency Units Provided by Advanced Practice Registered Nurses per 1,000 Residents by Virginia Performs Areas

Source: Va Healthcare Work force Data Center

### FTEs per 1,000 Residents



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



Over 7,000 Licensed Advanced Practice Registered Nurse (APRNs) voluntarily took part in the 2023 Licensed Nurse Practitioner Workforce Survey<sup>1</sup>. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during license renewal, which takes place during a two-year renewal cycle in the birth month of each respondent. About half of all APRNs have access to the survey every year. The 2023 survey respondents represent 35% of the 20,485 APRNs who are licensed in the state and 91% of renewing practitioners. This report includes any advanced practice registered nurse. Detailed information on APRNs, nurse anesthetists, and/or certified nurse midwives is available as a separate report.

The HWDC estimates that 14,837 APRNs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an APRN at some point in the future. Between October 2022 and September 2023, Virginia's APRN workforce provided 12,313 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 APRNs are female, and the median age of all APRNs is 44. In a random encounter between two APRNs, there is a 45% chance that they would be of different races or ethnicities; this measure is known as the diversity index. This makes Virginia's APRN workforce less diverse than the state's overall population which has a diversity index of 60%. The diversity index is 45% among APRNs under age 40. Over one-third of APRNs grew up in a rural area, and 24% of these professionals currently work in non-Metro areas of the state. Overall, 11% of APRNs work in rural areas. Meanwhile, 44% of Virginia's APRNs graduated from high school in Virginia, and 50% of APRNs earned their initial professional degree in the state. In total, 55% of Virginia's APRN workforce have some educational background in the state.

Over three quarters of all APRNs hold a Master's degree as their highest professional degree and over 20% have additional education or certifications beyond a Master's degree. Over half of all APRNs currently carry educational debt, including 64% of those under the age of 40. The median debt for those APRNs with educational debt is between \$70,000 and \$80,000.

## Summary of Trends

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Several significant changes have occurred in the APRN workforce in the past six years. In 2018, a policy change authorized the Committee of the Joint Boards of Nursing and Medicine (the Joint Boards) to promulgate regulations that permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner. In 2020, the General Assembly reduced the required clinical experience to two years before autonomous practice. This change sunset July 1, 2022; the prerequisite years of clinical experience is 5 years, again. The number of licensed APRNs in the state has more than doubled since 2014; the number in the state's workforce also has more than doubled, and the FTEs provided increased by 113%. Compared to 2020, the response rate of renewing APRNs increased from 77% to 91%. The percent of APRNs working in non-metro areas decreased from a high of 14% in 2022 to compared to 11% in 2023.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to a high of 45% in 2023, though the diversity index is still lower than the statewide diversity index (60%). Median age declined from 48 years in 2014 to 44 years in 2020 and has stayed at 44 through 2023. In 2023, the percent of APRNs with a doctorate APRN is 11%, which is higher than the 2014 level of 4%. The percent carrying debt also has increased across the years; 52% of all APRNs carry debt compared to 40% in 2014. Median debt increased from \$40,000-\$50,000 in 2014 to \$70,000-\$80,000. Median income also increased to \$110,000-\$120,000 since 2022. Retirement expectations have declined over time; and 19% of APRNs intend to retire within a decade of the survey, as compared to 24% in 2014.

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

### A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	6,720	33%
New Licensees	2,912	14%
Non-Renewals	978	5%
Renewal date not in survey period	9,578	47%
<b>All Licensees</b>	<b>20,485</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. More than nine of every ten renewing APRNs submitted a survey. These represent 35% of APRNs who held a license at some point during the licensing period.*

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	462	84	15%
30 to 34	1,692	873	34%
35 to 39	2,706	1,082	29%
40 to 44	2,048	1,346	40%
45 to 49	1,883	870	32%
50 to 54	1,486	995	40%
55 to 59	1,163	577	33%
60 and Over	1,943	1,275	40%
<b>Total</b>	<b>13,383</b>	<b>7,102</b>	<b>35%</b>
New Licenses			
Issued After Sept. 2021	2,746	166	6%
Metro Status			
Non-Metro	961	603	39%
Metro	6,881	4,685	41%
Not in Virginia	5,541	1,813	25%

Source: Va. Healthcare Workforce Data Center

### Definitions

- The Survey Period:** The survey was conducted between October 2022 and September 2023 in the birth month of each renewing practitioner.
- Target Population:** All APRNs who held a Virginia license at some point during the survey period.
- Survey Population:** The survey was available to APRNs who renewed their licenses online. It was not available to those who did not renew, including APRNs newly licensed during the

Response Rates	
Completed Surveys	7,102
Response Rate, all licensees	35%
Response Rate, Renewals	91%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Licensed APRNs

Number:	20,485
New:	14%
Not Renewed:	5%

#### Response Rates

All Licensees:	35%
Renewing Practitioners:	91%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's APRN Workforce: 14,837  
FTEs: 12,313

### Utilization Ratios

Licenses in VA Workforce: 72%  
Licenses per FTE: 1.66  
Workers per FTE: 1.20

Source: Va. Healthcare Workforce Data Center

Virginia's APRN Workforce		
Status	#	%
Worked in Virginia in Past Year	14,561	98%
Looking for Work in Virginia	275	2%
Virginia's Workforce	14,837	100%
Total FTEs	12,313	
Licenses	20,485	

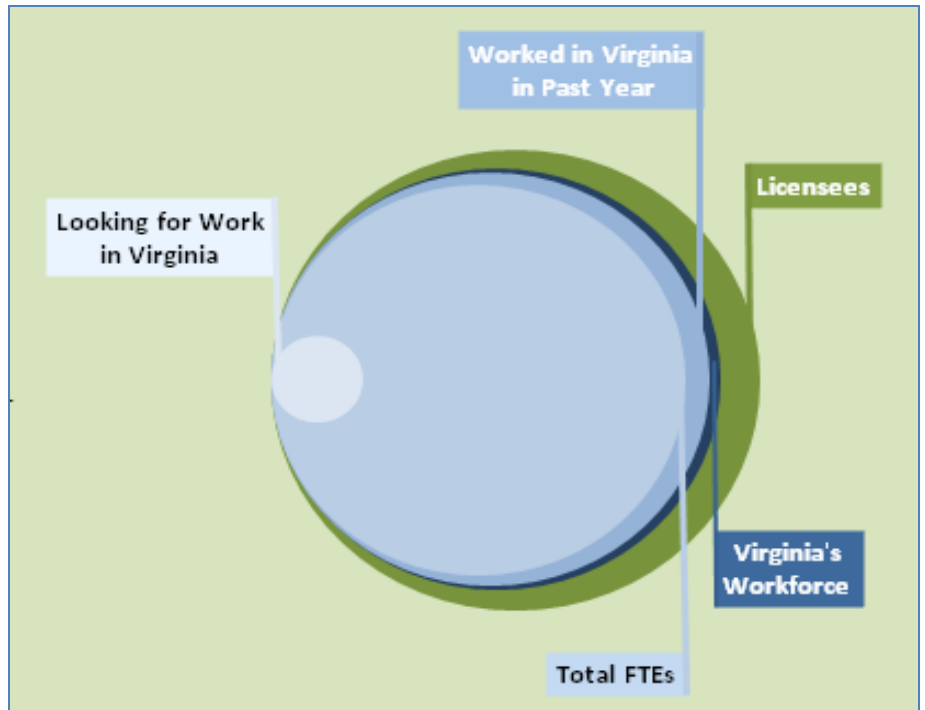
Source: Va. Healthcare Workforce Data Center

## Definitions

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

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

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)



Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
<b>Under 30</b>	26	7%	358	93%	384	3%
<b>30 to 34</b>	144	9%	1,445	91%	1,589	13%
<b>35 to 39</b>	174	8%	2,115	92%	2,289	19%
<b>40 to 44</b>	234	11%	1,817	89%	2,052	17%
<b>45 to 49</b>	188	11%	1,467	89%	1,655	13%
<b>50 to 54</b>	159	11%	1,305	89%	1,464	12%
<b>55 to 59</b>	108	11%	877	89%	986	8%
<b>60 +</b>	212	11%	1,656	89%	1,868	15%
<b>Total</b>	<b>1,245</b>	<b>10%</b>	<b>11,041</b>	<b>90%</b>	<b>12,286</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	APRNs		APRNs under 40	
	%	#	%	#	%
<b>White</b>	59%	8,952	73%	3,174	75%
<b>Black</b>	18%	1,762	14%	476	11%
<b>Asian</b>	7%	735	6%	269	6%
<b>Other Race</b>	1%	120	1%	32	1%
<b>Two or more races</b>	5%	280	2%	91	2%
<b>Hispanic</b>	10%	460	4%	200	5%
<b>Total</b>	<b>100%</b>	<b>12,309</b>	<b>100%</b>	<b>4,242</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Gender

% Female: 90%

% Under 40 Female: 92%

#### Age

Median Age: 44

% Under 40: 35%

% 55+: 23%

#### Diversity

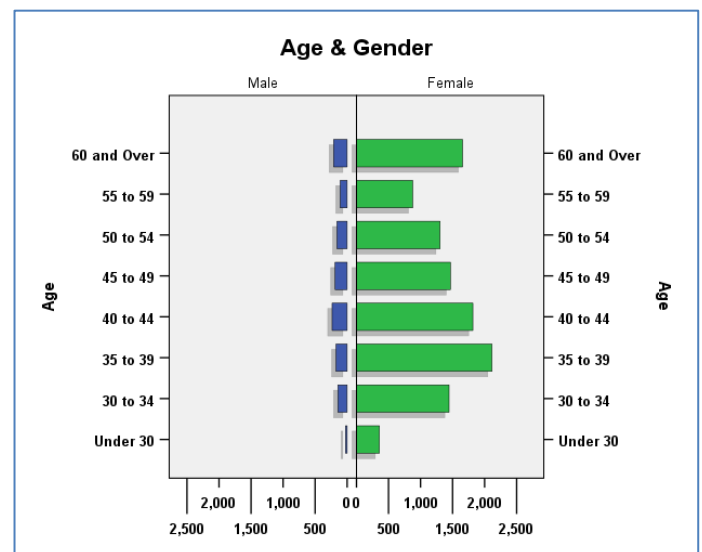
Diversity Index: 45%

Under 40 Div. Index: 42%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two APRNs, there is a 45% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 60% chance for Virginia's population as a whole.*

*35% of APRNs are under the age of 40. 92% of these professionals are female. In addition, the diversity index among APRNs under the age of 40 is 42%, which is slightly lower than the diversity index among Virginia's overall APRN workforce.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 13%  
Rural Childhood: 34%

### Virginia Background

HS in Virginia: 44%  
Prof. Ed. in VA: 50%  
HS or Prof. Ed. in VA: 55%  
Initial NP Degree in VA: 51%

### Location Choice

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

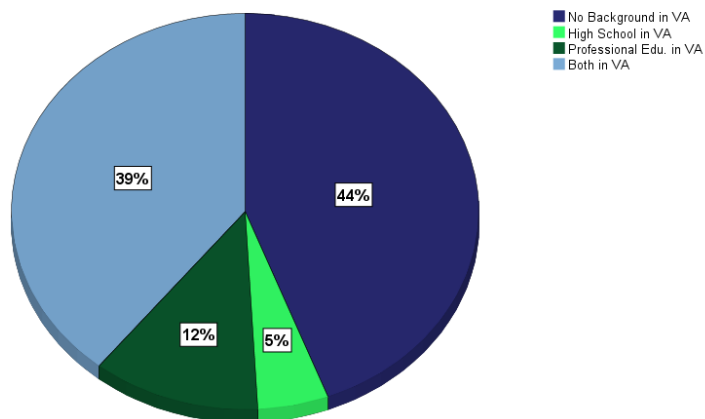
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
<b>1</b>	Metro, 1 million+	23.4%	61.2%	15.4%
<b>2</b>	Metro, 250,000 to 1 million	53.6%	38.4%	8.0%
<b>3</b>	Metro, 250,000 or less	44.1%	45.4%	10.6%
<b>Non-Metro Counties</b>				
<b>4</b>	Urban pop 20,000+, Metro adjacent	65.2%	25.9%	9.0%
<b>6</b>	Urban pop, 2,500-19,999, Metro adjacent	66.3%	29.2%	4.4%
<b>7</b>	Urban pop, 2,500-19,999, non adjacent	87.5%	9.3%	3.2%
<b>8</b>	Rural, Metro adjacent	72.5%	22.2%	5.2%
<b>9</b>	Rural, non adjacent	52.0%	34.7%	13.3%
<b>Overall</b>		<b>34%</b>	<b>53%</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

34% of all APRNs grew up in self-described rural areas, and 24% of these professionals currently work in non-metro counties. Overall, 11% of all APRNs currently work in non-metro counties.

## Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All APRNs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	5,334	Virginia	6,088	Virginia	6,147
2	Outside of U.S./Canada	1,026	Pennsylvania	522	Washington, D.C.	627
3	New York	586	New York	508	Tennessee	597
4	Maryland	474	Tennessee	456	Pennsylvania	439
5	Pennsylvania	471	Maryland	455	North Carolina	434
6	North Carolina	458	North Carolina	449	Maryland	315
7	Florida	325	Florida	341	New York	298
8	Tennessee	276	Outside of U.S./Canada	311	Florida	276
9	West Virginia	255	West Virginia	266	Illinois	261
10	Ohio	248	Ohio	233	Minnesota	258

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	2,381	Virginia	3,028	Virginia	2,876
2	Outside of U.S./Canada	558	Maryland	301	Tennessee	329
3	Maryland	233	Pennsylvania	252	Washington, D.C.	286
4	New York	232	North Carolina	245	North Carolina	225
5	Pennsylvania	206	Tennessee	219	Pennsylvania	202
6	North Carolina	198	New York	193	Illinois	202
7	Florida	197	Florida	179	Maryland	198
8	Tennessee	149	Outside of U.S./Canada	168	Minnesota	191
9	New Jersey	131	West Virginia	129	Florida	155
10	Minnesota	120	Ohio	117	Massachusetts	145

Source: Va. Healthcare Workforce Data Center

*28% of Virginia's licensees did not participate in Virginia's APRN workforce during the past year. Ninety-five percent of these licensees worked at some point in the past year, including 91% who worked in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

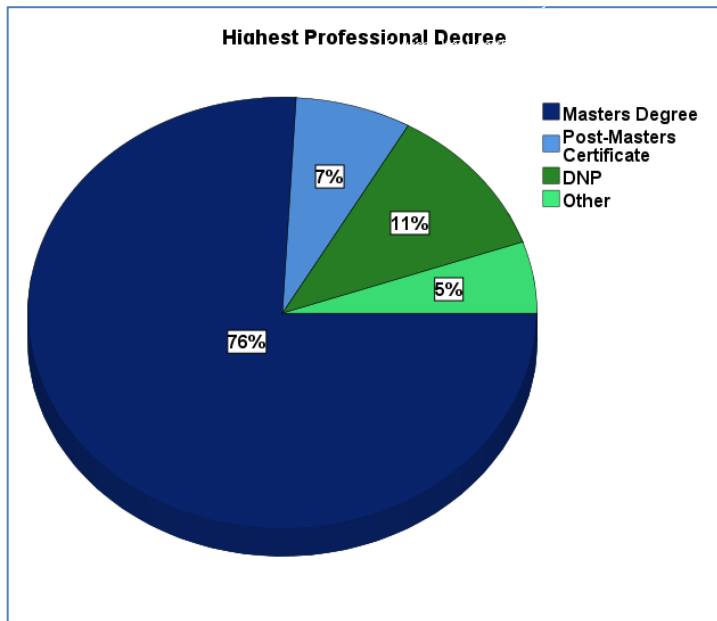
Total:	5,651
% of Licensees:	28%
Federal/Military:	9%
Va. Border State/DC:	19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	220	2%
Master's Degree	9,146	76%
Post-Masters Cert.	887	7%
Doctorate of NP	1,377	11%
Other Doctorate	423	4%
Post-Ph.D. Cert.	2	0%
<b>Total</b>	<b>12,055</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three-quarters of all APRNs hold a Master's degree as their highest professional degree. Half of APRNs carry education debt, including 64% of those under the age of 40. The median debt burden among APRNs with educational debt is between \$70,000 and \$80,000.

## At a Glance:

### Education

Master's Degree: 76%

Post-Masters Cert.: 7%

### Educational Debt

Carry debt: 52%

Under age 40 w/ debt: 64%

Median debt: \$70k-\$80k

Source: Va. Healthcare Workforce Data

Educational Debt				
Amount Carried	All APRNs		APRNs under 40	
	#	%	#	%
None	5,240	48%	1,343	36%
\$10,000 or less	380	3%	151	4%
\$10,000-\$19,999	379	3%	134	4%
\$20,000-\$29,999	403	4%	186	5%
\$30,000-\$39,999	442	4%	200	5%
\$40,000-\$49,999	415	4%	193	5%
\$50,000-\$59,999	397	4%	190	5%
\$60,000-\$69,999	423	4%	219	6%
\$70,000-\$79,999	411	4%	179	5%
\$80,000-\$89,999	357	3%	161	4%
\$90,000-\$99,999	322	3%	144	4%
\$100,000-\$109,999	320	3%	128	3%
\$110,000-\$119,999	235	2%	92	2%
\$120,000 or more	1,210	11%	451	12%
<b>Total</b>	<b>10,934</b>	<b>100%</b>	<b>3,771</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Primary Specialty

Family Health:	29%
RN Anesthetist:	14%
Psychiatric/ Mental Health:	9%

### Credentials

AANPCP – Family NP:	22%
ANCC – Family NP:	19%
ANCC – Family Psychiatric- Mental Health NP:	4%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	3,504	29%
Certified Registered Nurse Anesthetist	1,606	14%
Psychiatric/Mental Health	1,055	9%
Acute Care/Emergency Room	957	8%
Pediatrics	778	7%
Adult Health	726	6%
OB/GYN - Women's Health	378	3%
Geriatrics/Gerontology	358	3%
Surgical	343	3%
Medical Specialties (Not Listed)	270	2%
Certified Nurse Midwife	230	2%
Neonatal Care	166	1%
Clinical Nurse Specialist	129	1%
Gastroenterology	117	1%
Other	1,278	11%
<b>Total</b>	<b>11,895</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Credentials

Credential	#	%
AANPCP: Family NP	3,320	22%
ANCC: Family NP	2,766	19%
ANCC: Family Psychiatric-Mental Health NP	566	4%
ANCC: Adult-Gerontology Acute Care NP	497	3%
ANCC: Adult Psychiatric-Mental Health NP	453	3%
ANCC: Adult NP	334	2%
ANCC: Acute Care NP	332	2%
NCC: Women's Health Care NP	316	2%
ANCC: Adult-Gerontology Primary Care NP	294	2%
ANCC: Pediatric NP	261	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	227	2%
NCC: Neonatal NP	157	1%
AANPCP: Adult NP	120	1%
All Other Credentials	111	1%
<b>At Least One Credential</b>	<b>9,106</b>	<b>61%</b>

Source: Va. Healthcare Workforce Data Center

Approximately 30% of all APRNs had a primary specialty in family health, while another 14% had a primary specialty as a Certified RN Anesthetist. 61% of all APRNs also held at least one credential. AANPCP: Family NP was the most reported credential held by Virginia's APRN workforce.

### At a Glance:

#### Employment

Employed in Profession: 96%

Involuntarily Unemployed: <1%

#### Positions Held

1 Full-time: 64%

2 or More Positions: 19%

#### Weekly Hours:

40 to 49: 50%

60 or more: 6%

Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

#### Current Work Status

Status	#	%
Employed, capacity unknown	9	<1%
Employed in a nursing- related capacity	11,111	96%
Employed, NOT in a nursing-related capacity	62	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	15	<1%
Voluntarily unemployed	288	3%
Retired	112	1%
<b>Total</b>	<b>11,596</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

96% of APRNs are currently employed in their profession. 64% of APRNs hold one full-time job, while 19% currently have multiple jobs. Half of all APRNs work between 40 and 49 hours per week, while 6% work at least 60 hours per week.

#### Current Weekly Hours

Hours	#	%
0 hours	2	<1%
1 to 9 hours	166	1%
10 to 19 hours	313	3%
20 to 29 hours	858	7%
30 to 39 hours	2,464	21%
40 to 49 hours	5,756	50%
50 to 59 hours	1,178	10%
60 to 69 hours	500	4%
70 to 79 hours	98	1%
80 or more hours	137	1%
<b>Total</b>	<b>11,472</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

#### Current Positions

Positions	#	%
No Positions	303	3%
One Part-Time Position	1,618	14%
Two Part-Time Positions	518	4%
One Full-Time Position	7,629	64%
One Full-Time Position & One Part-Time Position	1,427	12%
Two Full-Time Positions	45	<1%
More than Two Positions	311	3%
<b>Total</b>	<b>11,851</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	57	1%
Less than \$40,000	352	4%
\$40,000-\$49,999	157	2%
\$50,000-\$59,999	206	2%
\$60,000-\$69,999	232	3%
\$70,000-\$79,999	335	4%
\$80,000-\$89,999	574	6%
\$90,000-\$99,999	804	9%
\$100,000-\$109,999	1,334	14%
\$110,000-\$119,999	1,151	12%
\$120,000 or more	4,196	45%
<b>Total</b>	<b>9,398</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Earnings

Median Income: \$110k-\$120k

### Benefits

Retirement: 71%

Health Insurance: 61%

### Satisfaction

Satisfied: 94%

Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	7,336	62%
Somewhat Satisfied	3,877	33%
Somewhat Dissatisfied	535	5%
Very Dissatisfied	137	1%
<b>Total</b>	<b>11,884</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical APRN had an annual income of between \$110,000 and \$120,000. Among APRNs who received either a wage or salary as compensation at their primary work location, 71% also had access to a retirement plan and 61% received health insurance.*

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	7,431	85%	71%
Retirement	7,525	86%	71%
Health Insurance	6,607	75%	61%
Dental Insurance	6,357	72%	59%
Group Life Insurance	5,193	59%	49%
Signing/Retention Bonus	2,002	23%	18%
<b>Receive at least one benefit</b>	<b>8,799</b>	<b>79%</b>	<b>82%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Employment Instability in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	102	1%
Experience Voluntary Unemployment?	647	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	386	3%
Work two or more positions at the same time?	2,717	18%
Switch employers or practices?	1,338	9%
Experienced at least 1	4,329	29%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's APRNs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same period.<sup>1</sup>

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	235	2%	183	6%
Less than 6 Months	1,132	10%	474	15%
6 Months to 1 Year	1,455	13%	459	14%
1 to 2 Years	2,645	23%	741	23%
3 to 5 Years	2,655	23%	687	22%
6 to 10 Years	1,626	14%	345	11%
More than 10 Years	1,798	16%	280	9%
Subtotal	11,546	100%	3,169	100%
Did not have location	299		11,587	
Item Missing	2,992		81	
Total	14,837		14,837	

Source: Va. Healthcare Workforce Data Center

65% of APRNs receive a salary at their primary work location, while 27% receive an hourly wage.

## At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%  
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 9%  
New Location: 30%  
Over 2 years: 53%  
Over 2 yrs, 2<sup>nd</sup> location: 41%

Employment Type

Salary: 65%  
Hourly Wage: 27%

Source: Va. Healthcare Workforce Data Center

53% of APRNs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	5,621	65%
Hourly Wage	2,353	27%
By Contract	618	7%
Business/ Practice Income	0	0%
Unpaid	37	<1%
Subtotal	8,629	
Missing location	299	
Item missing	5,546	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.3%. At the time of publication, the unemployment rate for September 2023 was still preliminary.

## At a Glance:

### Concentration

Top Region:	27%
Top 3 Regions:	70%
Lowest Region:	2%

### Locations

2 or more (Past Year):	28%
2 or more (Now*):	26%

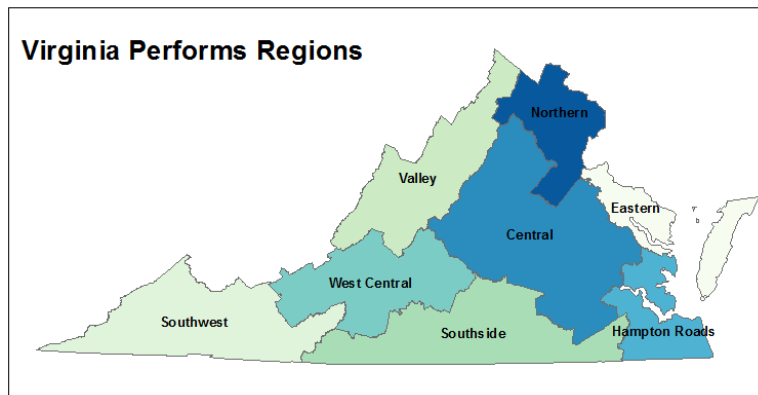
Source: Va. Healthcare Workforce Data Center

*Northern Virginia has the highest number of APRNs in the state, while Eastern Virginia has the fewest number of APRNs in Virginia.*

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,787	24%	513	16%
Eastern	178	2%	33	1%
Hampton Roads	2,100	18%	631	20%
Northern	3,143	27%	788	24%
Southside	426	4%	131	4%
Southwest	684	6%	215	7%
Valley	748	6%	162	5%
West Central	1,113	10%	282	9%
Virginia Border State/DC	117	1%	112	3%
Other US State	250	2%	345	11%
Outside of the US	3	0%	11	0%
<b>Total</b>	<b>11,549</b>	<b>100%</b>	<b>3,223</b>	<b>100%</b>
<b>Item Missing</b>	<b>2,989</b>		<b>28</b>	

Source: Va. Healthcare Workforce Data Center



*26% of all APRNs had just one work location during the past year, while 28% of APRNs had multiple work locations.*

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	273	2%	401	3%
1	8,249	70%	8,348	71%
2	1,928	16%	1,927	16%
3	957	8%	851	7%
4	180	2%	110	1%
5	65	1%	42	<1%
6 or More	108	1%	81	1%
<b>Total</b>	<b>11,761</b>	<b>100%</b>	<b>11,761</b>	<b>100%</b>

\*At the time of survey completion (Oct. 2022 - Sept. 2023, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	5,925	54%	1,941	64%
<b>Non-Profit</b>	3,641	33%	807	26%
<b>State/Local Government</b>	770	7%	183	6%
<b>Veterans Administration</b>	279	3%	34	1%
<b>U.S. Military</b>	211	2%	65	2%
<b>Other Federal Government</b>	109	1%	16	1%
<b>Total</b>	<b>10,935</b>	<b>100%</b>	<b>3,046</b>	<b>100%</b>
<b>Did not have location</b>	299		11,587	
<b>Item Missing</b>	3,603		204	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Sector

For Profit: 54%  
Federal: 5%

### Top Establishments

Hospital, Inpatient: 20%  
Clinic, Primary Care: 17%  
Academic Institution: 7%

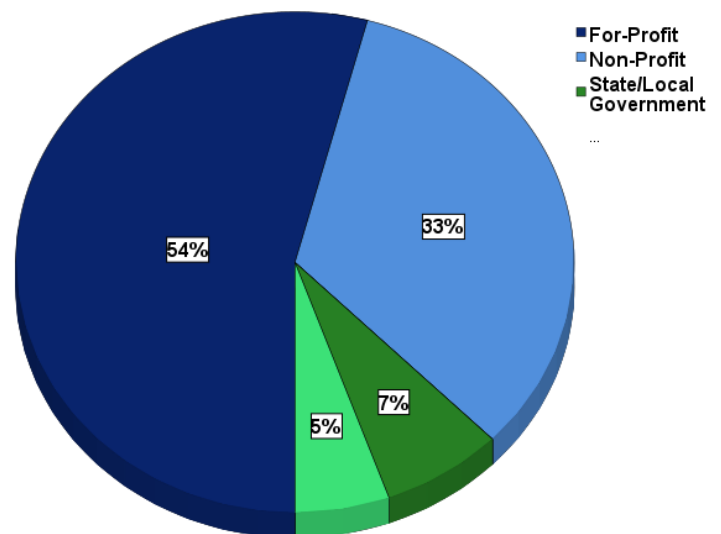
Source: Va. Healthcare Workforce Data Center

More than 85% of all APRNs work in the private sector, including 54% in for-profit establishments. Meanwhile, 7% of APRNs work for state or local governments, and 5% work for the federal government.

Electronic Health Records (EHRs) and Telehealth		
	#	%
<b>Meaningful use of EHRs</b>	4,164	28%
<b>Remote Health, Caring for Patients in Virginia</b>	3,717	25%
<b>Remote Health, Caring for Patients Outside of Virginia</b>	938	6%
<b>Use at least one</b>	<b>5,946</b>	<b>40%</b>

Source: Va. Healthcare Workforce Data Center

Sector, Primary Work Site



Source: Va. Healthcare Workforce Data Center

Over a quarter of the state's APRN workforce use EHRs. 25% also provide remote health care for Virginia patients.

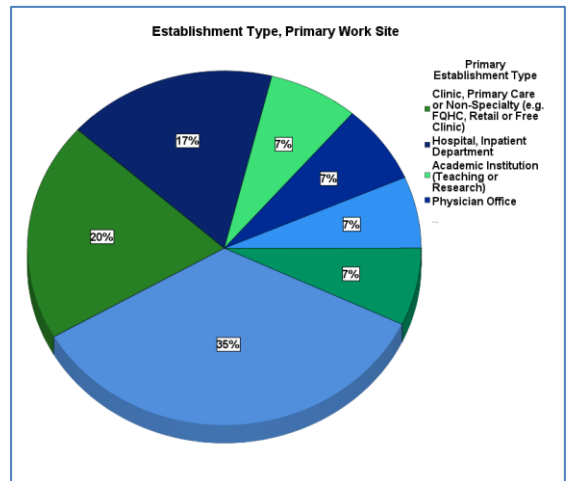
Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Clinic, Primary Care or Non-Specialty	2,126	20%	407	14%
Hospital, Inpatient Department	1,834	17%	428	15%
Academic Institution (Teaching or Research)	786	7%	222	8%
Physician Office	765	7%	116	4%
Hospital, Outpatient Department	693	7%	106	4%
Private practice, group	600	6%	118	4%
Clinic, Non-Surgical Specialty	506	5%	132	5%
Mental Health, or Substance Abuse, Outpatient Center	488	5%	177	6%
Ambulatory/Outpatient Surgical Unit	368	3%	189	7%
Long Term Care Facility, Nursing Home	347	3%	119	4%
Hospital, Emergency Department	272	3%	117	4%
Private practice, solo	233	2%	85	3%
Home Health Care	172	2%	77	3%
Other Practice Setting	1,452	14%	612	21%
<b>Total</b>	<b>10,642</b>	<b>100%</b>	<b>2,905</b>	<b>100%</b>
Did Not Have a Location	299		11,587	

Source: Va. Healthcare Workforce Data Center

*The single largest employer of Virginia's APRNs is primary care or non-specialty clinics of hospitals, where 20% of all APRNs have their primary work location. Inpatient hospital departments, academic institutions, physicians' offices, and outpatient hospital departments were also common primary establishment types for Virginia's APRN workforce.*

*Among those APRNs who also have a secondary work location, 15% work at the inpatient department of a hospital and 14% work in a primary care/non-specialty clinic.*

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



Source: Va. Healthcare Workforce Data Center

Accepted Forms of Payment		
Payment	#	% of Workforce
Private Insurance	8,553	92%
Medicaid	7,912	85%
Medicare	7,885	85%
Cash/Self-Pay	7,513	81%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

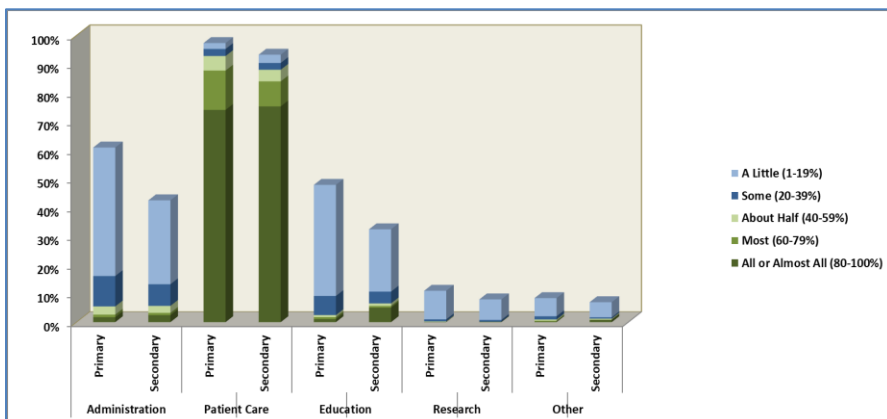
Patient Care:	88%
Administration:	3%
Education:	2%

### Patient Care APRNs

Median Admin Time:	1%-9%
Ave. Admin Time:	1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*A typical APRN spends most of her time on patient care activities, with most of the remaining time split between administrative and educational tasks. 88% of all APRNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	2%	2%	74%	75%	1%	5%	0%	0%	0%	1%
<b>Most (60-79%)</b>	1%	1%	14%	9%	1%	1%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	3%	2%	5%	4%	1%	1%	0%	0%	0%	0%
<b>Some (20-39%)</b>	11%	8%	2%	2%	7%	4%	1%	1%	1%	0%
<b>A Little (1-20%)</b>	45%	29%	2%	3%	39%	22%	10%	7%	6%	5%
<b>None (0%)</b>	39%	58%	3%	7%	52%	68%	89%	92%	92%	93%

Source: Va. Healthcare Workforce Data

## A Closer Look:

Retirement Expectations				
Expected Retirement Age	All APRNs		APRNs over 50	
	#	%	#	%
<b>Under age 50</b>	198	2%	0	0%
<b>50 to 54</b>	372	4%	20	1%
<b>55 to 59</b>	967	9%	148	4%
<b>60 to 64</b>	2,715	26%	760	21%
<b>65 to 69</b>	3,732	36%	1,496	41%
<b>70 to 74</b>	1,283	12%	676	19%
<b>75 to 79</b>	406	4%	242	7%
<b>80 or over</b>	130	1%	70	2%
<b>I do not intend to retire</b>	583	6%	240	7%
<b>Total</b>	<b>10,386</b>	<b>100%</b>	<b>3,652</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Retirement Expectations

#### All APRNs

Under 65: 41%

Under 60: 15%

#### APRNs 50 and over

Under 65: 25%

Under 60: 5%

### Time until Retirement

Within 2 years: 6%

Within 10 years: 19%

Half the workforce: By 2048

Source: Va. Healthcare Workforce Data Center

41% of APRNs expect to retire by the age of 65, while 25% of APRNs who are age 50 or over expect to retire by the same age. Meanwhile, 36% of all APRNs expect to retire in their late 60s, and 23% of all APRNs expect to work until at least age 70, including 6% who do not expect to retire at all.

Within the next two years, only 2% of Virginia's APRNs plan on leaving either the profession or the state. Meanwhile, 10% of APRNs plan on increasing patient care hours, and 11% plan on pursuing additional educational opportunities.

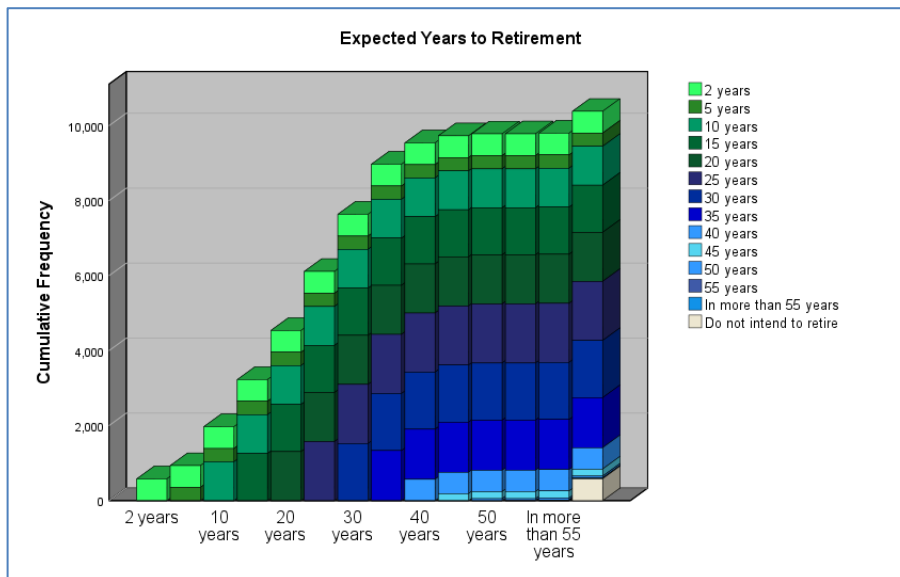
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
<b>Leave Profession</b>	146	1%
<b>Leave Virginia</b>	319	2%
<b>Decrease Patient Care Hours</b>	1,439	10%
<b>Decrease Teaching Hours</b>	98	1%
Increase Participation		
<b>Increase Patient Care Hours</b>	1,508	10%
<b>Increase Teaching Hours</b>	1,464	10%
<b>Pursue Additional Education</b>	1,638	11%
<b>Return to Virginia's Workforce</b>	106	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectation to age, we can estimate the maximum years to retirement for APRNs. 6% of APRNs expect to retire in the next two years, while 19% expect to retire in the next 10 years. More than half of the current APRN workforce expect to retire by 2048.*

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
<b>2 years</b>	581	6%	6%
<b>5 years</b>	355	3%	9%
<b>10 years</b>	1,037	10%	19%
<b>15 years</b>	1,257	12%	31%
<b>20 years</b>	1,309	13%	44%
<b>25 years</b>	1,577	15%	59%
<b>30 years</b>	1,524	15%	74%
<b>35 years</b>	1,335	13%	86%
<b>40 years</b>	569	5%	92%
<b>45 years</b>	190	2%	94%
<b>50 years</b>	52	1%	94%
<b>55 years</b>	2	0%	94%
<b>In more than 55 years</b>	16	0%	94%
<b>Do not intend to retire</b>	583	6%	100%
<b>Total</b>	<b>10,386</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2033. Retirement will peak at 15% of the current workforce around 2048 before declining to under 10% of the current workforce again around 2063.*

## At a Glance:

### FTEs

Total: 12,313  
FTEs/1,000 Residents: 1.42  
Average: 0.85

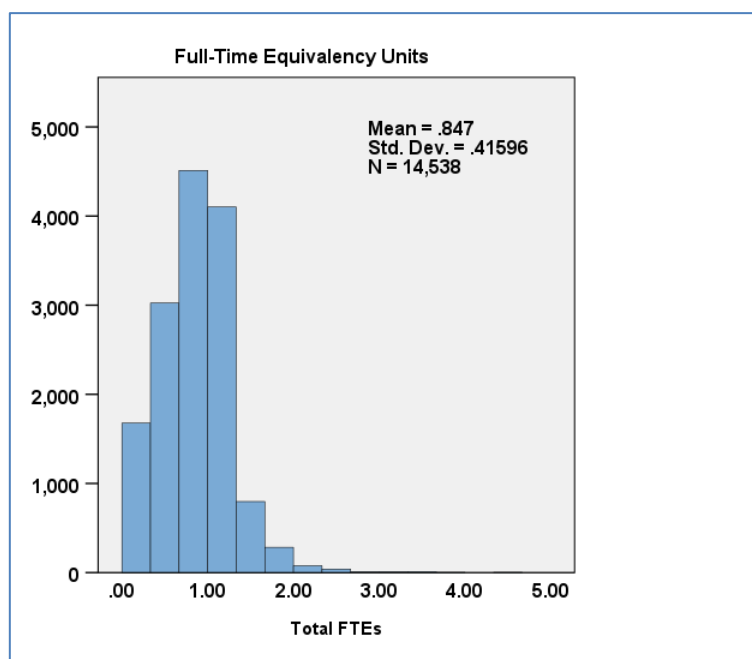
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Negligible  
Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
Partial Eta<sup>2</sup> is a statistical  
measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

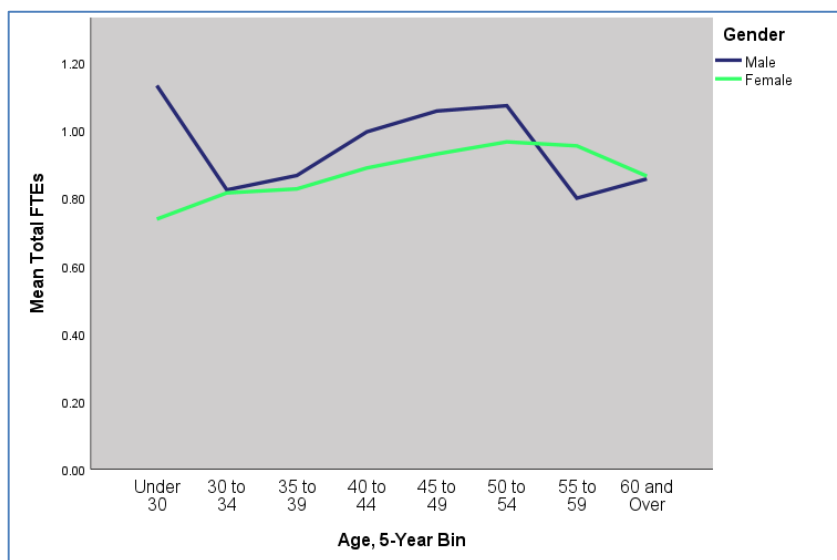


Source: Va. Healthcare Workforce Data Center

*The typical (median) APRN provided 0.85 FTEs, or approximately 34 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists<sup>2</sup>.*

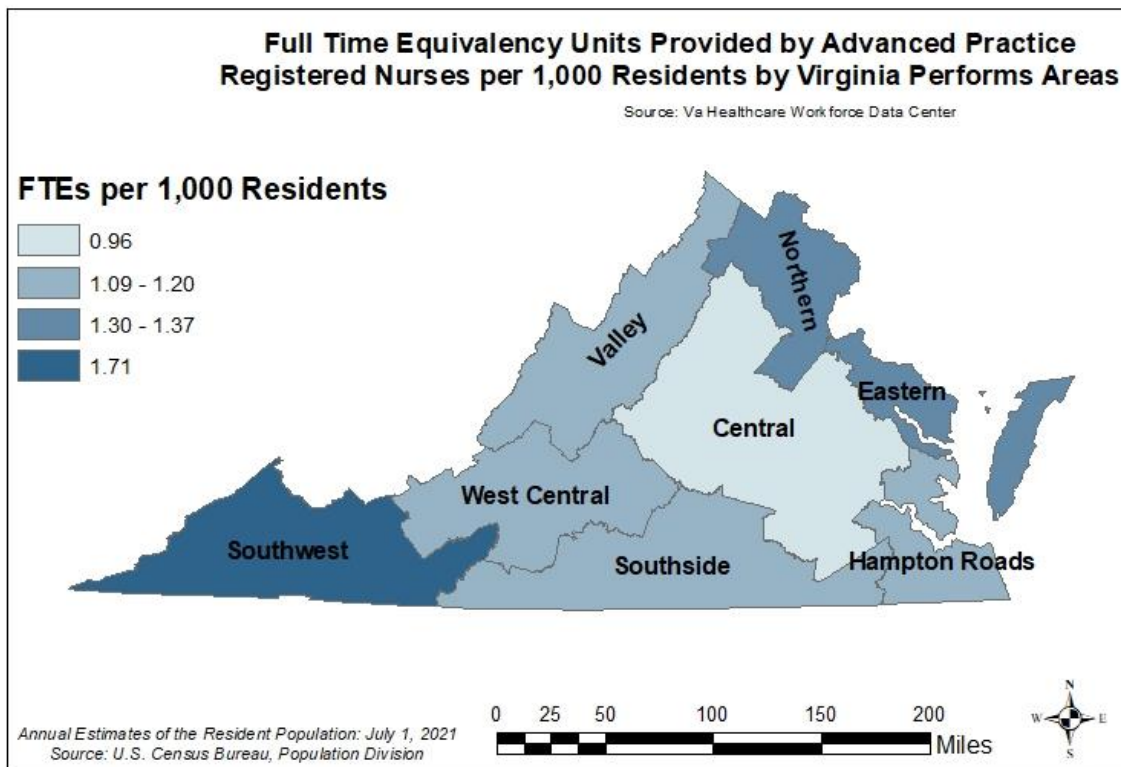
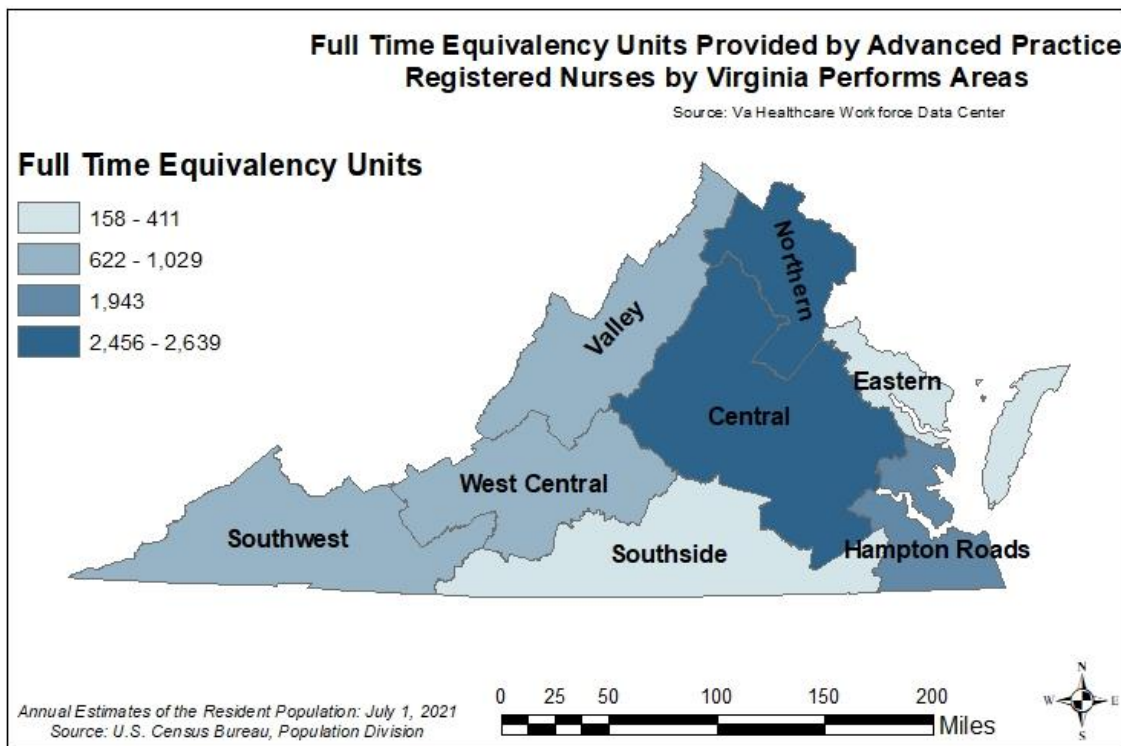
Full-Time Equivalency Units		
Age	Average	Median
Under 30	0.76	0.74
30 to 34	0.79	0.79
35 to 39	0.77	0.79
40 to 44	0.89	0.83
45 to 49	0.93	0.86
50 to 54	0.96	0.90
55 to 59	0.79	0.89
60 and Over	0.82	0.81
Gender		
Male	0.94	1.03
Female	0.88	0.91

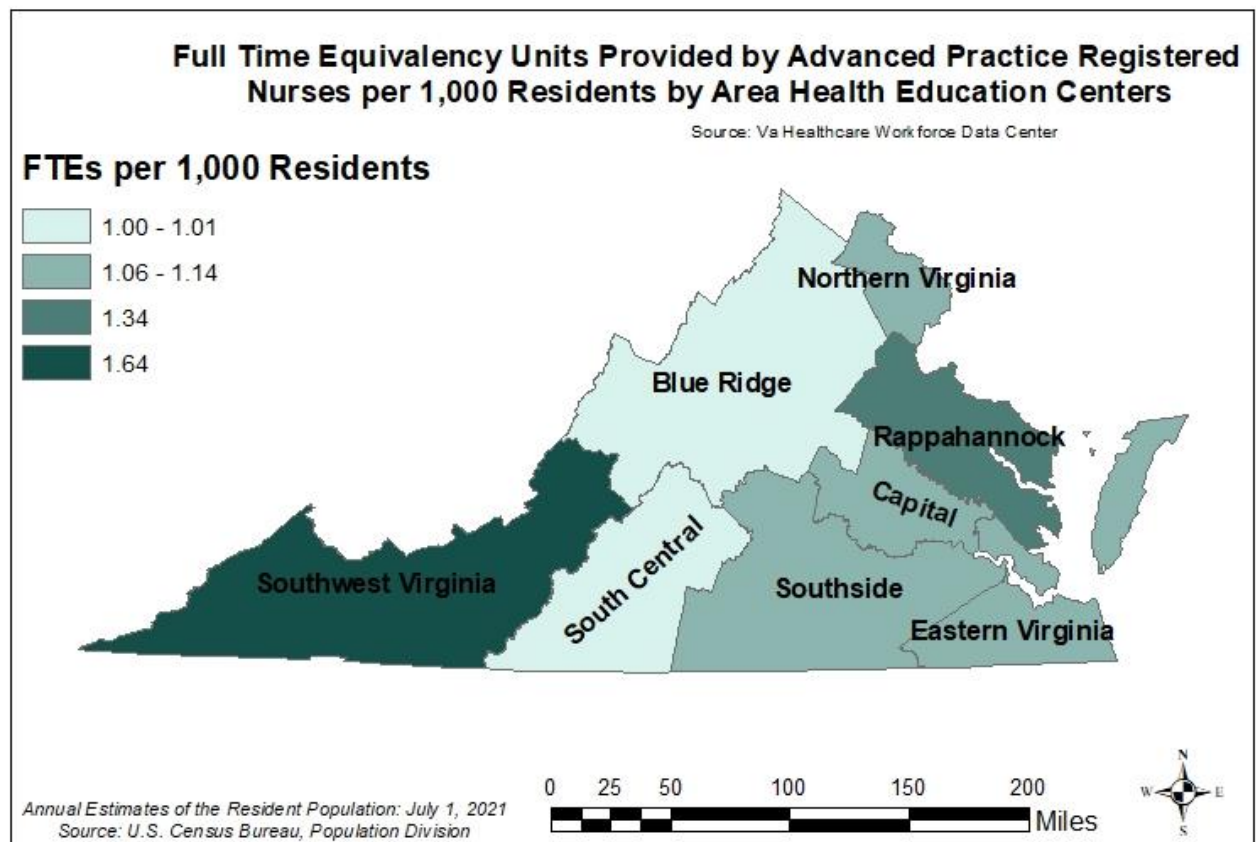
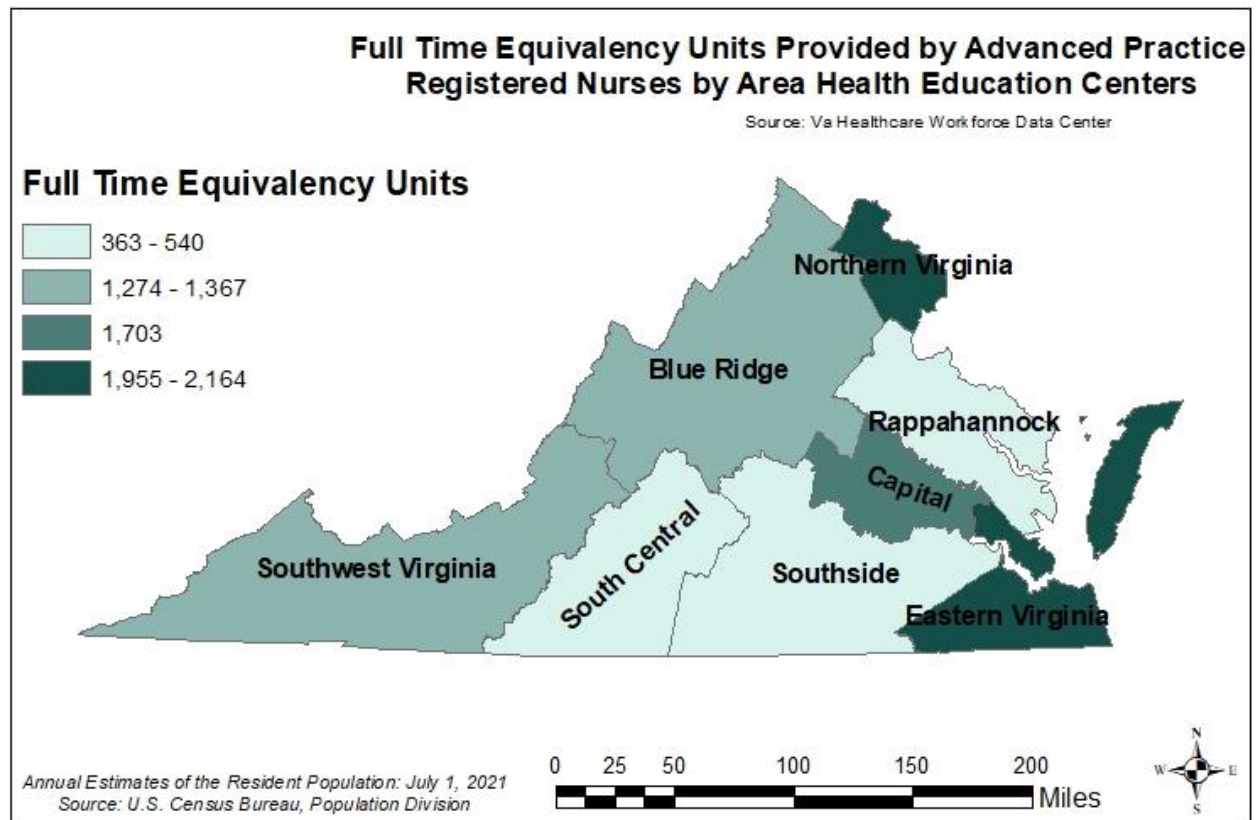
Source: Va. Healthcare Workforce Data Center

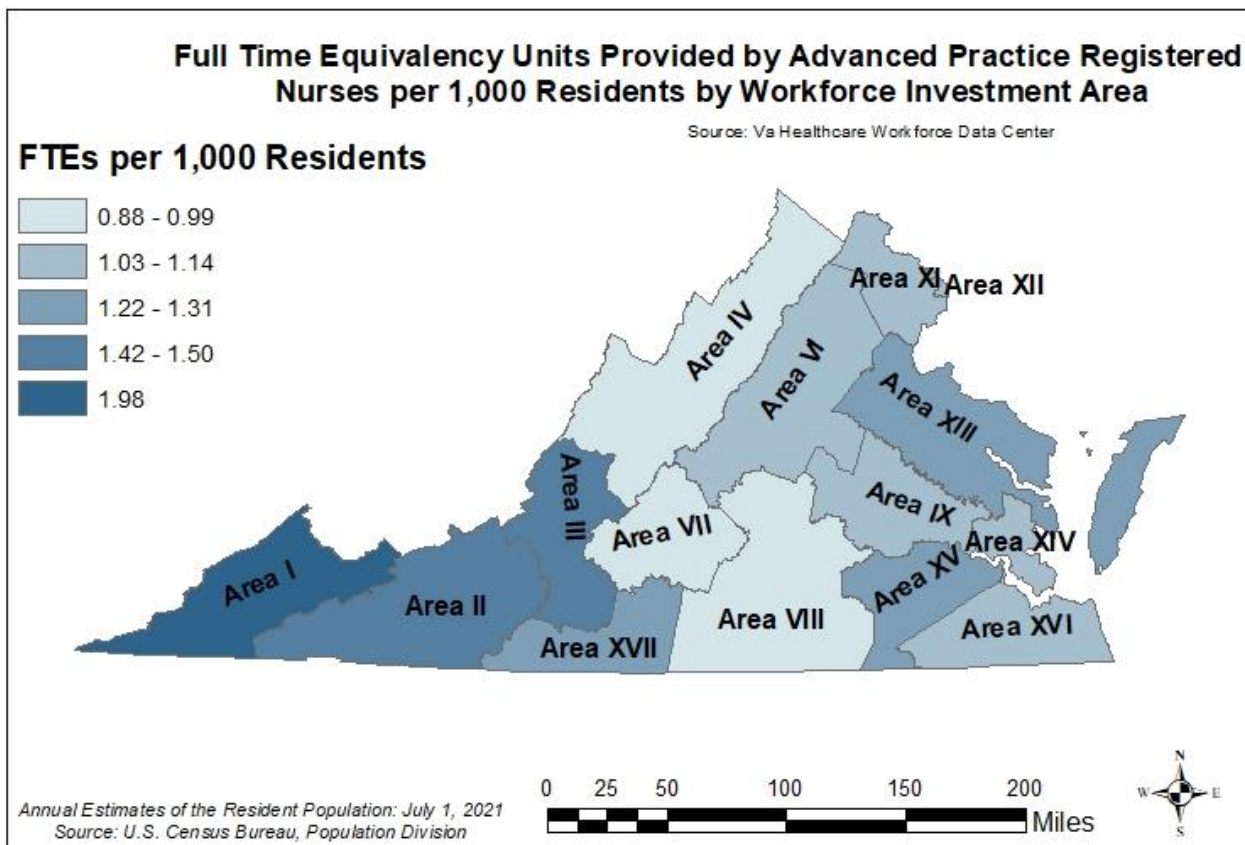
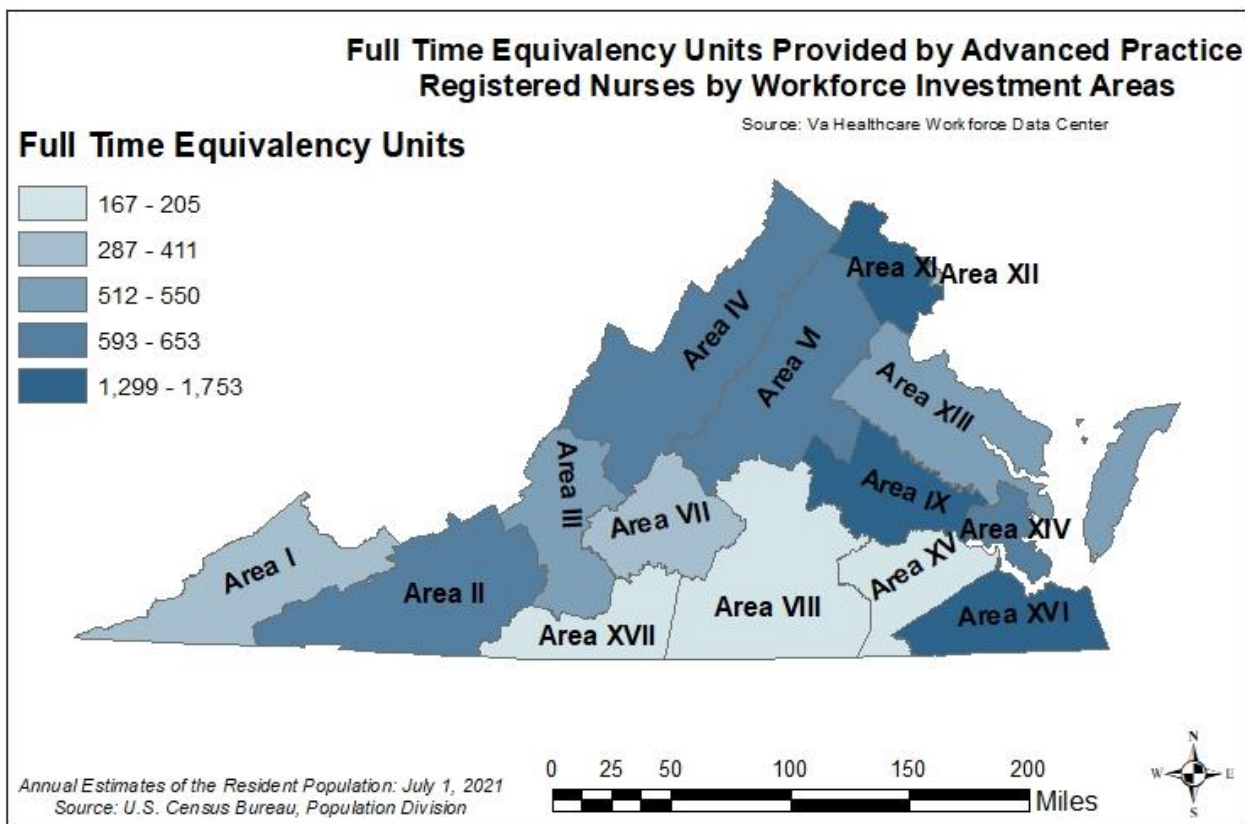


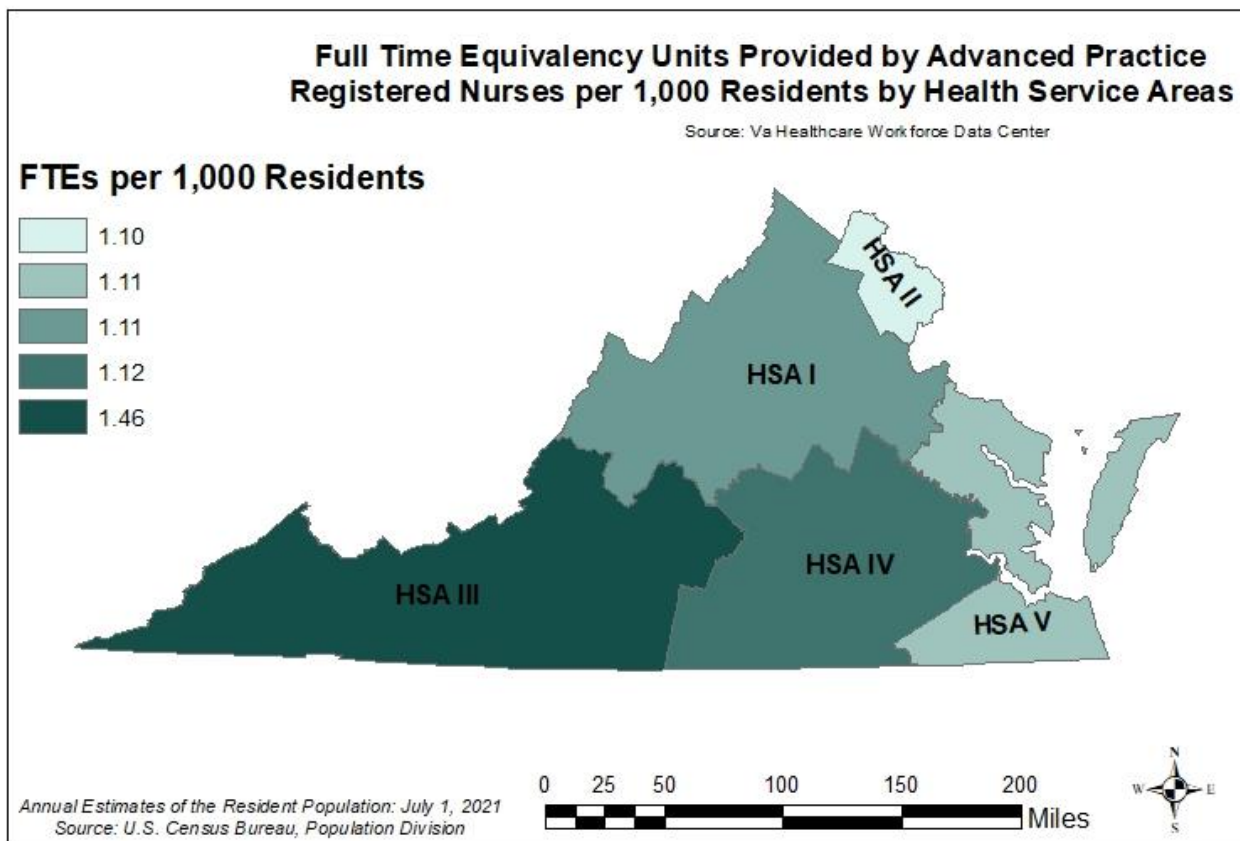
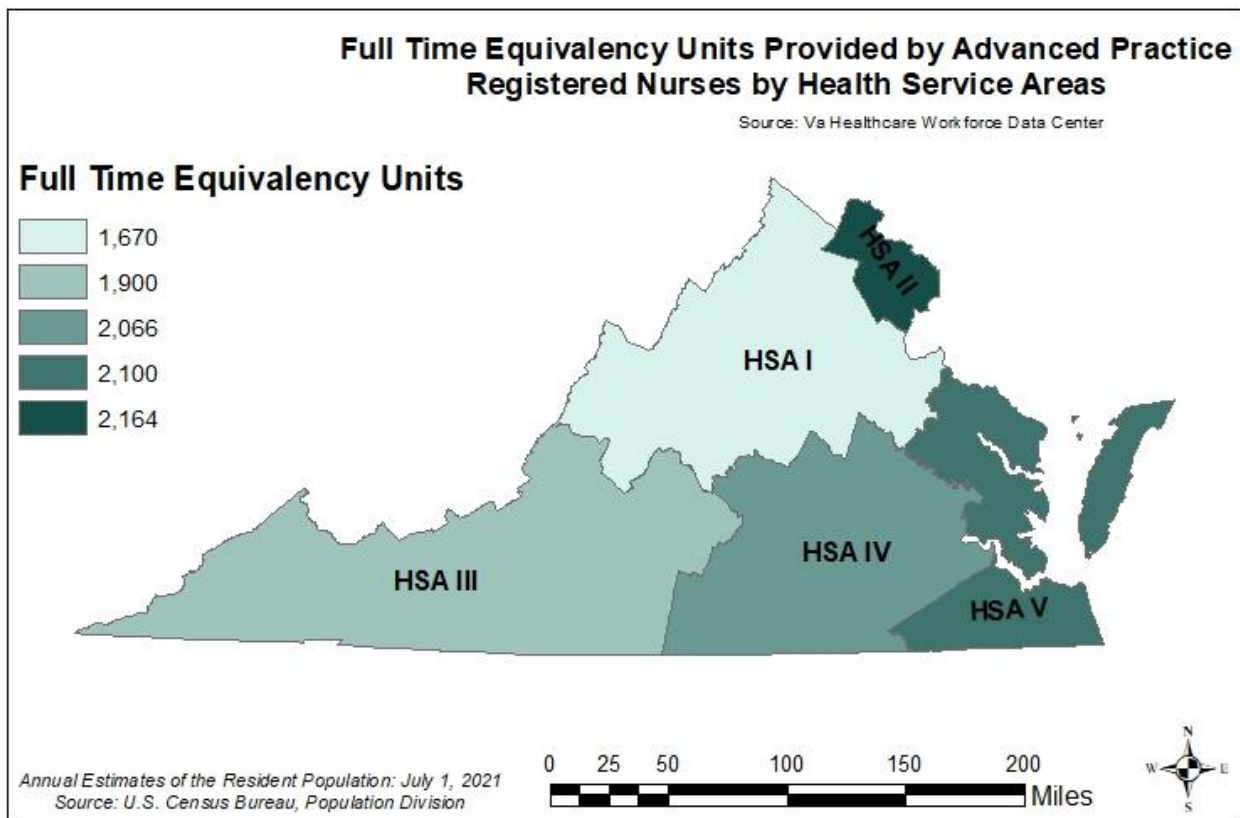
Source: Va. Healthcare Workforce Data Center

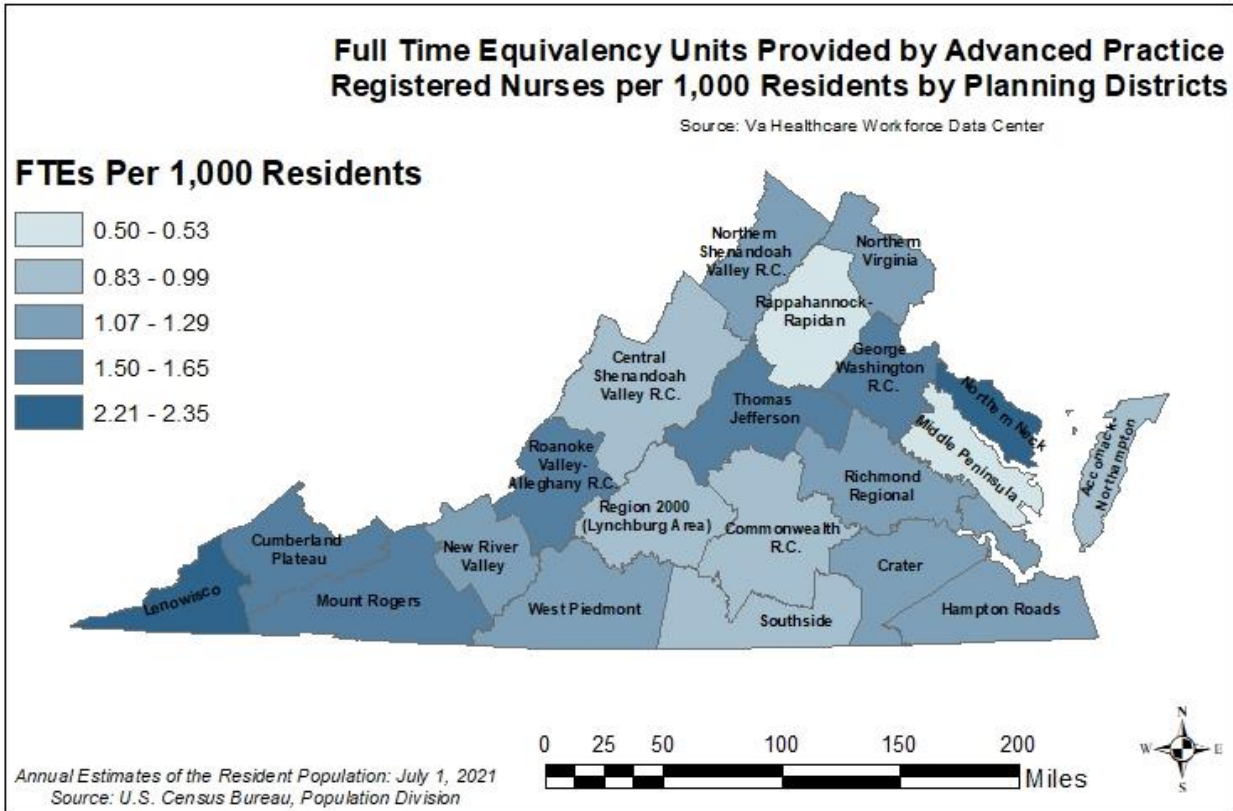
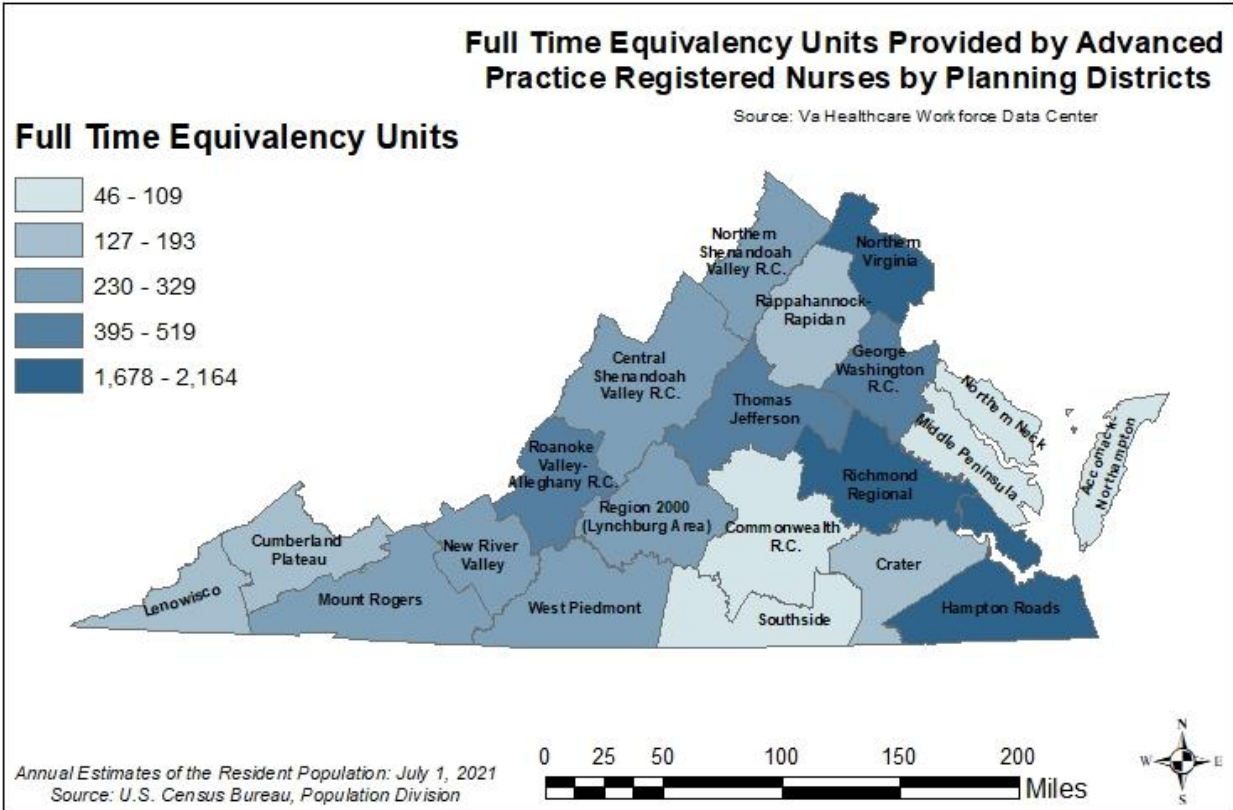
<sup>2</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)











## Appendices

### Appendix A: Weights

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

Source: Va. Healthcare Workforce Data Center

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

Source: Va. Healthcare Workforce Data Center

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

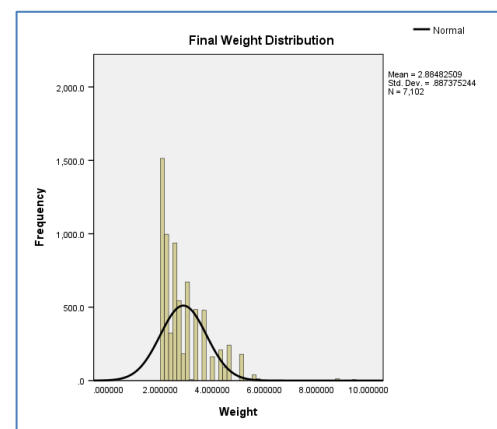
Methods:

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

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

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

**Overall Response Rate: 0.34669**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Licensed Advanced Practice Registered Nurse Workforce: Comparison by Specialty*

---

Healthcare Workforce Data Center

December 2023

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

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

*Over 12,000 Licensed Advanced Practice Registered Nurse voluntarily participated in the 2021 and 2022 surveys. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

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## Results in Brief

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This is a special report created for the Committee of the Joint Boards of Nursing and Medicine. The report uses data from the 2022 and 2023 Advanced Practice Registered Nurse Surveys. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all APRNs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Advanced Practice Registered Nurses (APRNs) the opportunity to complete the survey. The 2022 survey occurred between October 2021 and September 2022; the 2023 survey occurred between October 2022 and September 2023. The survey was available to all renewing APRNs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including APRNs who were newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), and certified nurse practitioners (CNP). CNPs make up the highest proportion of APRNs. Over 80% of APRNs are CNPs and CNMs constitute only 3% of APRNs. The full time equivalency units are also similarly distributed by specialty.

Nine of ten APRNs are female; CNMs are all female whereas approximately 71% of CRNAs are female; 92% of CNPs are female. The median age of all APRNs is 44. The median age of CRNAs is 46 and the median age for CNMs and CNPs is 44. In a random encounter between two APRNs, there is a 44% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 36% diversity index; CRNAs and CNPs had 41% and 45% diversity indices, respectively. Overall, 11% of APRNs work in rural areas. CNPs had the highest rural workforce participation; 13% of CNPs work in rural areas compared to 6% and 7% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 19% reporting a doctor of nursing practice degree; only 10% of CNMs and 10% of CNPs did. However, CNMs reported the highest median education debt of \$95k and half of CNMs had education debt. Over half of CNPs also reported education debt although they had the lowest median at \$60k-\$70k. CRNAs had \$80-\$90k in education debt but only 40% of all CRNAs carried education debt.

CRNAs reported the highest median annual income, \$120k or more per year, which reflected the median for all APRNs. Further, 87% of CRNAs reported \$120,000 or more in annual income compared to 38% of CNMs and 24% of CNPs. However, only 68% of CRNAs received at least one employer-sponsored benefit compared to 81% of CNMs and 80% of CNPs. Overall, 93% of APRNs are satisfied with their current employment situation. However, only 89% of CNMs were satisfied compared to 97% of CRNAs and 93% of CNPs. Almost a third of all APRNs reported employment instability in the year prior to the survey, with CNMs being most likely to report employment instability.

CRNAs had the highest participation in the private sector, 92% of them worked in the sector compared to 87% of CNMs and CNPs. Meanwhile, CRNAs had the lowest percent working in federal, state, or local government. CRNAs and CNMs were most likely to be working in the inpatient department of hospitals whereas CNPs were most likely to work in primary care clinics. Only 13% of CRNAs used at least one form of electronic health record or telehealth compared to 42% of CNMs and 45% of CNPs. More than one in four CRNAs plan to retire within the next decade compared to 21% of CNMs and 18% of CNPs. About 50%, 36% and 40% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 3%, 4%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not intend to retire.

### A Closer Look:

#### At a Glance:

##### Licensed APRNs

Total:	21,235
CRNA:	2,771
CNM:	531
CNP:	17,933

##### Response Rates

All Licensees: (2022 & 2023)	61%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2022 and 2023 APRN Surveys, and licensure data retrieved in October 2023. Two years of survey data were used to get a complete portrait of the APRN workforce since APRNs are surveyed every two years in their birth month. Thus, every APRN would have been eligible to complete a survey in only one of the two years. Newly licensed APRNs do not complete the survey, so they are excluded from the survey. From the licensure data, 2,771 of APRNs reported their first specialty as CRNA; 531 had a first specialty of CNM, and 17,933 had other first specialties. However, 86 CNMs reported one additional specialty. 28 CRNAs also reported one other specialty. "At a Glance" shows the break down by specialty. Over 80% are CNPs, 13% are CRNAs, and about 3% are CNMs.

#### Response Rates

	CRNA	CNM	CNP	Total
<b>Completed Surveys 2022</b>	830	160	4,780	<b>5,770</b>
<b>Completed Surveys 2023</b>	965	170	5,965	<b>7,100</b>
<b>Response Rate, all licensees</b>	<b>65%</b>	<b>62%</b>	<b>60%</b>	<b>61%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. An average of 61% of APRNs submitted a survey in both 2022 and 2023. As shown above, the response rate was highest for CRNAs and lowest for CNPs.*

#### Not in Workforce in Past Year

	CRNA	CNM	CNP	All 2022
<b>% of Licensees not in VA Workforce</b>	31%	19%	26%	<b>19%</b>
<b>% in Federal Employee or Military:</b>	7%	21%	11%	<b>13%</b>
<b>% Working in Virginia Border State or DC</b>	15%	15%	22%	<b>20%</b>

Source: Va. Healthcare Workforce Data Center

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

#### Definitions

- 1. The Survey Period:** The survey was conducted between October 2021 and September 2022, and between October 2022 and September 2023, on the birth month of each renewing practitioner.
- 2. Target Population:** All APRNs who held a Virginia license at some point during the survey period.
- 3. Survey Population:** The survey was available to APRNs who renewed their licenses online. It was not available to those who did not renew, including APRNs newly licensed during the survey time frame.

## A Closer Look:

### At a Glance:

#### 2021 and 2022 Workforce

Virginia's APRN

Workforce: 15,591

FTEs: 13,435

#### Workforce by Specialty

CRNA: 2,173

CNM: 427

CNP: 12,991

#### FTE by Specialty

CRNA: 1,869

CNM: 409

CNP: 11,176

Source: Va. Healthcare Workforce Data Center

### Definitions

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

Virginia's APRN Workforce								
	CRNA		CNM		CNP		All (2023)	
Status	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	2,162	99%	409	96%	12,737	98%	15,308	98%
Looking for Work in Virginia	11	1%	18	4%	254	2%	283	2%
Virginia's Workforce	2,173	100%	427	100%	12,991	100%	15,591	100%
Total FTEs	1,869		409		11,176		13,435	
Licensees	2,771		531		17,933		21,235	

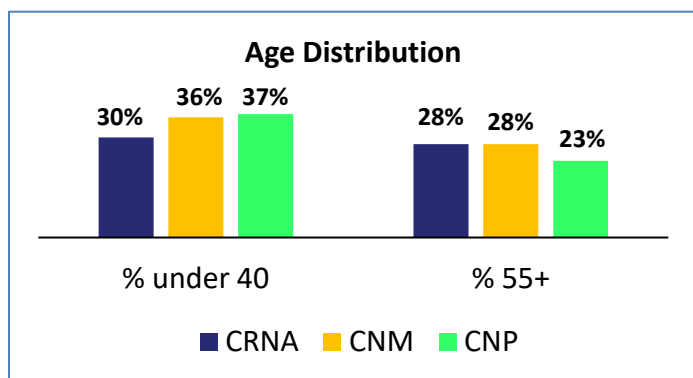
Source: Va. Healthcare Workforce Data Center

CNPs provided 83% of the nurse practitioner FTEs in the state. CRNAs provided 14% whereas CNMs provided 3% of the FTEs. 4% of CNMs in the state's workforce were looking for work compared to 2% or less of the other APRNs.

## A Closer Look (All Nurse Practitioners in 2023):

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
<b>Under 30</b>	33	8%	381	92%	414	3%
<b>30 to 34</b>	163	9%	1,766	92%	1,929	16%
<b>35 to 39</b>	187	9%	1,939	91%	2,125	17%
<b>40 to 44</b>	216	11%	1,816	89%	2,032	16%
<b>45 to 49</b>	181	13%	1,269	88%	1,450	12%
<b>50 to 54</b>	161	11%	1,326	89%	1,486	12%
<b>55 to 59</b>	107	11%	879	89%	986	8%
<b>60 +</b>	220	11%	1,767	89%	1,987	16%
<b>Total</b>	<b>1,269</b>	<b>10%</b>	<b>11,142</b>	<b>90%</b>	<b>12,411</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Gender

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

### % Female by Specialty

CRNA:	71%
CNM:	100%
CNP:	93%

### % Female <40 by Specialty

CRNA:	77%
CNM:	100%
CNP:	93%

Source: Va. Healthcare Workforce Data Center

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

## Age & Gender by Specialty

Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
<b>Under 30</b>	5	100%	5	0%	11	100%	11	3%	361	90%	401	4%
<b>30 to 34</b>	195	78%	250	14%	44	100%	44	12%	1,545	93%	1,661	15%
<b>35 to 39</b>	205	77%	269	15%	69	100%	69	19%	1,840	95%	1,947	18%
<b>40 to 44</b>	228	73%	314	17%	71	98%	73	20%	1,734	91%	1,907	17%
<b>45 to 49</b>	177	69%	257	14%	34	100%	34	9%	1,213	91%	1,329	12%
<b>50 to 54</b>	181	71%	256	14%	41	100%	41	11%	1,240	92%	1,342	12%
<b>55 to 59</b>	117	68%	173	9%	19	100%	19	5%	732	93%	791	7%
<b>60 +</b>	204	63%	322	17%	79	100%	79	21%	1,516	93%	1,631	15%
<b>Total</b>	<b>1,313</b>	<b>71%</b>	<b>1,847</b>	<b>100%</b>	<b>369</b>	<b>100%</b>	<b>370</b>	<b>100%</b>	<b>10,181</b>	<b>93%</b>	<b>11,010</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## A Closer Look (All APRNs in 2023):

Race & Ethnicity (2023)					
Race/ Ethnicity	Virginia*	APRNs		APRNs under 40	
	%	#	%	#	%
White	59%	9,662	73%	3,385	73%
Black	18%	1,866	14%	560	12%
Asian	7%	794	6%	326	7%
Other Race	1%	137	1%	35	1%
Two or more races	5%	297	2%	106	2%
Hispanic	10%	468	4%	209	5%
<b>Total</b>	<b>100%</b>	<b>13,224</b>	<b>100%</b>	<b>4,621</b>	<b>100%</b>

\* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### 2023 Diversity

Diversity Index: 44%

Under 40 Div. Index: 44%

### Diversity by Specialty

CRNA: 41%

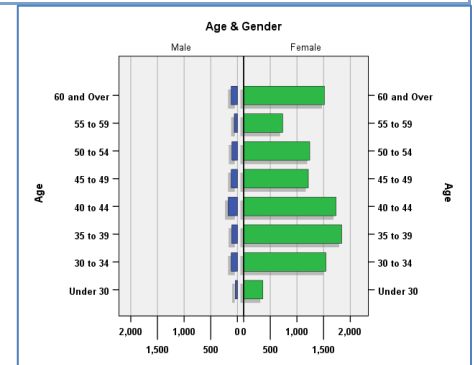
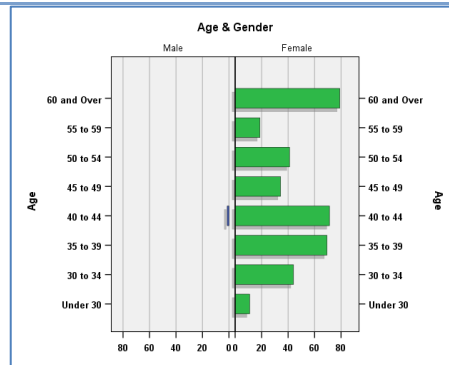
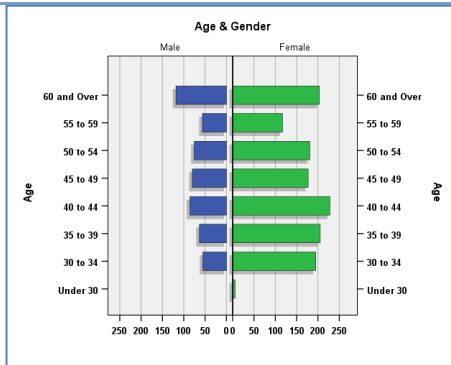
CNM: 36%

CNP: 45%

Source: Va. Healthcare Workforce Data Center

## Age, Race, Ethnicity & Gender

Race/ Ethnicity	CRNA				CNM				CNP			
	APRNs		APRNs under 40		APRNs		APRNs under 40		APRNs		APRNs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
<b>White</b>	1,393	76%	380	73%	290	79%	104	81%	7,979	72%	2,902	73%
<b>Black</b>	162	9%	44	8%	46	13%	18	14%	1,658	15%	498	13%
<b>Asian</b>	119	6%	40	8%	1	0%	0	0%	674	6%	286	7%
<b>Other Race</b>	19	1%	2	0%	4	1%	0	0%	115	1%	33	1%
<b>Two or more races</b>	63	3%	24	5%	8	2%	2	2%	225	2%	80	2%
<b>Hispanic</b>	89	5%	31	6%	19	5%	5	4%	360	3%	174	4%
<b>Total</b>	<b>1,845</b>	<b>100%</b>	<b>521</b>	<b>100%</b>	<b>368</b>	<b>100%</b>	<b>129</b>	<b>100%</b>	<b>11,011</b>	<b>100%</b>	<b>3,973</b>	<b>100%</b>



Source: Va. Healthcare Workforce Data Center

## A Closer Look:

## At a Glance:

Rural Childhood

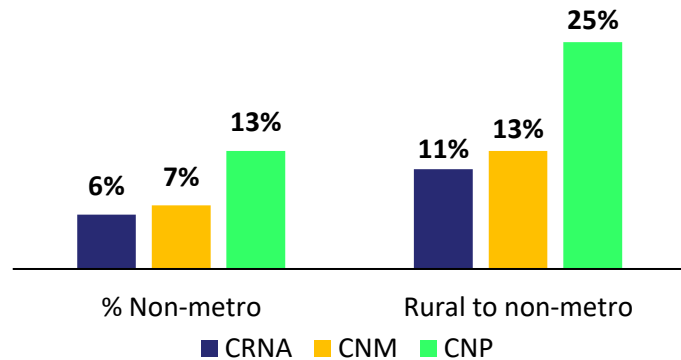
CRNA:	28%
CNM:	27%
CNP:	36%
All:	34%

Non-Metro Location

CRNA:	6%
CNM:	7%
CNP:	13%
All:	11%

Source: Va. Healthcare Workforce Data Center

## Current Non-Metro Status

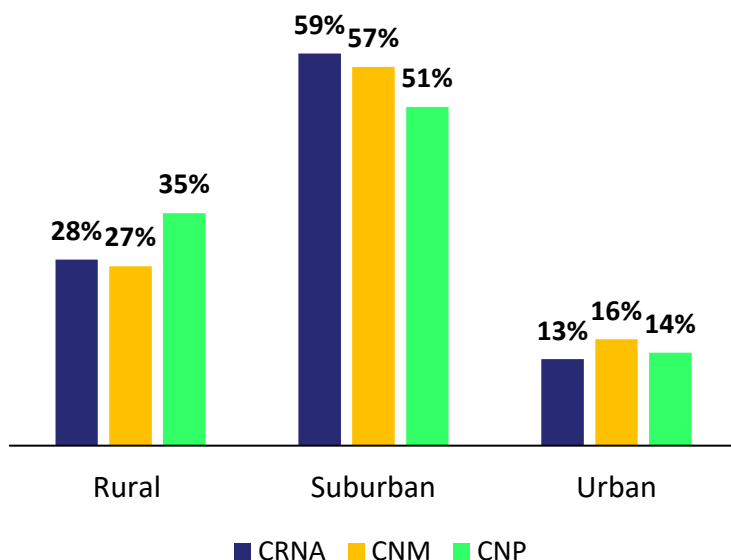


Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	APRN Degree in VA
CRNA	29%	30%	35%	36%
CNM	31%	32%	39%	24%
CNP	47%	54%	59%	53%
<b>All (2022)</b>	<b>43%</b>	<b>50%</b>	<b>55%</b>	<b>49%</b>

Source: Va. Healthcare Workforce Data Center

## Metro Status During Youth



Source: Va. Healthcare Workforce Data Center

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

## A Closer Look:

## At a Glance:

## Median Educational Debt

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

Source: Va. Healthcare Workforce Data Center

CNPs were most likely to carry education debt; 53% of all CNPs and 63% of CNPs under age 40 had education debt. However, CNPs had the lowest median education debt. CNMs had the highest median debt at \$90k-\$100K. Additionally, 50% of all CNMs, and 66% of CNMs under 40 reported education debt.

Highest Degree								
Degree	CRNA		CNM		CNP		All (2023)	
	#	%	#	%	#	%	#	%
NP Certificate	111	6%	13	4%	112	1%	236	2%
Master's Degree	1,187	66%	275	74%	8,388	78%	9,850	76%
Post-Masters Cert.	18	1%	34	9%	907	8%	960	7%
Doctorate of NP	351	19%	38	10%	1,094	10%	1,484	11%
Other Doctorate	134	7%	10	3%	296	3%	441	3%
Post-Ph.D. Cert.	0	0%	0	0%	3	0%	3	0%
<b>Total</b>	<b>1,801</b>	<b>100%</b>	<b>370</b>	<b>100%</b>	<b>10,800</b>	<b>100%</b>	<b>12,974</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Educational Debt								
Amount Carried	CRNA		CNM		CNP		All (2023)	
	All	Under 40	All	Under 40	All	Under 40	All	Under 40
None	60%	35%	50%	34%	47%	37%	49%	36%
\$20,000 or less	6%	4%	4%	3%	7%	8%	7%	7%
\$20,000-\$29,999	2%	2%	<1%	0%	4%	5%	4%	5%
\$30,000-\$39,999	2%	3%	3%	3%	4%	5%	4%	5%
\$40,000-\$49,999	3%	5%	3%	4%	4%	6%	4%	5%
\$50,000-\$59,999	2%	1%	2%	4%	4%	5%	4%	5%
\$60,000-\$69,999	2%	4%	2%	1%	4%	6%	4%	6%
\$70,000-\$79,999	2%	4%	3%	6%	4%	5%	4%	5%
\$80,000-\$89,999	3%	5%	3%	3%	4%	4%	3%	4%
\$90,000-\$99,999	1%	2%	3%	3%	3%	4%	3%	3%
\$100,000-\$109,999	2%	3%	4%	4%	3%	3%	3%	4%
\$110,000-\$119,999	1%	2%	4%	11%	2%	3%	2%	3%
\$120,000 or more	14%	29%	4%	3%	10%	8%	10%	11%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employed in Profession

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

### Involuntary Unemployment

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Weekly Hours				
Hours	CRNA	CNM	CNP	All (2023)
0 hours	1%	7%	3%	3%
1 to 9 hours	1%	2%	1%	1%
10 to 19 hours	3%	5%	3%	3%
20 to 29 hours	8%	4%	7%	7%
30 to 39 hours	24%	15%	20%	20%
40 to 49 hours	53%	37%	49%	49%
50 to 59 hours	7%	14%	11%	11%
60 to 69 hours	2%	11%	4%	4%
70 to 79 hours	<1%	3%	1%	1%
80 or more hours	<1%	3%	2%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and approximately 10% work more than 50 hours whereas about 37% of CNMs work 40-49 hours and 31% work more than 50 hours. Close to half of CNPs work 40-49 hours and 18% work more than 50 hours.

Current Positions								
Positions	CRNA		CNM		CNP		All (2023)	
	#	%	#	%	#	%	#	%
No Positions	19	1%	25	7%	289	3%	333	3%
One Part-Time Position	254	14%	6	2%	1,383	13%	1,679	13%
Two Part-Time Positions	101	6%	17	5%	429	4%	550	4%
One Full-Time Position	1,056	59%	14	4%	6,925	65%	8,203	64%
One Full-Time Position & One Part-Time Position	244	14%	54	15%	1,293	12%	1,578	12%
Two Full-Time Positions	10	1%	132	37%	43	0%	53	<1%
More than Two Positions	117	6%	49	14%	211	2%	338	3%
<b>Total</b>	<b>1,801</b>	<b>100%</b>	<b>41</b>	<b>11%</b>	<b>10,573</b>	<b>100%</b>	<b>12,734</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Benefit	Employer-Sponsored Benefits*			
	CRNA	CNM	CNP	All (2023)
Signing/Retention Bonus	30%	20%	15%	17%
Dental Insurance	50%	59%	58%	57%
Health Insurance	51%	61%	60%	59%
Paid Leave	53%	70%	68%	66%
Group Life Insurance	45%	47%	46%	46%
Retirement	62%	72%	67%	66%
Receive at least one benefit	<b>68%</b>	<b>81%</b>	<b>80%</b>	<b>78%</b>

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

Source: Va. Healthcare Workforce Data Center

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

## At a Glance:

### Median Income

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

### Percent Satisfied

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

Source: Va. Healthcare Workforce Data Center

Annual Income	Income			
	CRNA	CNM	CNP	All (2023)
Volunteer Work Only	0%	1%	1%	1%
Less than \$40,000	1%	6%	4%	4%
\$40,000-\$49,999	0%	2%	2%	2%
\$50,000-\$59,999	1%	5%	2%	2%
\$60,000-\$69,999	0%	1%	3%	3%
\$70,000-\$79,999	1%	3%	5%	4%
\$80,000-\$89,999	2%	8%	7%	6%
\$90,000-\$99,999	2%	10%	10%	9%
\$100,000-\$109,999	3%	16%	17%	15%
\$110,000-\$119,999	2%	11%	15%	13%
\$120,000 or more	87%	38%	34%	41%
Total	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Labor Market

### A Closer Look:

Employment Instability in Past Year				
In the past year did you . . .?	CRNA	CNM	CNP	All (2023)
Experience Involuntary Unemployment?	1%	1%	1%	1%
Experience Voluntary Unemployment?	3%	11%	5%	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	4%	3%	3%
Work two or more positions at the same time?	23%	20%	18%	19%
Switch employers or practices?	6%	10%	10%	9%
Experienced at least 1	30%	35%	30%	30%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Involuntarily Unemployed

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

#### Underemployed

CRNA:	3%
CNM:	11%
CNP:	5%

#### Over 2 Years Job Tenure

CRNA:	64%
CNM:	46%
CNP:	53%

Source: Va. Healthcare Workforce Data Center

Job Tenure at Location						
Tenure	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	2%	5%	5%	6%	2%	6%
< 6 Months	6%	11%	8%	15%	11%	16%
6 Months-1 yr	9%	11%	14%	11%	13%	15%
1 to 2 Years	23%	20%	27%	30%	23%	22%
3 to 5 Years	22%	24%	21%	20%	24%	22%
6 to 10 Years	15%	15%	14%	10%	14%	10%
> 10 Years	23%	14%	11%	9%	14%	8%
Total	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

80% of CNMs were be paid by salary or commission, as compared to 49% of CRNAs and 68% of CNPs. This makes CNMs the most likely to be paid in this way.

Forms of Payment				
Primary Work Site	CRNA	CNM	CNP	All (2023)
Salary/ Commission	49%	80%	68%	66%
Hourly Wage	36%	16%	25%	27%
By Contract	14%	3%	6%	7%
Unpaid	<1%	1%	1%	<1%
Total	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### % in Top 3 Regions

CRNA:	77%
CNM:	68%
CNP:	68%

### 2 or More Locations Now

CRNA:	32%
CNM:	23%
CNP:	24%

Source: Va. Healthcare Workforce Data Center

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

## A Closer Look

Regional Distribution of Work Locations						
Virginia Performs Region	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	26%	17%	18%	31%	25%	17%
Eastern	1%	0%	1%	1%	2%	1%
Hampton Roads	24%	26%	17%	19%	17%	17%
Northern	27%	30%	33%	14%	27%	24%
Southside	2%	2%	4%	1%	4%	3%
Southwest	2%	3%	1%	1%	7%	7%
Valley	4%	3%	10%	16%	6%	5%
West Central	9%	6%	11%	10%	10%	9%
Virginia Border State/DC	1%	2%	2%	1%	1%	4%
Other US State	3%	9%	4%	7%	2%	12%
Outside of the US	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

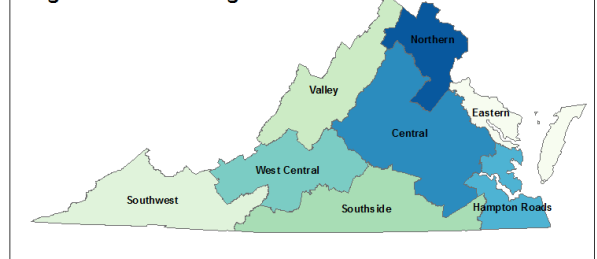
Source: Va. Healthcare Workforce Data Center

Number of Work Locations Now*						
Locations	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	27	2%	2	8%	383	4%
1	1,180	66%	356	66%	7,596	72%
2	306	17%	29	17%	1,687	16%
3	194	11%	235	6%	692	7%
4	41	2%	60	2%	66	1%
5	18	1%	23	0%	39	0%
6 +	16	1%	7	1%	66	1%
<b>Total</b>	<b>1,782</b>	<b>100%</b>	<b>356</b>	<b>100%</b>	<b>10,529</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

\*At survey completion (birth month of respondents)

Virginia Performs Regions



## A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2023)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>For-Profit</b>	54%	68%	55%	50%	54%	63%	54%	63%
<b>Non-Profit</b>	38%	28%	32%	40%	33%	27%	34%	27%
<b>State/Local Government</b>	4%	2%	7%	7%	8%	7%	7%	6%
<b>Veterans Administration</b>	2%	1%	0%	0%	3%	1%	2%	1%
<b>U.S. Military</b>	3%	2%	3%	3%	2%	1%	2%	1%
<b>Other Federal Government</b>	<1%	0%	2%	0%	1%	1%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 92% of them worked in the sector compared to 87% of CNMs and CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.

### At a Glance: (Primary Locations)

#### For-Profit Primary Sector

CRNA:	54%
CNM:	55%
CNP:	54%

#### Top Establishments

CRNA:	Inpatient Department
CNM:	Inpatient Department
CNP:	Clinic, Primary Care

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2023)
<b>Meaningful use of EHRs</b>	12%	30%	31%	28%
<b>Remote Health, Caring for Patients in Virginia</b>	1%	22%	29%	25%
<b>Remote Health, Caring for Patients Outside of Virginia</b>	<1%	7%	7%	6%
<b>Use at least one</b>	<b>13%</b>	<b>42%</b>	<b>45%</b>	<b>40%</b>

Source: Va. Healthcare Workforce Data Center

More than a quarter of the state APRN workforce used at least one EHR. 25% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so, likely because of the

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2023)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Clinic, Primary Care or Non-Specialty	1%	3%	13%	23%	23%	16%	19%	14%
Hospital, Inpatient Department	39%	29%	19%	23%	14%	13%	18%	16%
Physician Office	1%	3%	6%	2%	8%	4%	7%	4%
Academic Institution (Teaching or Research)	11%	6%	9%	5%	6%	8%	7%	7%
Private practice, group	2%	3%	17%	11%	7%	5%	6%	5%
Hospital, Outpatient Department	14%	11%	4%	0%	6%	3%	7%	4%
Clinic, Non-Surgical Specialty	1%	1%	5%	1%	5%	5%	4%	4%
Ambulatory/Outpatient Surgical Unit	19%	33%	3%	5%	1%	1%	4%	6%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	4%	5%	3%	4%
Hospital, Emergency Department	3%	2%	1%	2%	3%	4%	3%	4%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	0%	0%	5%	6%	4%	5%
Private practice, solo	0%	1%	3%	6%	2%	3%	2%	3%
Hospice	0%	0%	0%	0%	1%	3%	1%	3%
Other Practice Setting	9%	8%	18%	21%	15%	24%	14%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The inpatient department of a hospital was the most mentioned primary work establishment for CRNAs and CNMs. For CNPs, primary care clinic was the most mentioned primary work establishment, followed by the inpatient department.*

## At a Glance: (Primary Locations)

### Patient Care Role

CRNA:	95%
CNM:	80%
CNP:	87%

### Education Role

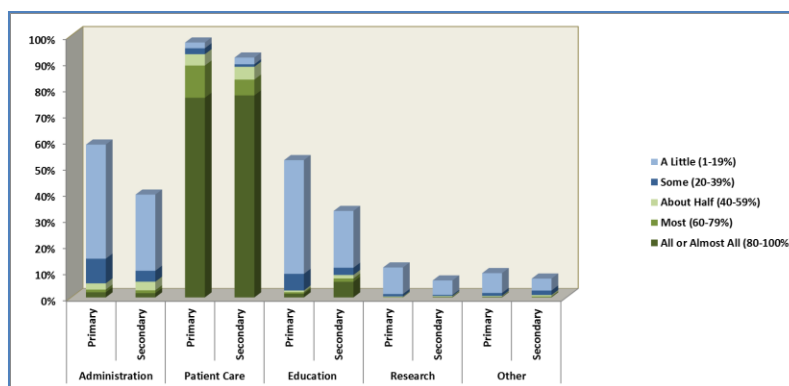
CRNA:	<1%
CNM:	3%
CNP:	2%

### Admin Role

CRNA:	2%
CNM:	4%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 87% of all APRNs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 80% of CNMs and 87% CNPs.

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2023)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	89%	93%	62%	79%	71%	72%	74%	76%
<b>Most (60-79%)</b>	6%	2%	19%	7%	15%	9%	14%	8%
<b>About Half (40-59%)</b>	2%	1%	10%	3%	5%	5%	5%	4%
<b>Some (20-39%)</b>	1%	0%	5%	2%	3%	2%	3%	2%
<b>A Little (1-20%)</b>	1%	1%	2%	2%	3%	3%	2%	3%
<b>None (0%)</b>	2%	1%	3%	5%	3%	8%	3%	7%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Future Plans						
	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
Decrease Participation						
Leave Profession	19	1%	13	3%	119	1%
Leave Virginia	56	3%	12	3%	298	2%
Decrease Patient Care Hours	249	11%	61	14%	1,262	10%
Decrease Teaching Hours	6	0%	1	0%	106	1%
Increase Patient Care Hours	112	5%	47	11%	1,461	11%
Increase Teaching Hours	99	5%	56	13%	1,440	11%
Pursue Additional Education	77	4%	52	12%	1,660	13%
Return to Virginia's Workforce	4	0%	8	2%	91	1%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Retirement within 2 Years

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

#### Retirement within 10 Years

CRNA:	26%
CNM:	21%
CNP:	18%

Source: Va. Healthcare Workforce Data Center

50%, 36% and 40% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 35%, 24%, and 24% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 3%, 4%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

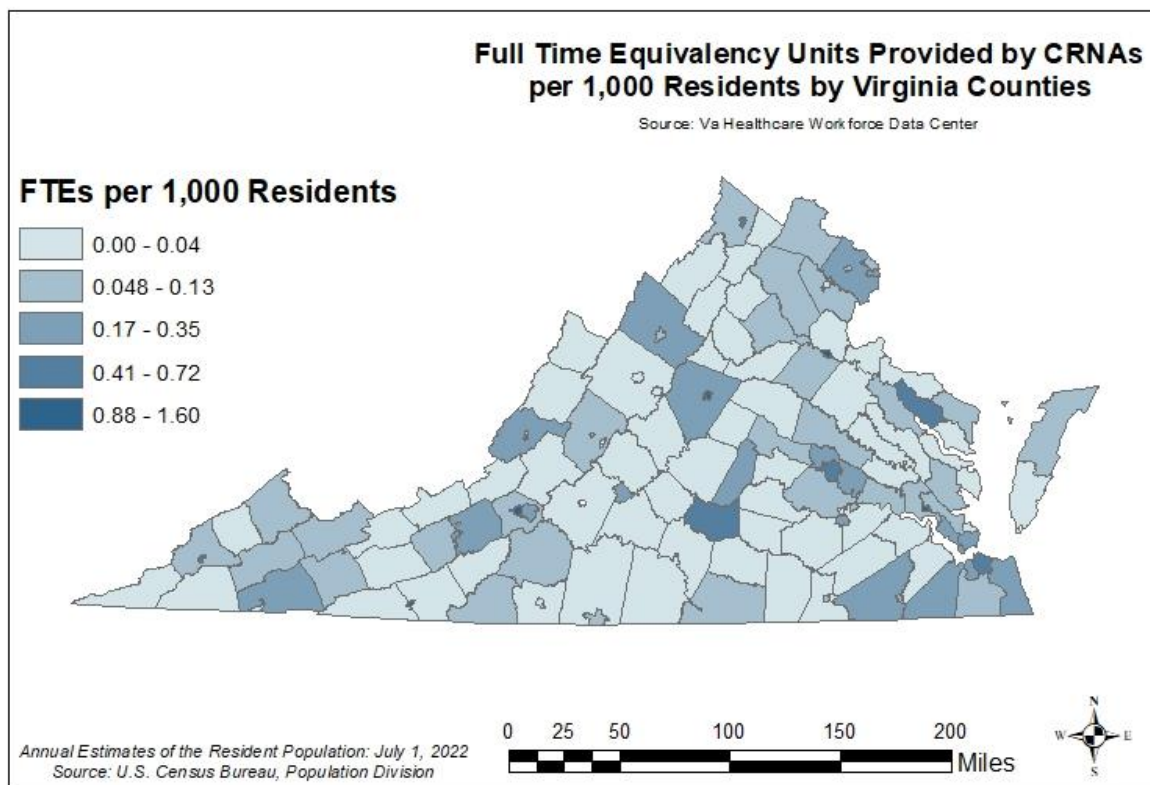
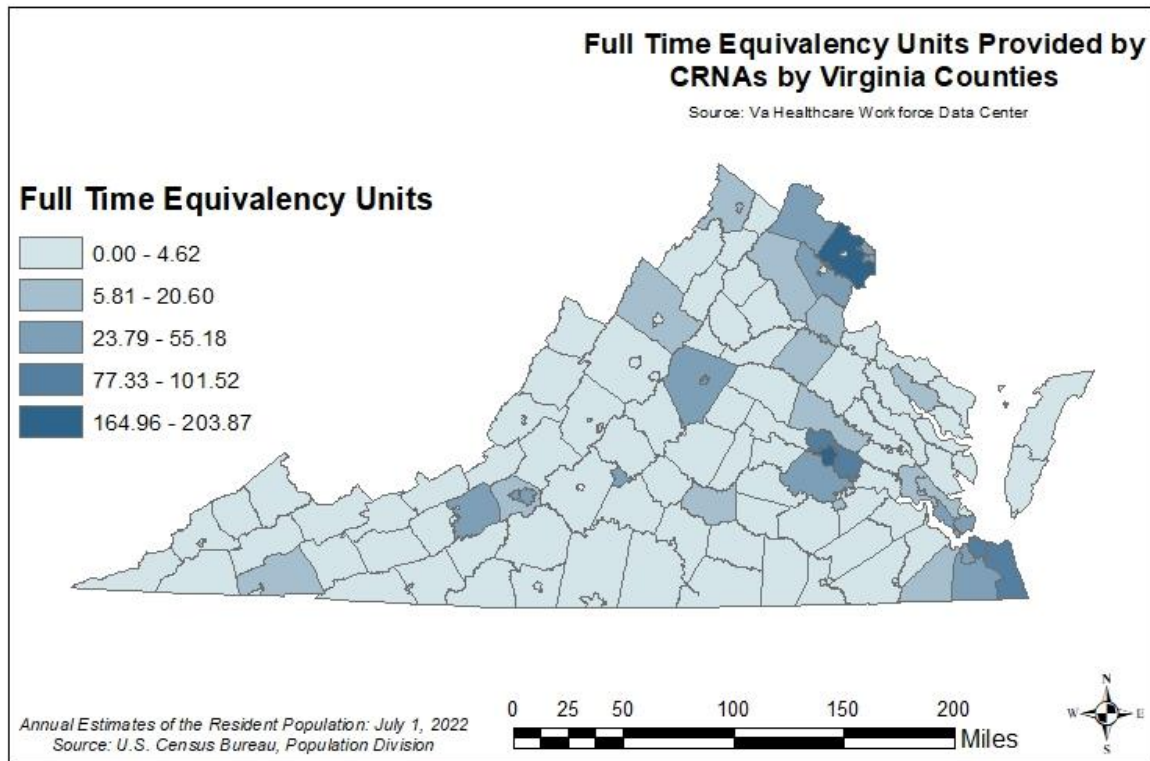
Expected Retirement Age	CRNA		CNM		CNP		All (2023)	
	All	>50 yrs	All	>50 yrs	All	>50 yrs	All	>50 yrs
Under age 50	1%	-	5%	-	2%	-	2%	-
50 to 54	4%	1%	4%	0%	4%	0%	4%	1%
55 to 59	12%	6%	7%	6%	9%	4%	9%	4%
60 to 64	33%	28%	20%	18%	25%	20%	26%	21%
65 to 69	34%	40%	36%	39%	37%	40%	36%	40%
70 to 74	10%	16%	16%	24%	13%	19%	12%	19%
75 to 79	3%	5%	5%	12%	4%	7%	4%	6%
80 or over	0%	0%	2%	0%	1%	2%	1%	1%
I do not intend to retire	3%	4%	4%	1%	6%	8%	6%	7%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Source: Va. Healthcare Workforce Data Center

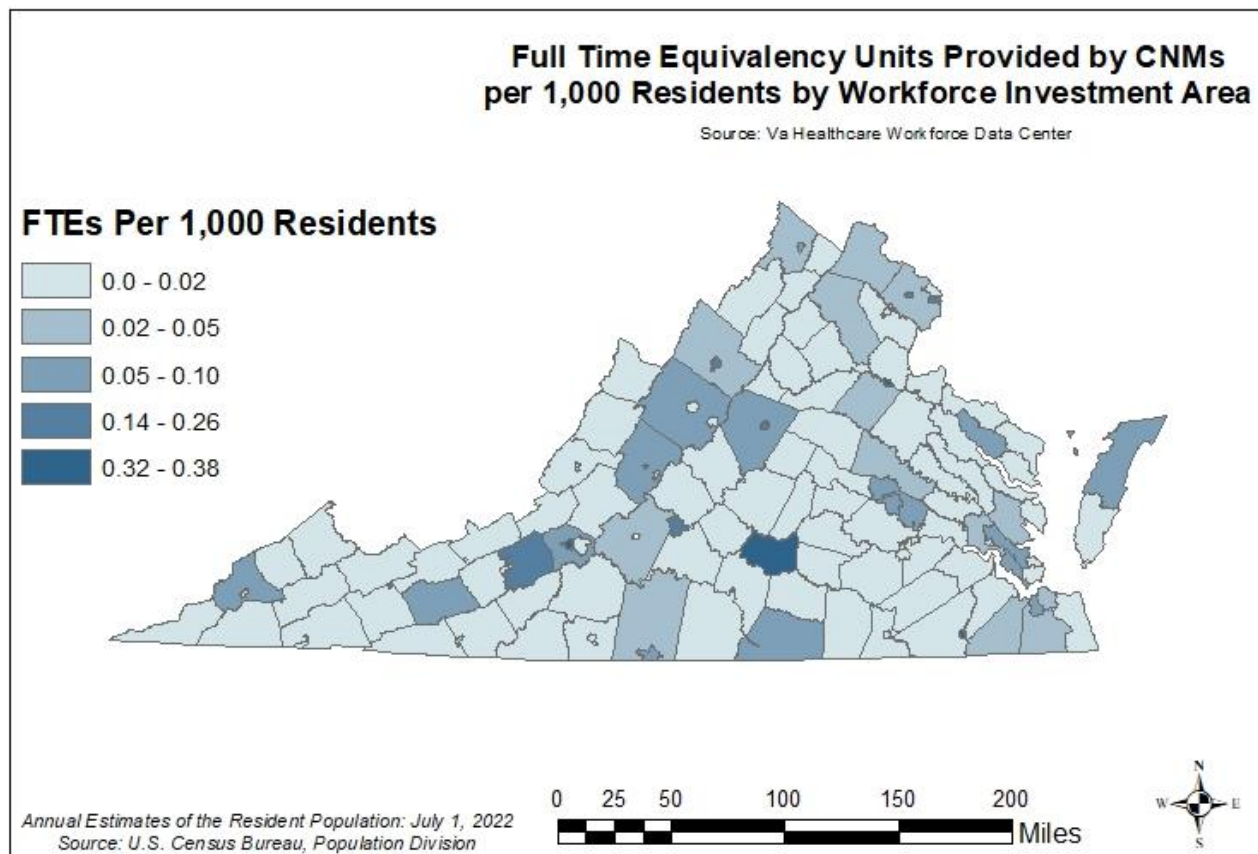
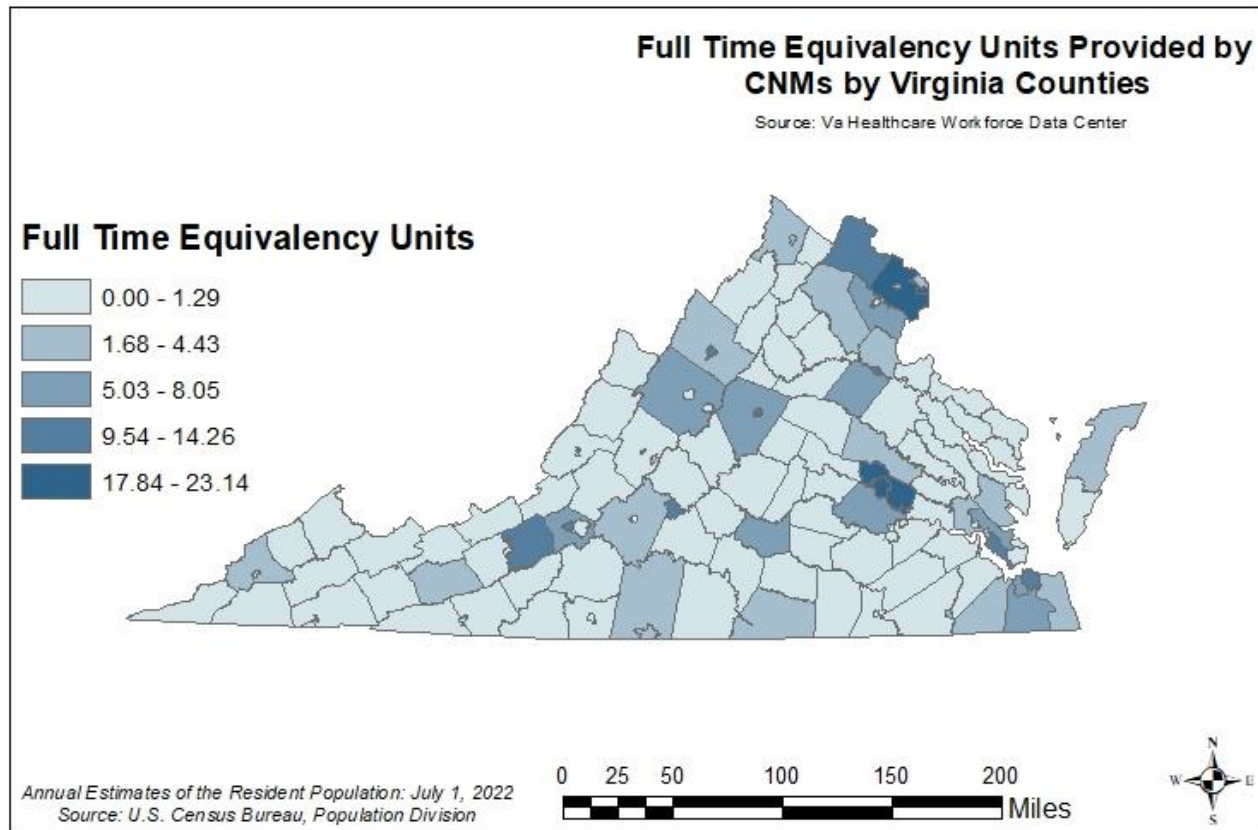
Time to Retirement								
	CRNA		CNM		CNP		All (2023)	
Expect to retire within. . .	#	%	#	%	#	%	#	%
<b>2 years</b>	130	8%	25	8%	431	5%	586	5%
<b>5 years</b>	56	4%	13	4%	299	3%	369	3%
<b>10 years</b>	220	14%	29	9%	894	10%	1,144	10%
<b>15 years</b>	201	13%	37	12%	1,079	12%	1,316	12%
<b>20 years</b>	234	15%	41	13%	1,076	12%	1,352	12%
<b>25 years</b>	261	16%	35	11%	1,395	15%	1,691	15%
<b>30 years</b>	203	13%	47	15%	1,354	15%	1,604	14%
<b>35 years</b>	184	12%	50	16%	1,172	13%	1,405	13%
<b>40 years</b>	53	3%	7	2%	575	6%	635	6%
<b>45 years</b>	6	0%	9	3%	207	2%	221	2%
<b>50 years</b>	0	0%	2	1%	66	1%	67	1%
<b>55 years</b>	0	0%	0	0%	9	0%	9	0%
<b>In more than 55 years</b>	0	0%	6	2%	14	0%	20	0%
<b>Do not intend to retire</b>	40	3%	14	4%	593	6%	647	6%
<b>Total</b>	<b>1,588</b>	<b>100%</b>	<b>316</b>	<b>100%</b>	<b>9,162</b>	<b>100%</b>	<b>11,066</b>	<b>100%</b>

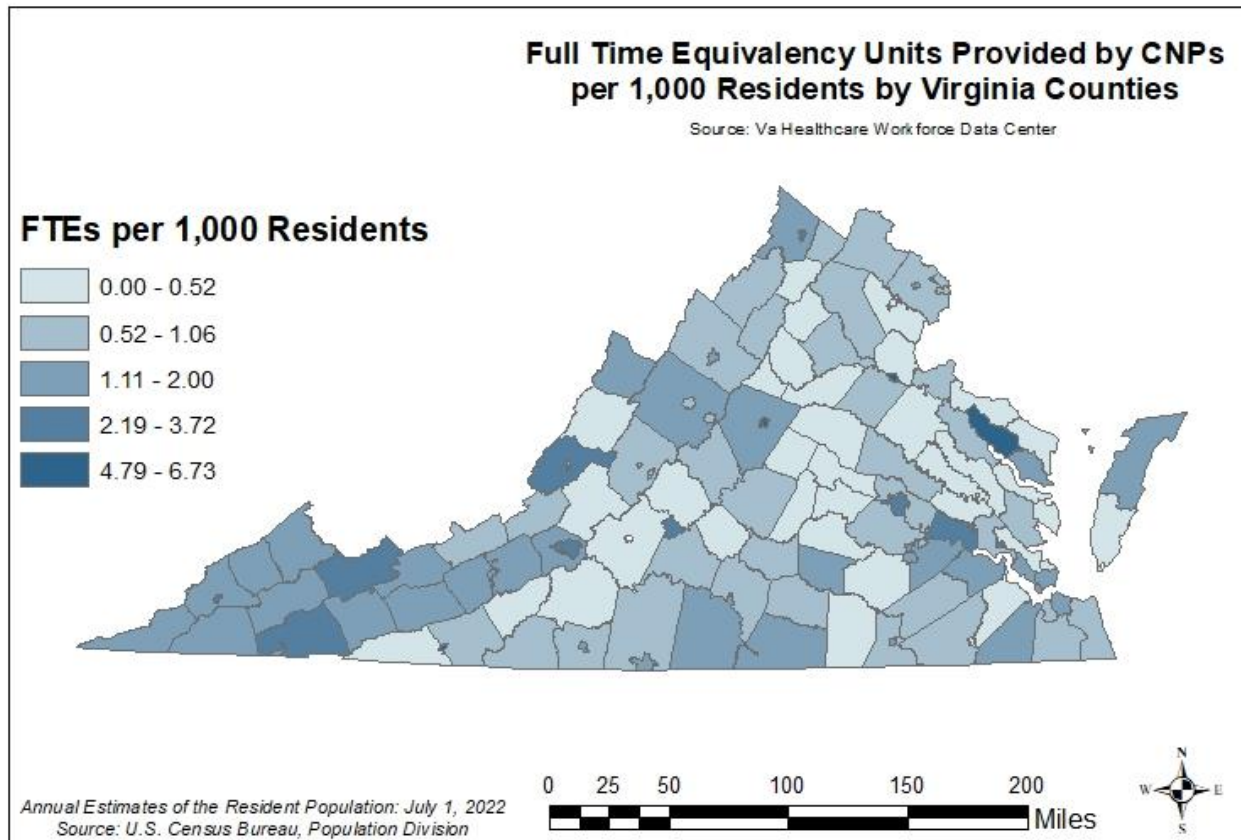
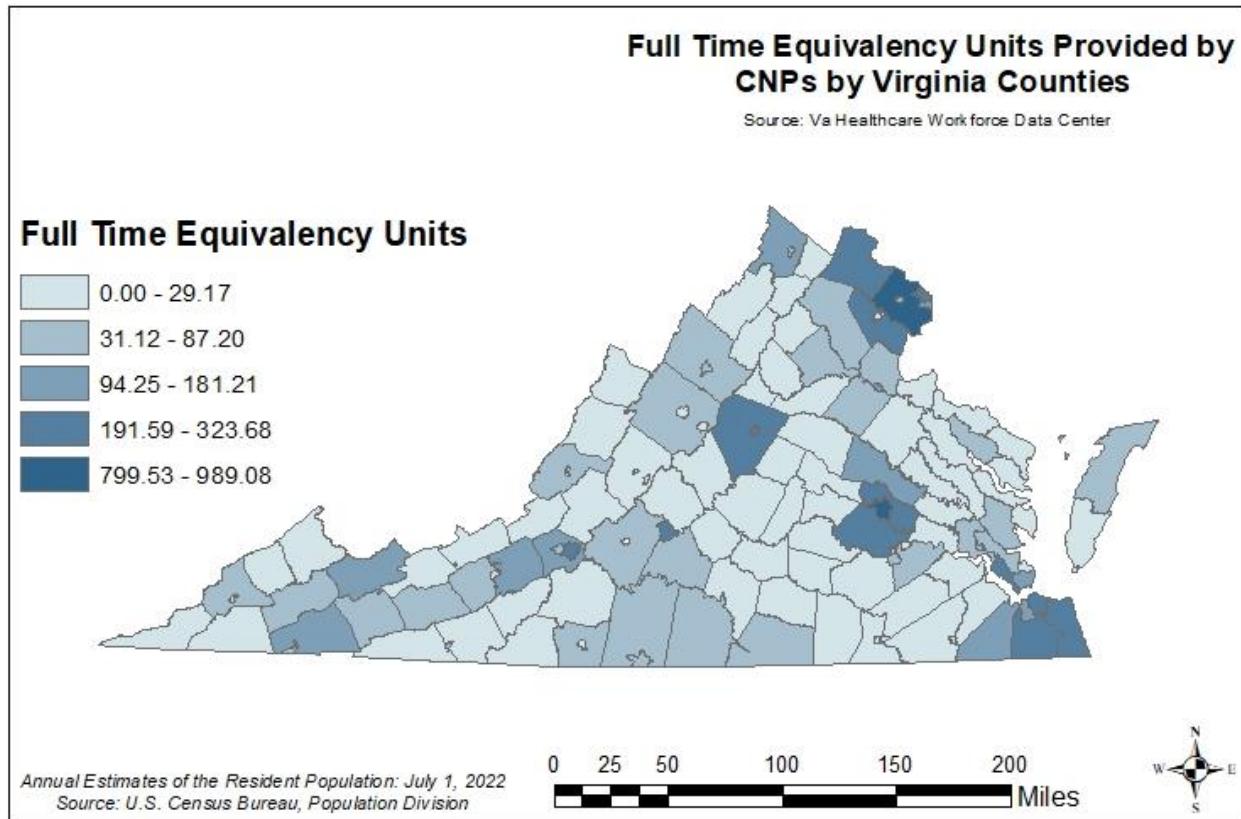
Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2033. Retirement will peak at 15% of the current workforce around 2048 before declining to under 10% of the current workforce again around 2063.*



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







Virginia Department of  
**Health Professions**



# APRN Workforce 2023 Survey Findings

**Barbara Hodgdon, PhD**

Deputy Director, Healthcare Workforce Data Center  
and Data Analytics Division

**Joint Board of Nursing and Medicine Meeting  
Feb. 28<sup>th</sup>, 2024**



## Trends in Licensees and Workforce



Increase in  
total  
licensees

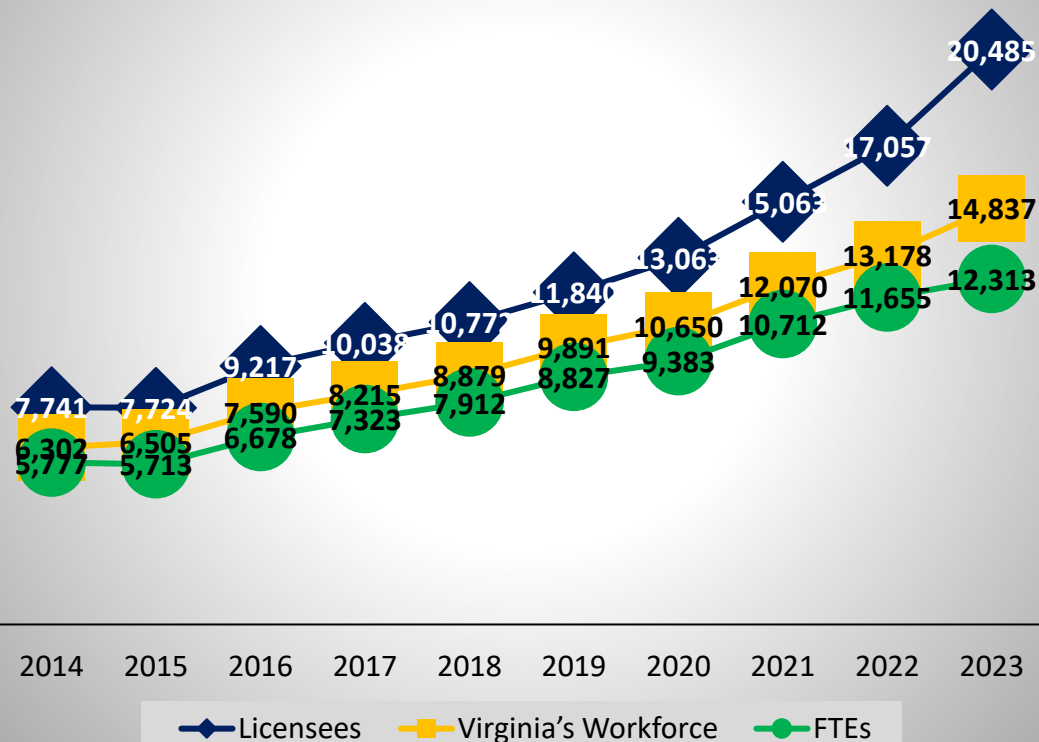


Increase in  
VA's  
workforce



Increase in  
total FTEs

Trends in the APRN Workforce





## Trends in Demographics



90% female  
workforce

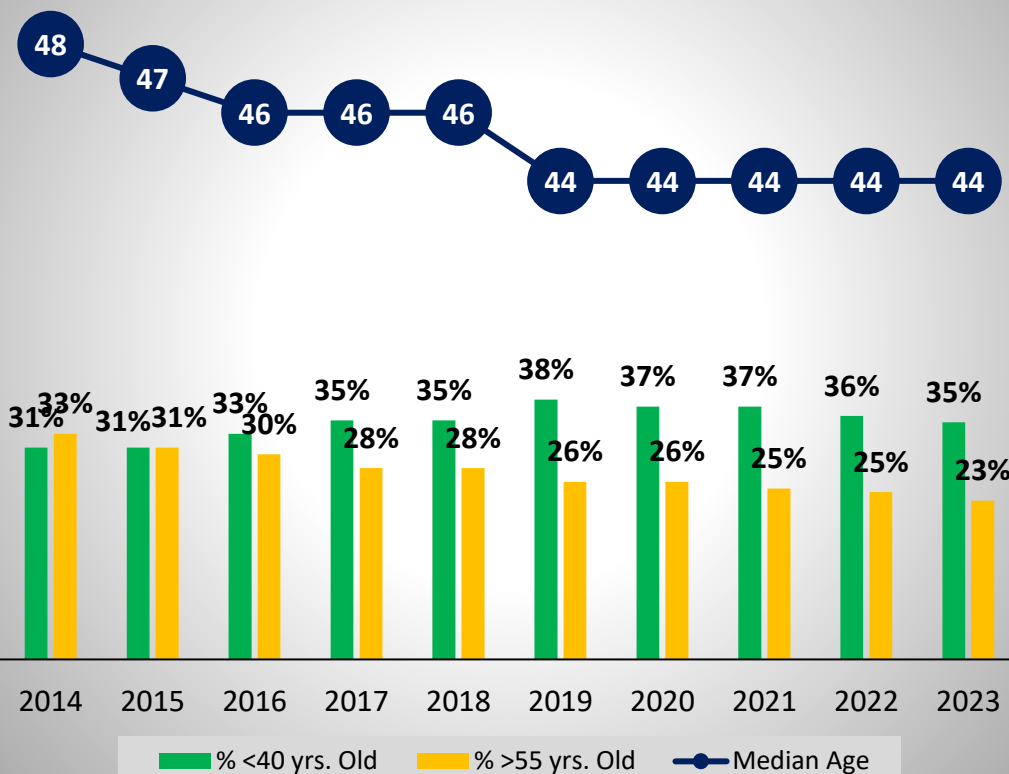


Stable  
median age  
since 2019



Slight decline  
in % under 40  
since 2021

Trends in Age and Gender

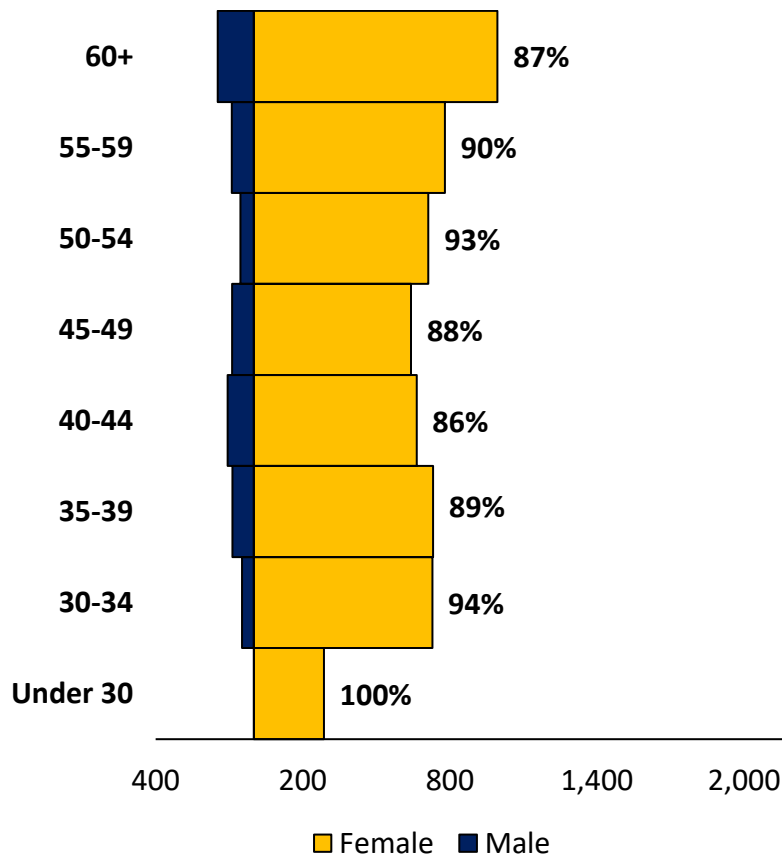




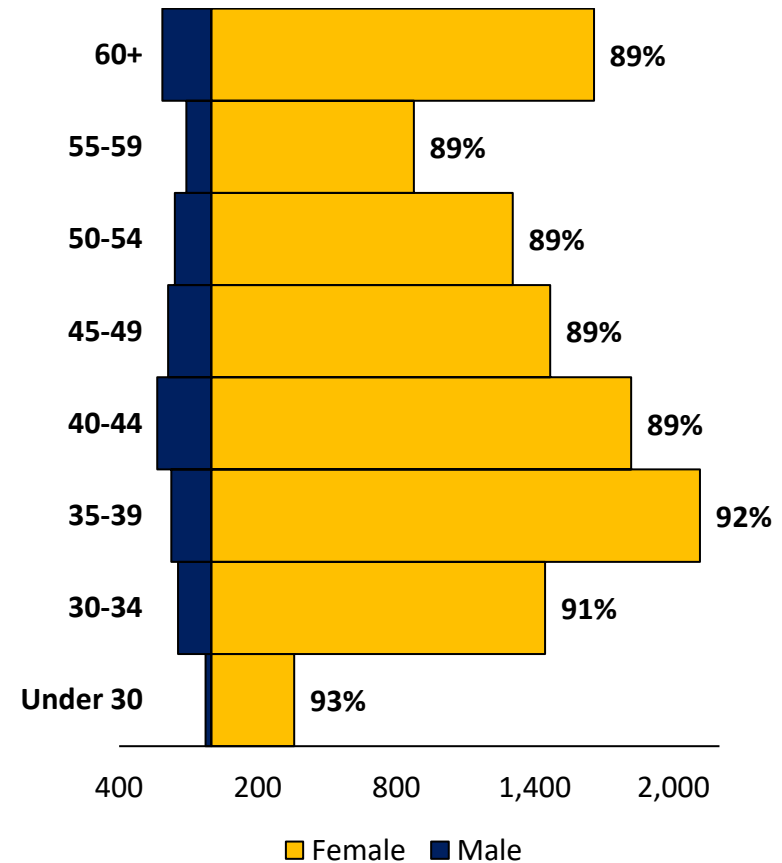
# Virginia Department of Health Professions



**2014 APRN Population Pyramid**



**2023 APRN Population Pyramid**

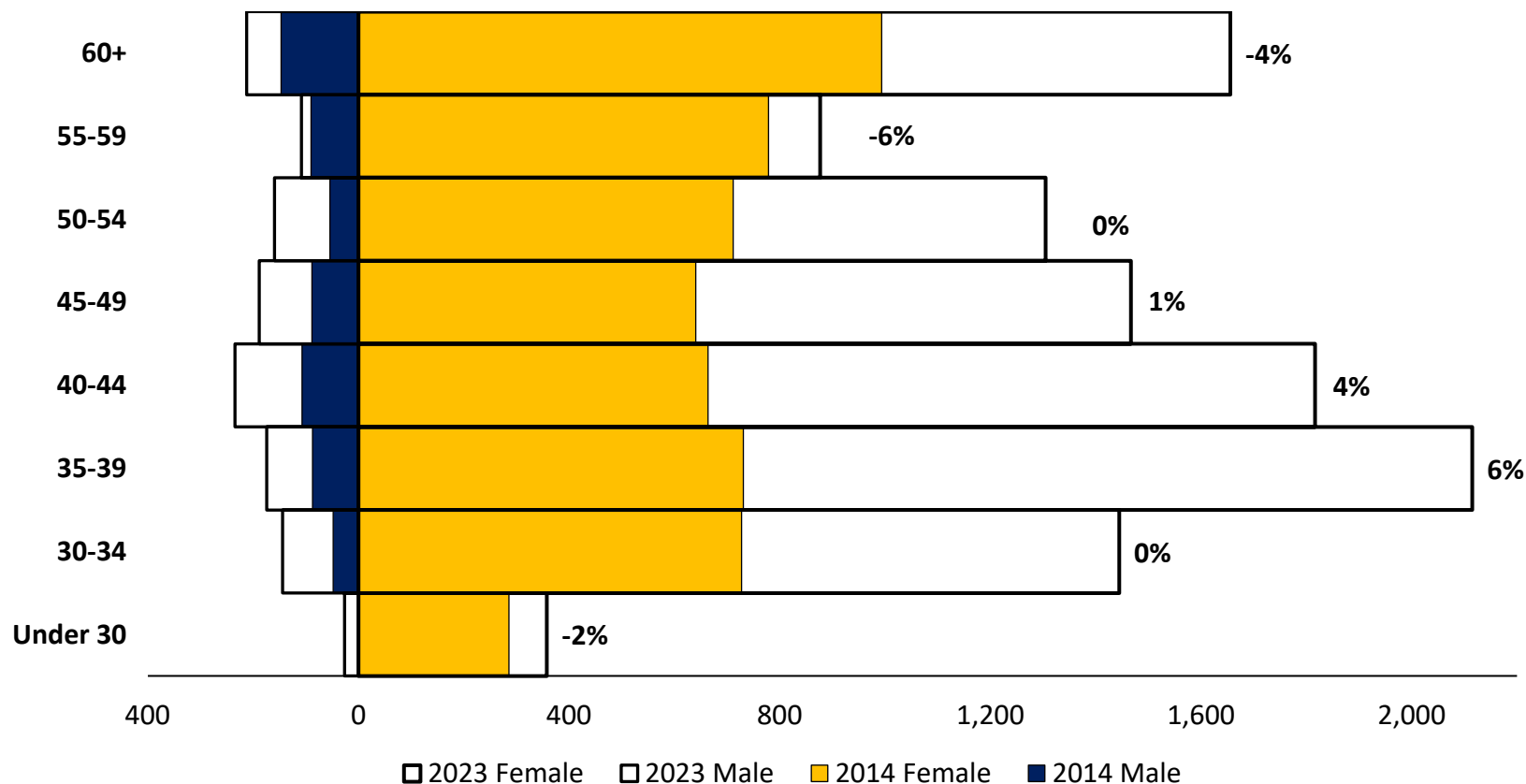




# Virginia Department of Health Professions



## 2014 versus 2023 APRN Population Pyramid





## Trends in Demographics

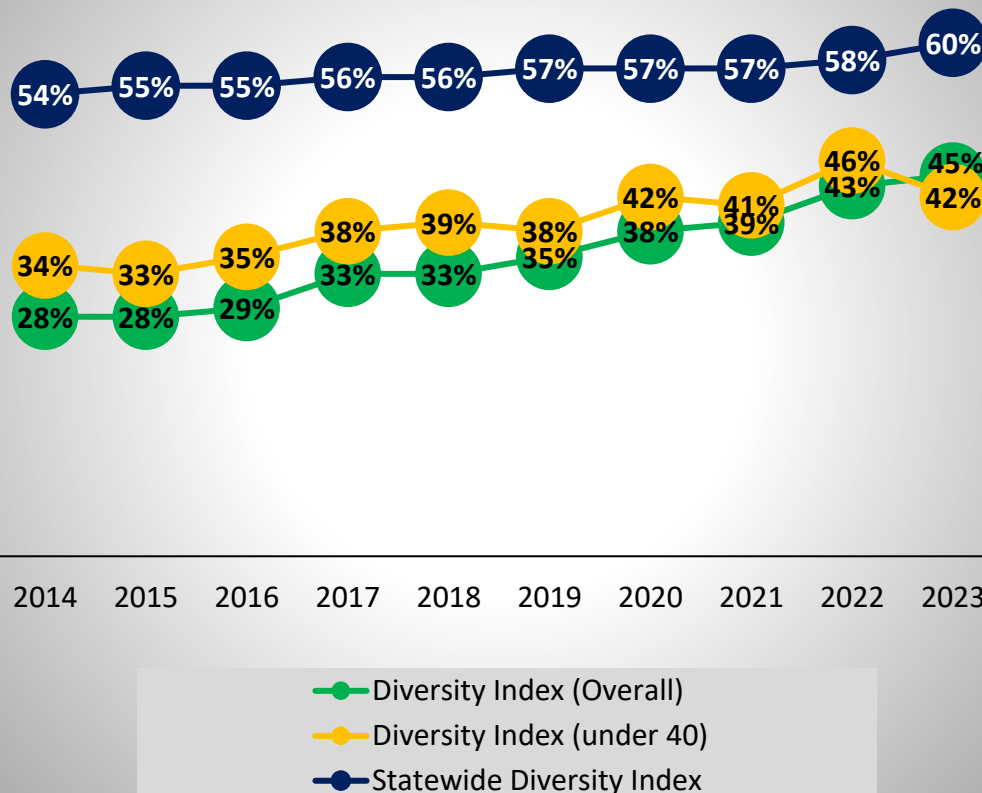


Diversity index  
increasing  
over time



Slight  
decrease in  
<40 diversity  
index since  
2022

Diversity Index






## Trends in Education and Debt



Educational attainment stable since 2020

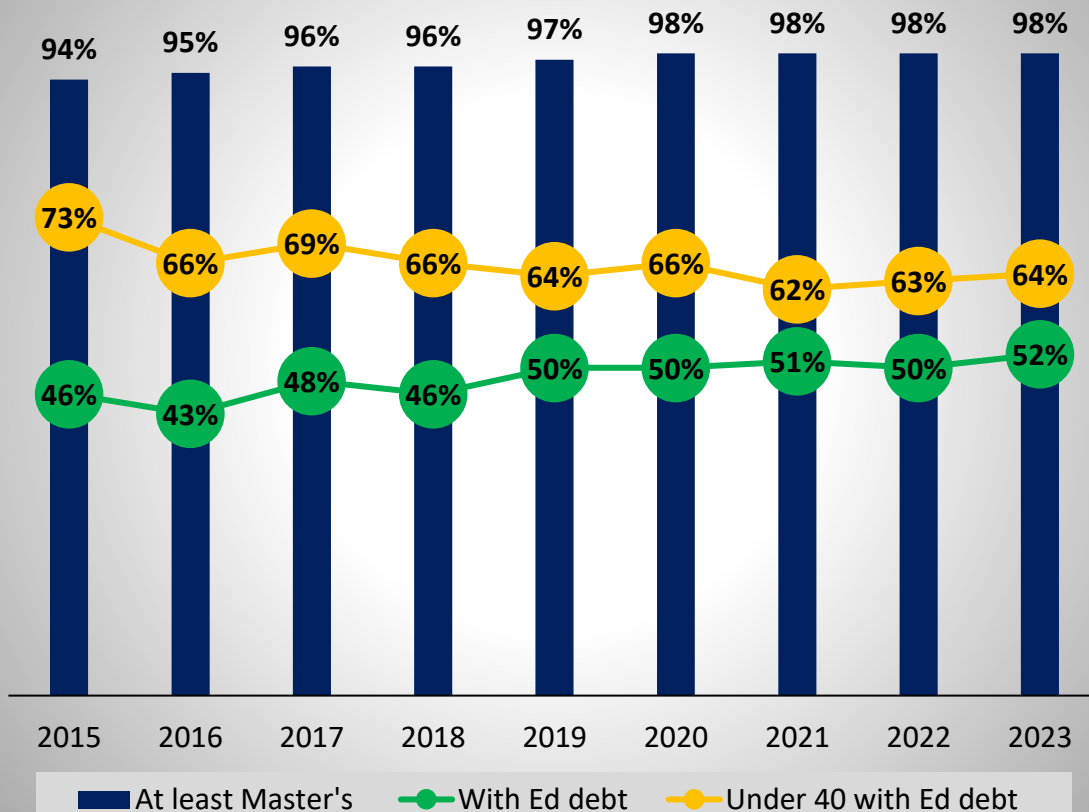


% with education debt stable since 2019



2 in 3 under 40 yrs. hold education debt

Trends in Educational Attainment



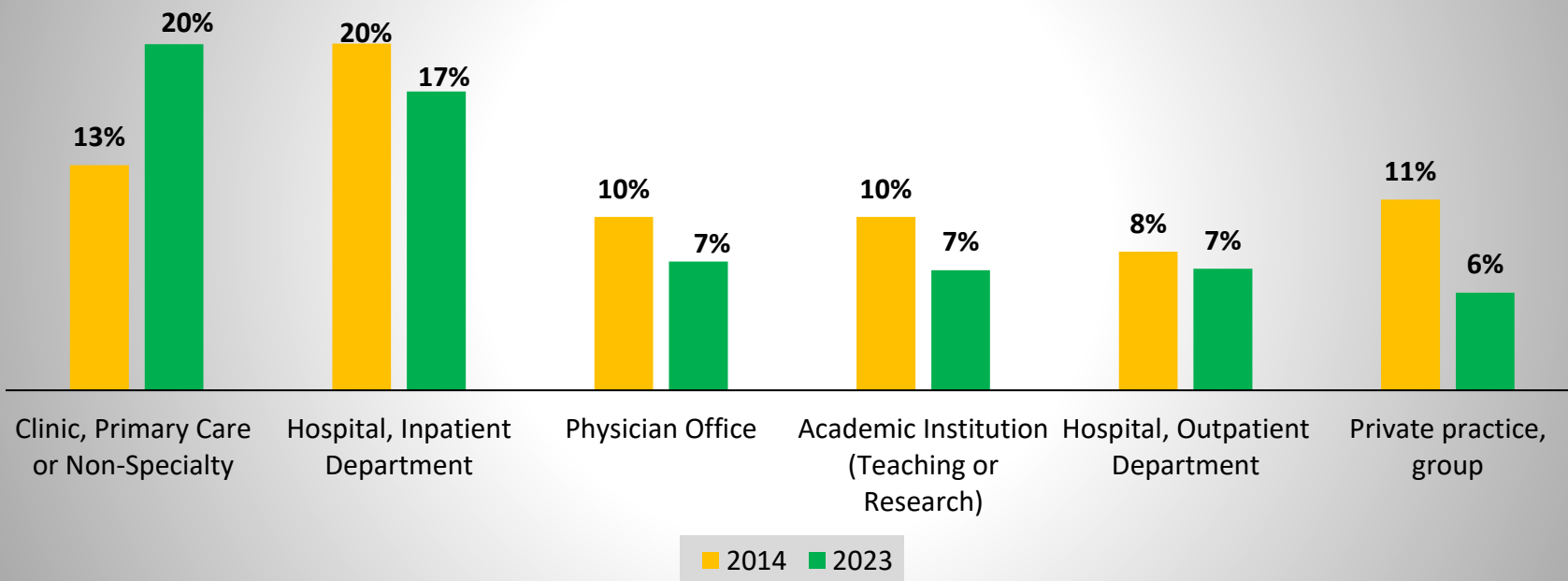


## Establishment Types



Greatest decrease in % working in group private practice  
Greatest increase in % working in primary care clinics

**2014 vs. 2023 Work Locations**



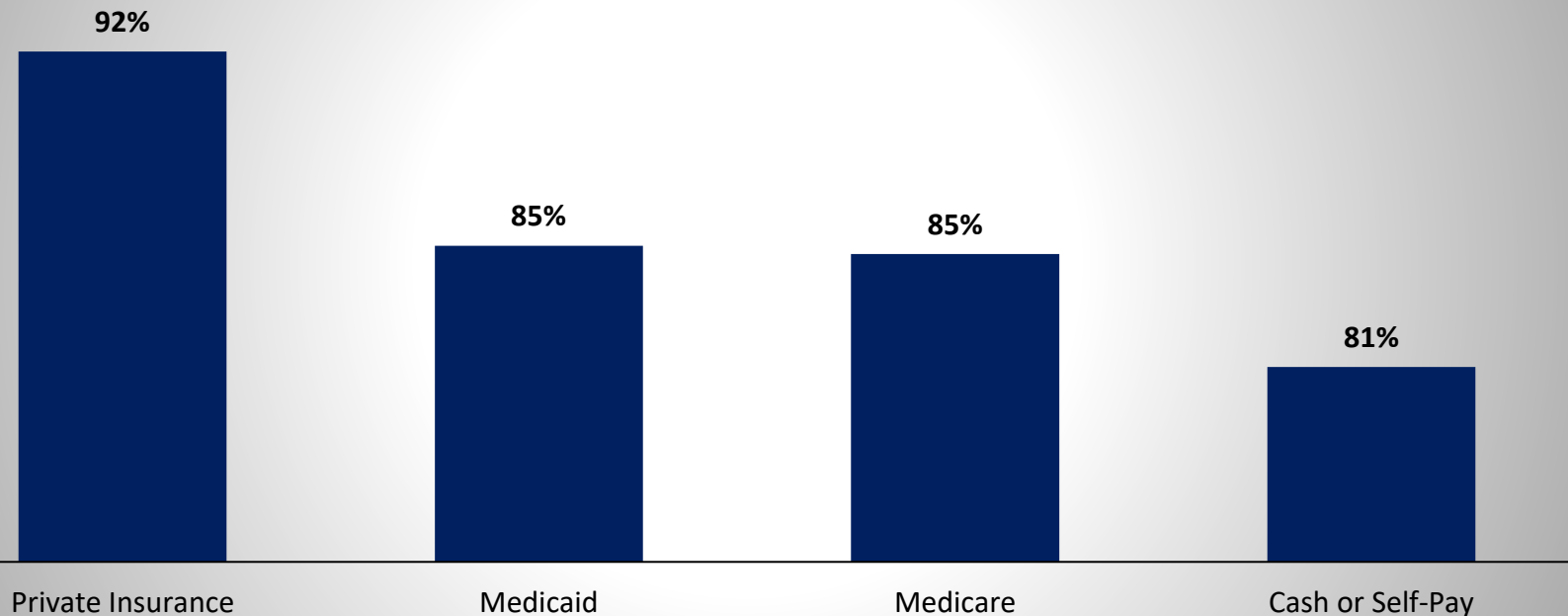


## Accepted Payment Types



Majority accept private insurance, followed by Medicare or Medicaid.

**Payment Types**





## Retirement Intentions

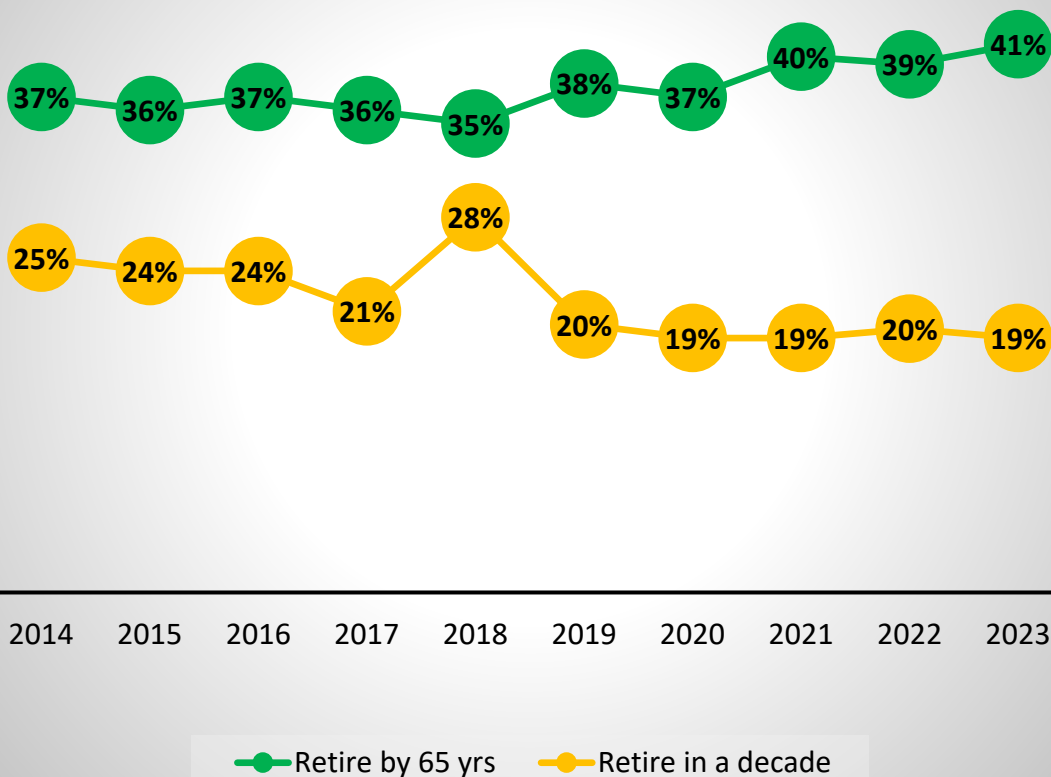


Over 2 in 5  
intend to  
retire by 65



% intending to  
retire in 10  
stable yrs  
since 2019

Trends in Retirement Intentions

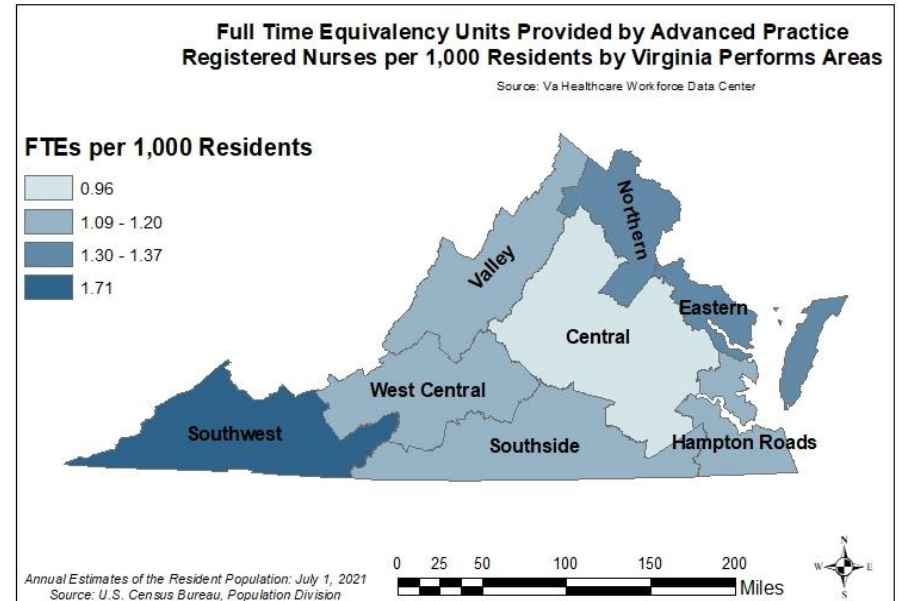
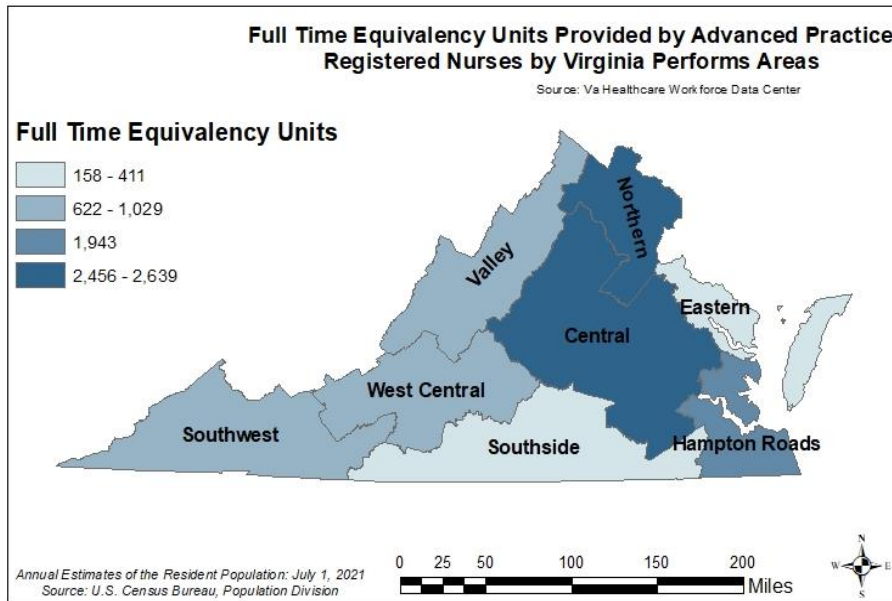




## Geographical Distribution



Central VA has a high concentration of total FTEs, but a low concentration of FTEs per 1,000 residents





## Conclusion



Increase in licensees, VA's workforce, and FTEs



Median age stable and diversity index increasing



Educational attainment and % with education debt stable



Decrease in % of APRNs working in group private practice



Approximately 1 in 5 intend to retire in 10 years.



Virginia Department of  
**Health Professions**

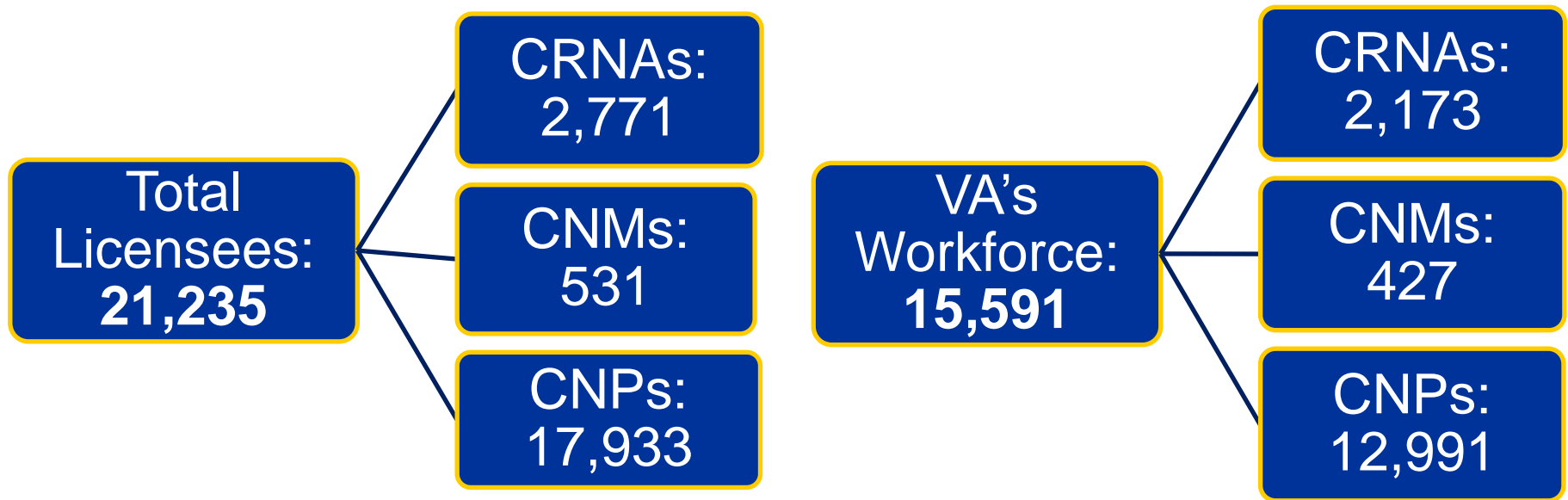
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## APRNs by Specialty: 2022 & 2023 Data



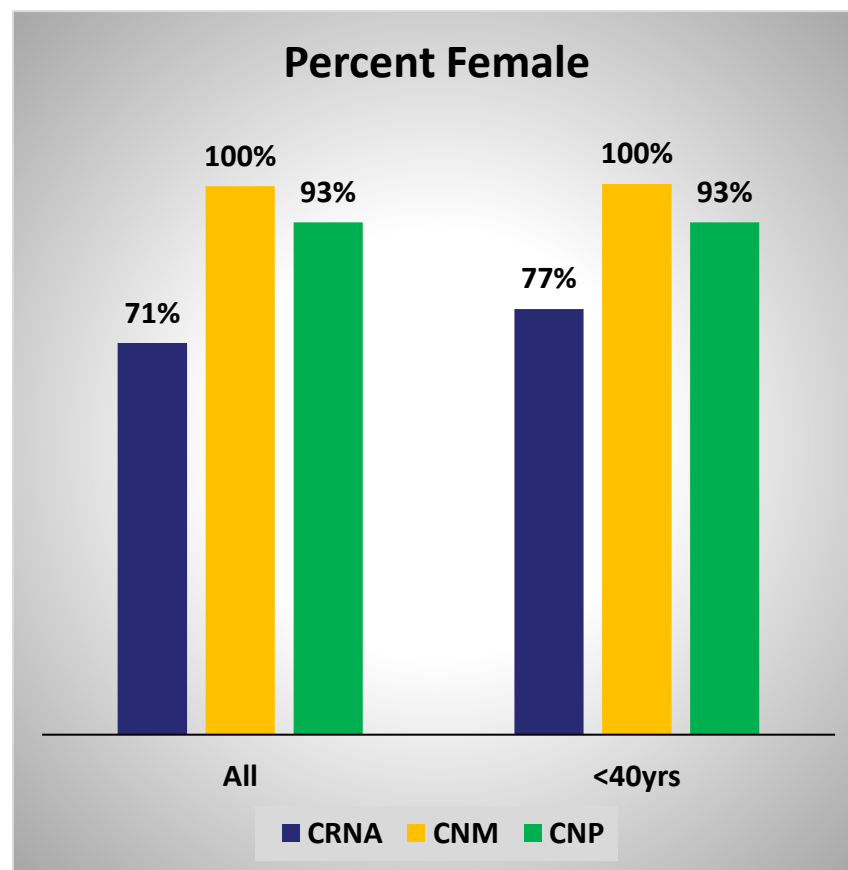
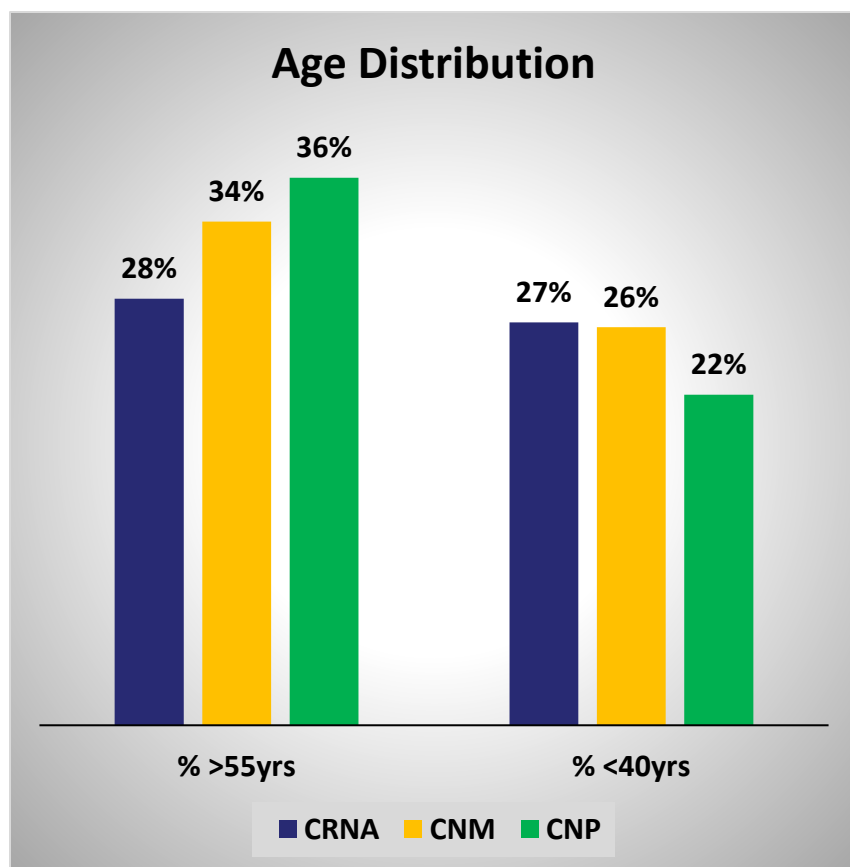
## APRN Workforce by Specialty



CRNAs: 13%; CNMs: 3%; CNPs: 84%  
Total FTEs: **13,435**



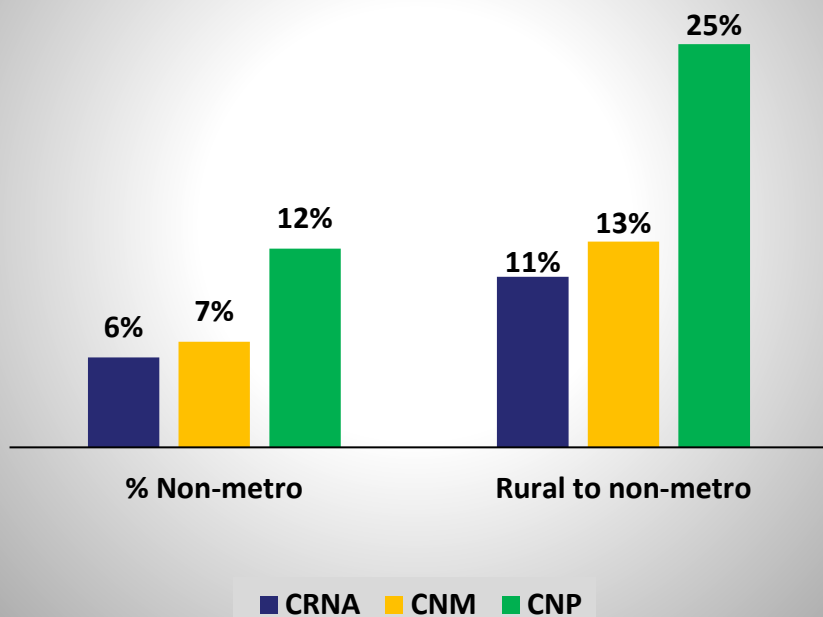
## Demographics



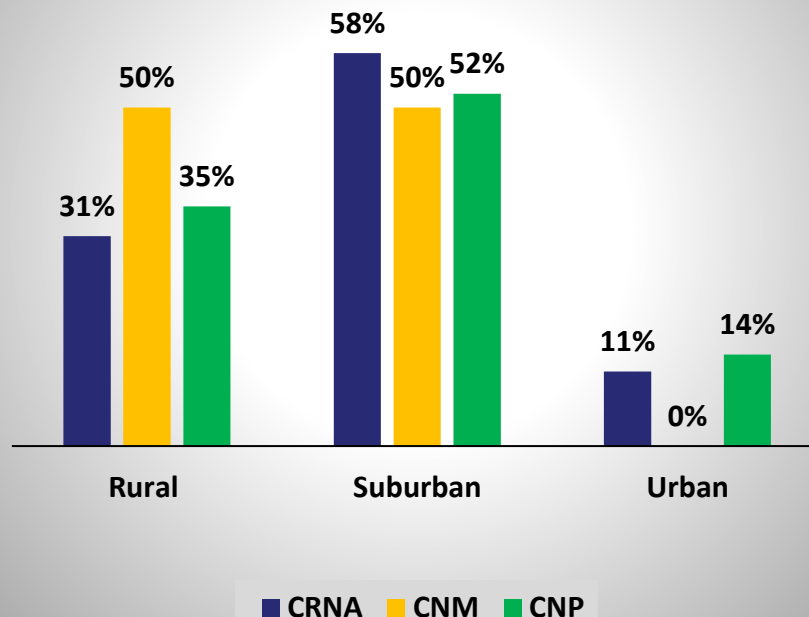


## Metro Status

**Current Non-Metro Status**

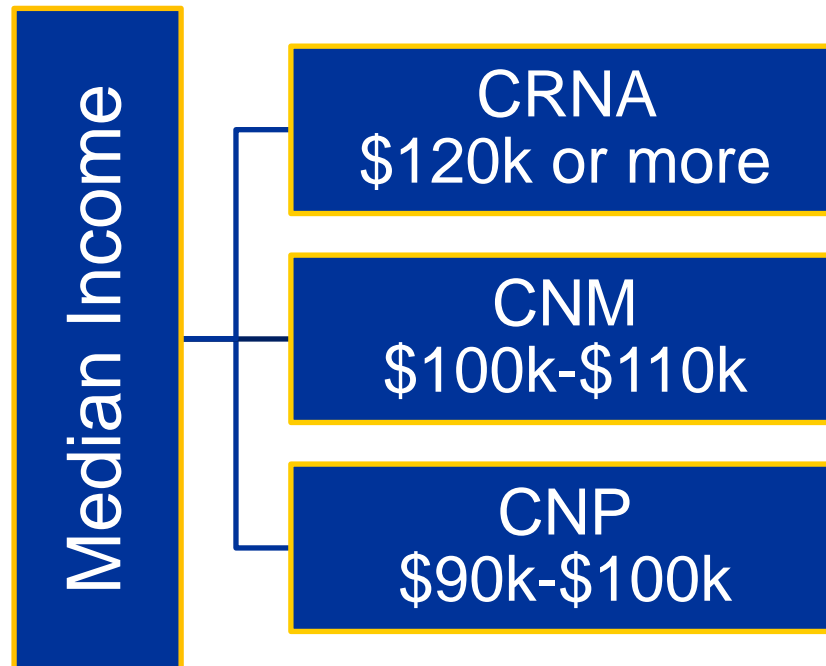


**Metro Status During Youth**





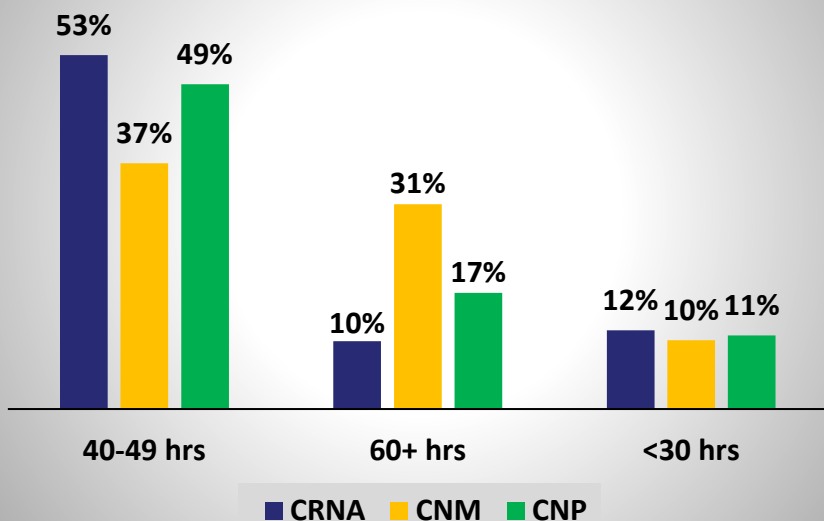
## Median Income



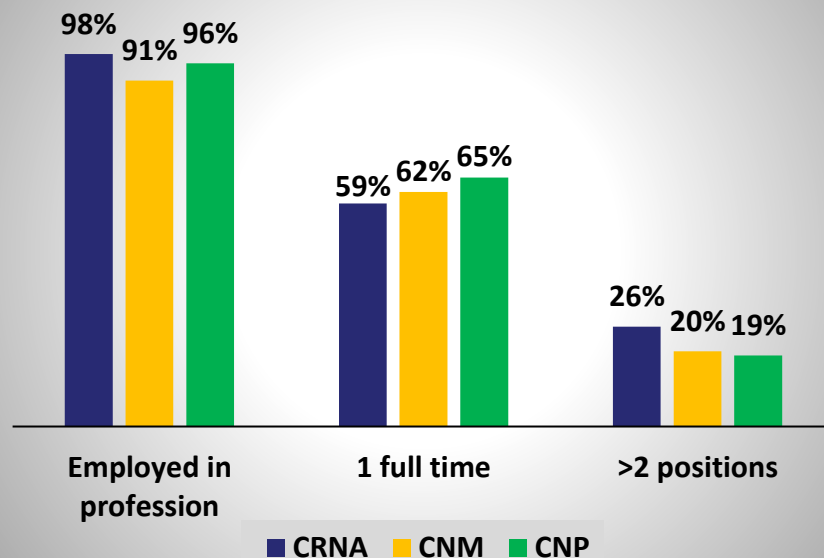


## Hours and Employment

**Hours Worked**



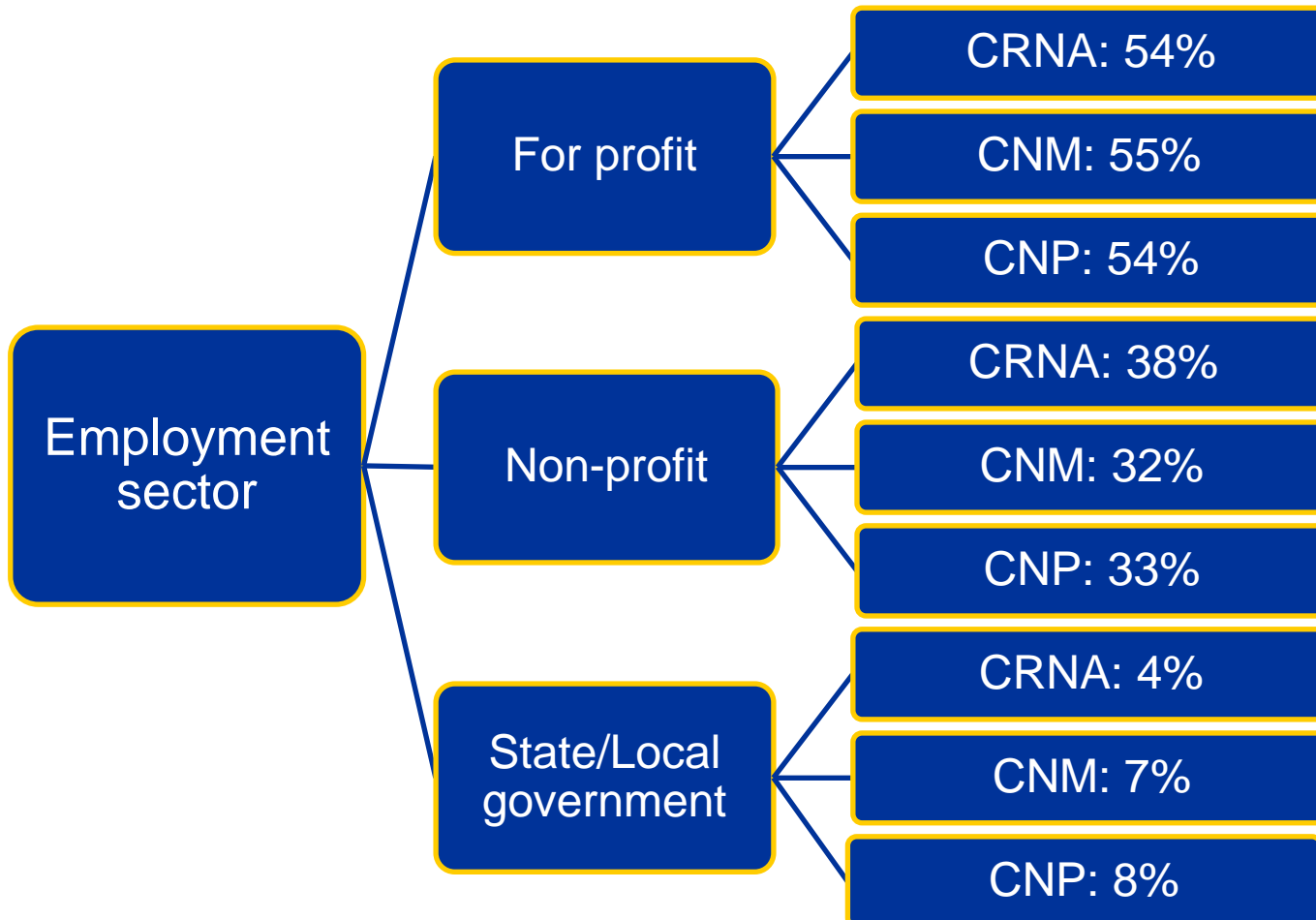
**Current Employment**



**Job Satisfaction:**  
CRNAs: 98%; CNMs: 91%; CNPs: 96%

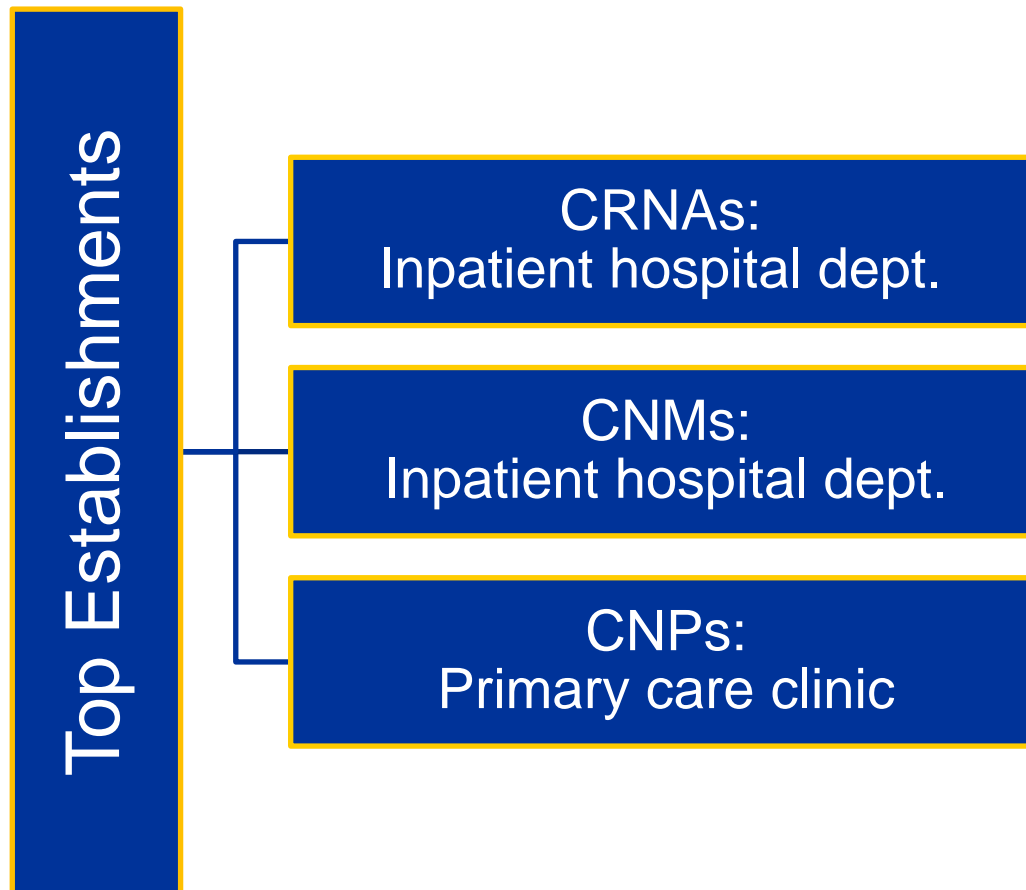


## Primary Employment Sector



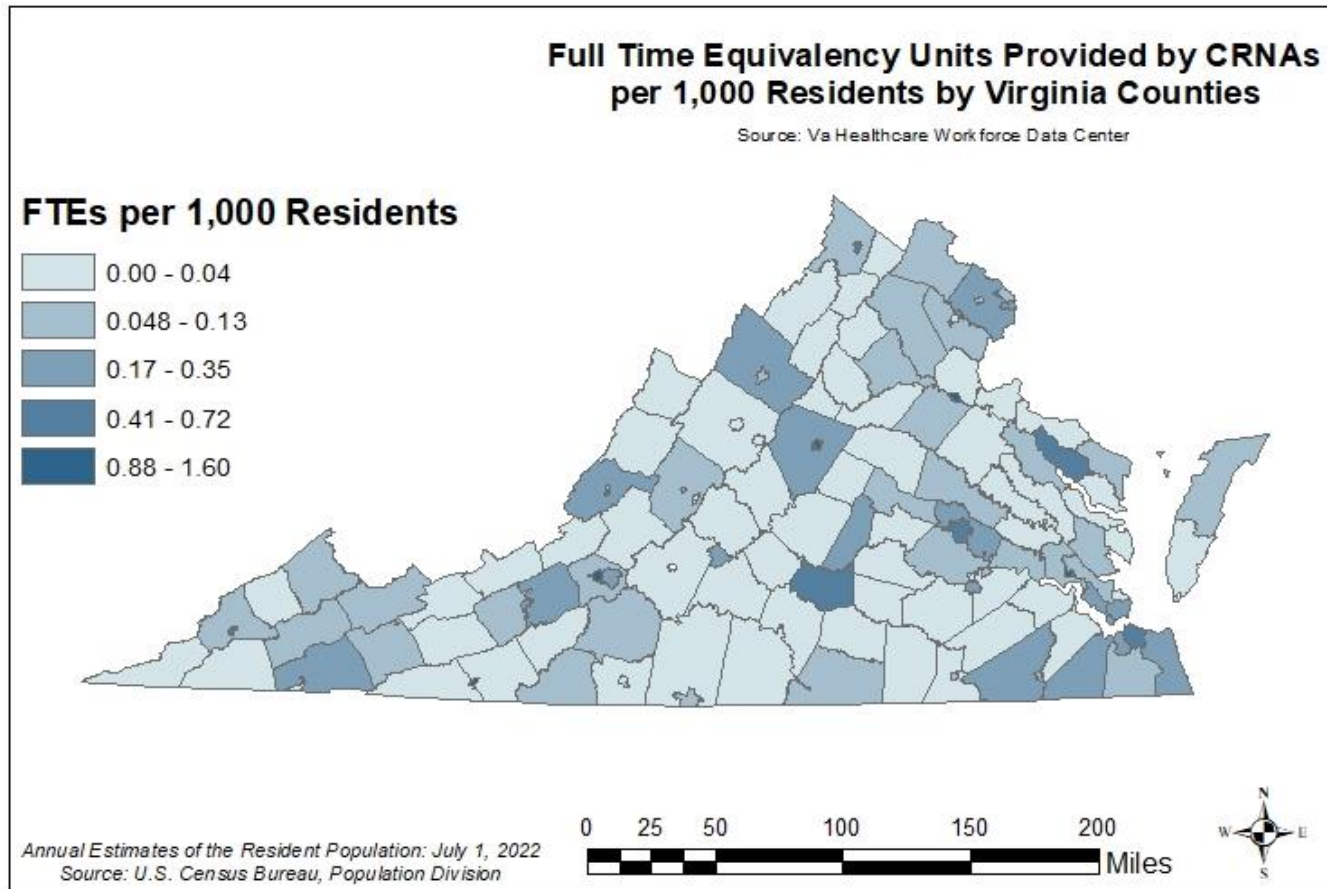


## Top Establishments



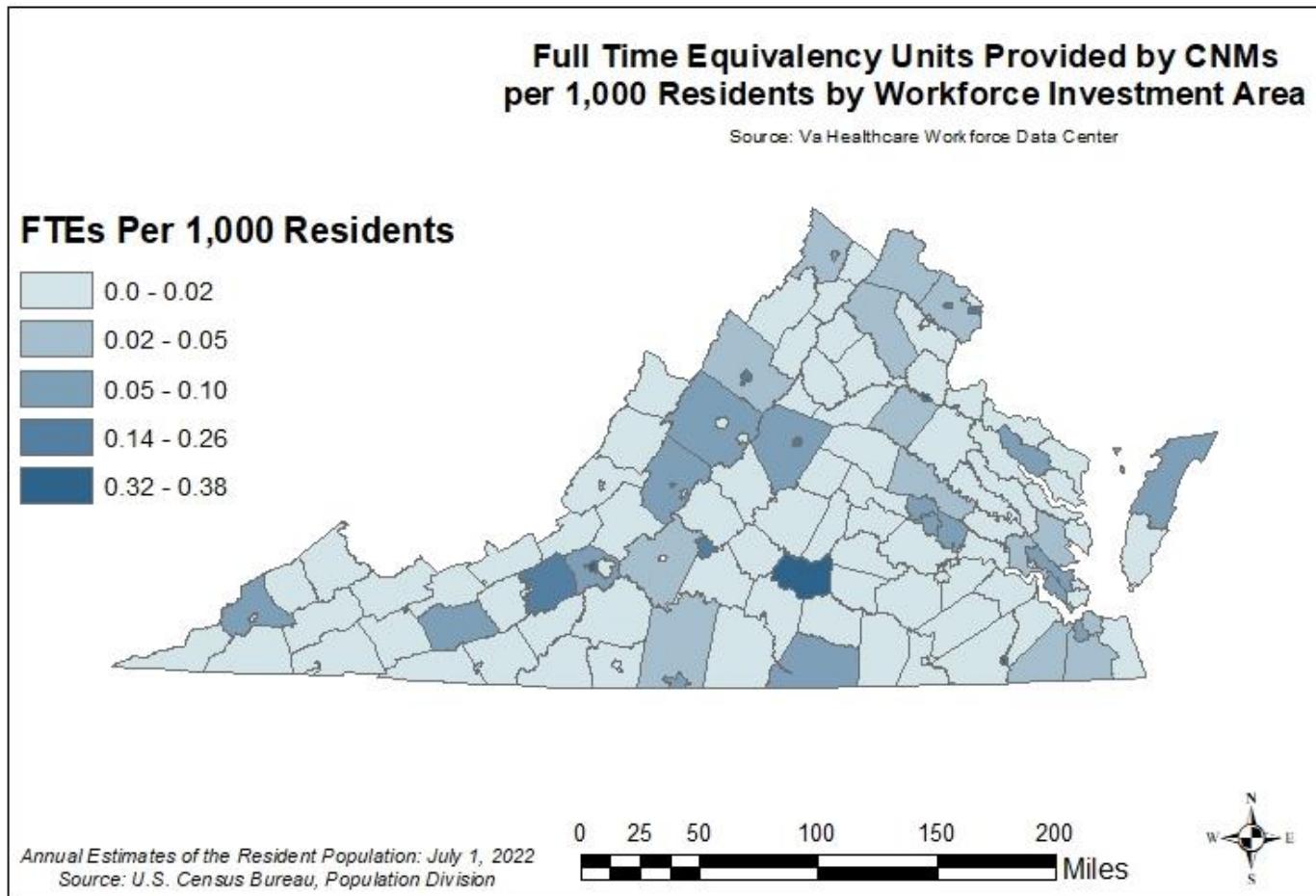


## Geographical Distribution: CRNAs



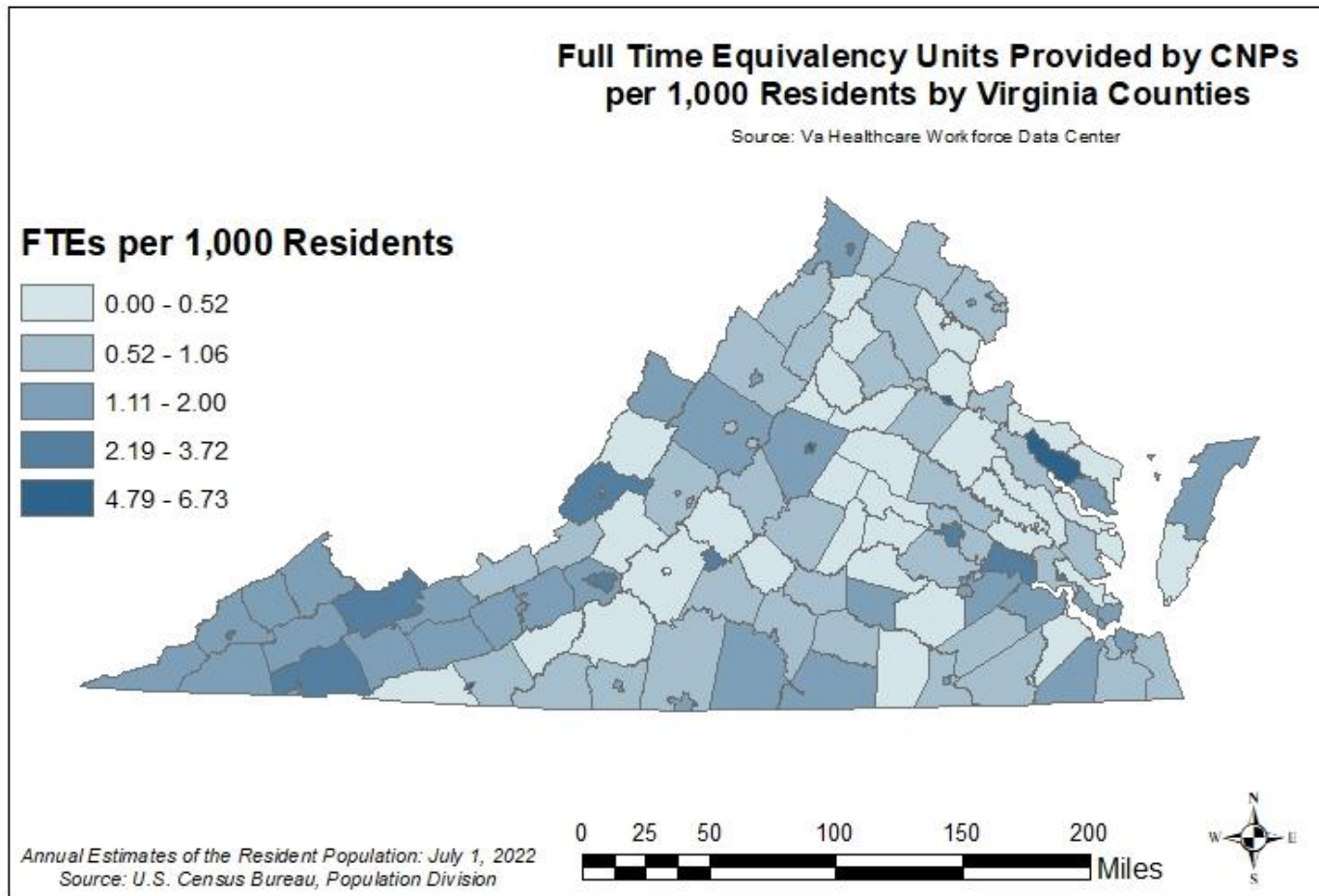


## Geographical Distribution: CNMs





## Geographical Distribution: CNPs





## Conclusion



84%, 13% and 3% of licensees are CNPs, CRNAs and CNMs, respectively



Majority female workforce



CNMs have the highest % working 60+ hours



CNMs have the lowest job satisfaction, however 91% are satisfied with their jobs



Majority of CRNAs, CNMs, and CNPs work in private sector



Virginia Department of  
**Health Professions**

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Thank you!



## VA Board of Nursing

## Licensure Statistics

January 1 - December 31, 2023

License/Certification/Registration	Application Count <sup>1</sup> :				Issued Count :			
OCCUPATION	INITIAL / EXAM	ENDORSED	REINSTATED <sup>2</sup>	COMBINED	INITIAL / EXAM	ENDORSED	REINSTATED <sup>2</sup>	COMBINED
Massage Therapy	496	153	74	723	448	133	51	632
Medication Aide	1,528	131	61	1,720	814	36	27	877
Advanced Practice Registered Nurse	1,256	1,811	77	3,144	1,269	1,759	79	3,107
Practical Nurse	1,335	300	125	1,760	1,131	295	108	1,534
Registered Nurse	4,879	4,274	516	9,669	4,643	4,070	482	9,195
<b>Total</b>	<b>9,494</b>	<b>6,669</b>	<b>853</b>	<b>17,016</b>	<b>8,305</b>	<b>6,293</b>	<b>747</b>	<b>15,345</b>
Nurse Aide	4,431	3,970	1889	10,290	4,411	3,138	1,602	9,151
Advanced Certified Nurse Aide	41	0	4	45	11	-	4	15
<b>Total</b>	<b>4,472</b>	<b>3,970</b>	<b>1,893</b>	<b>10,335</b>	<b>4,422</b>	<b>3,198</b>	<b>1,606</b>	<b>9,166</b>
<b>Grand Total</b>	<b>13,966</b>	<b>10,639</b>	<b>2,746</b>	<b>27,351</b>	<b>12,727</b>	<b>9,491</b>	<b>2,353</b>	<b>24,511</b>

<sup>1</sup> : Includes all applications received, but not necessarily completed or withdrawn in CY2023<sup>2</sup> : Includes reinstatement after disciplineTotal License Count as of December 31, 2023 --> **233,305**

Autonomous Practice - Issued CY2023	
Autonomous - Adult/Geriatric Acute	16
Autonomous - Adult/Geriatric Primary	33
Autonomous - Family	332
Autonomous - Neonatal	2
Autonomous - Pediatric Acute	1
Autonomous - Pediatric Primary	13
Autonomous - Psychiatric/Mental	44
Autonomous - Women's Health	9
<b>Total</b>	<b>450</b>

<i>Cases</i>	<i>Case Counts:</i>		<i>PHCOs Offered</i>	<i>Cases conducted - manually count:</i>	
<b>OCCUPATION</b>	<b>RECEIVED</b>	<b>CLOSED</b>	"Mail PHCO to Resp/Atty"	<b>IFC</b>	<b>FH</b>
Massage Therapy	114	61	3	22	3
Medication Aide	156	120	7	32	6
Nurse Aide	626	630	29	109	14
Advanced Practice Registered Nurse	419	413	2	13	2
Practical Nurse	546	515	18	83	20
Registered Nurse	1,067	883	33	86	27
<b>Total</b>	<b>2,928</b>	<b>2,622</b>	<b>92</b>	<b>345</b>	<b>72</b>
Nurse Education Program***	21	32	0	34	1
Nurse Aide Education Program	2	2	0	2	0
<b>Total</b>	<b>23</b>	<b>34</b>	<b>0</b>	<b>36</b>	<b>1</b>
<b>Grand Total</b>	<b>2,951</b>	<b>2,656</b>	<b>92</b>	<b>381</b>	<b>73</b>
<i>Closure rate:</i>		<i>90%</i>	<i>3%</i>	<i>14%</i>	<i>3%</i>
<i>...of case closures</i>					

\*\*\* Included Medication Aide Training Programs



## COMMONWEALTH of VIRGINIA

Arne W. Owens  
Director

### Department of Health Professions

Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

[www.dhp.virginia.gov](http://www.dhp.virginia.gov)  
PHONE (804) 367-4400

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](http://www.dhp.virginia.gov/Boards/Nursing)

### MEMORANDUM

To: Board Members

From: Christine Smith, RN, MSN  
Nurse Aide/RMA Program Manager

Date: February 20, 2024

Subject: 2023 NNAAP Pass Rates

2023 NNAAP Results*			
	No testers	Skills <80%	Written <80%
High School Programs	8.5% (8/94)	26.7% (23/86)	2.3% (2/86)
Nursing Home Programs	7.6% (3/39)	47.2% (17/36)	0% (0/36)
Hospital Programs	14.3% (1/7)	0% (0/6)	0% (0/6)
Community College Programs	2% (1/50)	26.5% (13/49)	2% (1/49)
Other Programs	10.1% (7/69)	33.9% (21/62)	6% (4/62)
<b>ALL Programs</b>	<b>7.7% (20/259)</b>	<b>31% (74/239)</b>	<b>2.9% (26/239)</b>

\*Data collected from active programs.



C9

## COMMONWEALTH of VIRGINIA

Arne W. Owens  
Director

### Department of Health Professions

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### MEMORANDUM

To: Board Members

From: Christine Smith, RN, MSN  
Nurse Aide/RMA Education Program Manager

Date: February 20, 2024

Subject: 2023 Medication Aide Testing Pass Rates

2023 Medication Aide Testing Pass Rates*		
	No testers	Test Results <80%
High School Programs	50% (2/4)	50% (1/2)
Assisted Living Facility Programs	77.6% (45/58)	61.5% (8/13)
Pharmacy Programs	47.1% (8/17)	88.9% (8/9)
Community College Programs	0% (0/7)	85.7% (6/7)
Proprietary Programs	58.2% (82/141)	78% (46/59)
<b>ALL Programs</b>	<b>60.4% (137/227)</b>	<b>76.7% (69/90)</b>

\*Data collected from active programs.

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



C10

## COMMONWEALTH of VIRGINIA

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### MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN  
Deputy Executive Director

Date: February 20, 2024

Subject: 2023 NCLEX Pass Rates

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#### Practical Nursing Summary:

- There are four (4) active practical nursing programs with NCLEX-PN pass rates less than 80% for one year.
- There is one (1) active practical nursing program with NCLEX-PN pass rates less than 80% for two years.
- There is two (2) active practical nursing programs with NCLEX-PN pass rates less than 80% for three years.
- There are two (2) active practical nursing programs with NCLEX-PN pass rates less than 80% for four or more years.
- Virginia's NCLEX-PN pass rates remain above national average for the last 2 years.

#### Registered Nursing Summary:

- There are two (2) active registered nursing programs with NCLEX-RN pass rates less than 80% for one year.
- There are three (3) active registered nursing program with NCLEX-RN pass rates less than 80% for two years.
- There is two (2) active registered nursing program with NCLEX-RN pass rates less than 80% for four or more years.
- Virginia's NCLEX-RN pass rates continue to trend higher than the national average.

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

Nursing Programs **one year of NCLEX**  
First-time test taker pass rates below 80% (2023)

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**Practical Nursing Programs:**

Program Name	Program code	NCLEX Pass rate %
<b>Community College</b>		
Piedmont Virginia Community College	US28203800	75% (9/12)
<b>Private/Proprietary Program</b>		
Eastern Virginia Career College	US28102700	78.57% (11/14)
Ultimate Health School	US28205000	79.35% (73/92)
Unique Health School	US28111000	35.71% (5/14)
<b>Closed Program</b>		
Closed Program	US28900000	50% (1/2)
National School of Nursing & Allied Health	US28206500	0% (0/2)

**Registered Nursing Programs:**

Program Name	Program Code	NCLEX Pass rate %
<b>Associate Degree</b>		
<b>Community College</b>		
Virginia Peninsula Community College	US28407100	76.71% (56/73)
<b>Baccalaureate Degree</b>		
<b>Private/Proprietary Program</b>		
South University – Virginia Beach	US28500900	75% (18/24)
<b>Closed Program</b>		
ITT Technical Institute – Norfolk	US28401300	0% (0/1)

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

Nursing Programs with **two years of NCLEX**  
First-time test taker pass rates below 80% (2022 and 2023)

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**Practical Nursing Programs:**

Program Name	Program Code	NCLEX Pass Rate 2022	NCLEX Pass Rate 2023
<b>High School or Technical Center</b>			
Fairfax County School of Practical Nursing	US28108600	50% (2/4)	42.86% (3/7)

**Registered Nursing Programs:**

Program Name	Program Code	NCLEX Pass Rate 2022	NCLEX Pass Rate 2023
<b>Community College</b>			
Danville Community College	US28400300	76.92% (30/39)	0% (0/1)
<b>Baccalaureate</b>			
Ferrum College	US28511100	40% (2/5)	66.67% (4/6)
Chamberlain University	US28500600	66.89% (99/148)	74.5% (149/200)
<b>Closed Programs</b>			
Stratford University – Alexandria	US28510200	54% (27/50)	34.88% (15/43)
Stratford University – Falls Church	US28502100	37.5% (15/40)	33.33% (3/9)
Stratford University – Woodbridge	US28502000	75% (18/24)	50% (11/22)

Pursuant to 18 VAC 90-27-210(B), the above programs will be:

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

Nursing Programs with **three or more years of NCLEX**  
First-time test taker pass rates below 80% (2017, 2018, 2019, 2020, 2021, 2022 and 2023)

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**Practical Nursing Program:**

Program Name	Program Code	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021	NCLEX Pass Rate 2022	NCLEX Pass Rate 2023
<b>High School</b>							
Chesterfield County Public Schools	US28104300			46.15% (6/13)	0% (0/2)	27.27% (3/11)	0% (0/1)
Petersburg Public Schools	US28109400	75% (3/4)	50% (3/6)	33.33% (1/3)	66.67% (2/3)	57.14% (4/7)	0% (0/1)
<b>Community College</b>							
J. Sargeant Reynold Community College	US28105500				66.67% (2/3)	33.33 (4/12)	53.33 (8/15)
<b>Private/Proprietary</b>							
America School of Nursing & Allied Health	US281110100				53.66% (22/41)	60% (45/75)	73.91% (34/46)

**Registered Nursing Program:**

Program Name	Program Code	NCLEX Pass Rate 2017	NCLEX Pass Rate 2018	NCLEX Pass Rate 2019	NCLEX Pass Rate 2020	NCLEX Pass Rate 2021	NCLEX Pass Rate 2022	NCLEX Pass Rate 2023
<b>Private/Proprietary</b>								
Fortis College – Norfolk	US28409500				52.17% (12/23)	47.62% (20/42)	55.10% (27/49)	69.35% (43/62)
Fortis College – Richmond	US28408900	50% (1/2)	68.42% (13/19)	72.22% (13/18)	52.17 (12/23)	51.52% (17/33)	70% (14/20)	57.89% (11/19)

Pursuant to 18VAC90-27-210 (B), the board may withdraw program approval.

### Five-year NCLEX Pass Rates 2019-2023

NCLEX-PN Pass Rates for 2019-2023		
Year	Virginia	National
2023	90.04%	88.56%
2022	82.16%	79.93%
2021	74.77%	79.6%
2020	79.68%	82.74%
2019	84.28%	85.63%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass Rates for 2019-2023 (All Types of RN Programs Combined)		
Year	Virginia	National
2023	89.94%	86.68%
2022	82.32%	79.90%
2021	83.06%	82.48%
2020	87.01%	83.73%
2019	89.47%	83.51%
*Source: NCSBN NCLEX Year End Report		

NCLEX-RN Pass Rates for 2019-2023 (by program type)						
Year	Associates		National	Bachelors		National
2023	Tested	Passed	87.75%	Tested	Passed	90.17%
	2221	2012		2477	2218	
	90.59%			89.54%		
2022	Tested	Passed	77.93	Tested	Passed	82.33%
	2434	1994		2499	2067	
	81.92%			82.71%		
2021	Tested	Passed	78.78%	Tested	Passed	86.06%
	2463	1849		2484	2160	
	79.123%			86.96%		
2020	Tested	Passed	82.82%	Tested	Passed	90.28%
	2429	2025		2274	2069	
	83.37%			90.99%		
2019	Tested	Passed	85.17%	Tested	Passed	92.22%
	2358	2031		2295	2132	
	86.13%			92.9%		

Source: NCSBN NCLEX Year End Report



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### MEMORANDUM

To: Board Members  
Virginia Board of Nursing

From: Randall S. Mangrum, DNP, RN  
Nursing Education Program Manager

Date: January 9, 2024

Subject: Initial Faculty Exceptions Approved in 2023

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Per *Regulations for Nursing Education Programs* [18VAC 90-27-170], a nursing education program, after full approval has been granted, may request board approval for exceptions to requirements of 18VAC 90-27-60 for faculty. Listed below, by program type, please find a summary of initial faculty exceptions that were approved in 2023.

Baccalaureate Nursing Education Programs – 52  
Associate Degree Nursing Education Programs – 12

The majority of these positions were requested by the nursing education program for clinical faculty.

**Board of Nursing**  
**Current Regulatory Actions**  
**As of March 4, 2024**

**Regulations at the Governor's office**

None.

**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 444 days	Implements changes to existing regulations regarding CNS practice agreements.
18VAC90-19	NOIRA	Implementation of 2022 periodic review	3/22/2023	Secretary 335 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 335 days	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations
18VAC90-19 18VAC90-25 18VAC90-27 18VAC90-30 18VAC90-50 18VAC90-60 18VAC90-70	NOIRA	Fee increase	1/29/2024	Secretary 25 days	Notice of fee increases needed to sustain Board operations

Nothing at DPB, OAG, or recently effective/awaiting publication.

**Legislative Report**  
**Board of Nursing**  
**March 19, 2024**

*Duplicative bills have been removed from list.*

**HB 257 Sickle cell anemia; prescription of opioids for pain management.**

*Chief patron:* Mundon King

**Prescription of opioids; sickle cell anemia.** Exempts prescribers from certain requirements of the Prescription Monitoring Program related to prescribing opioids if the opioid is prescribed to a patient for pain management related to sickle cell anemia.

01/23/24 House: Subcommittee recommends reporting (6-Y 2-N)

01/25/24 House: Reported from Health and Human Services (15-Y 7-N)

01/31/24 House: VOTE: Passage (63-Y 35-N)

02/29/24 Senate: Reported from Education and Health (13-Y 2-N)

03/04/24 Senate: Passed Senate (39-Y 0-N)

*\*Awaiting Governor action\**

**HB 323 Interstate Massage Compact; authorizes Virginia to become a signatory to Compact.**

*Chief patron:* Glass

**DEAD BILL**

**Interstate Massage Compact.** Authorizes Virginia to become a signatory to the Interstate Massage Compact. The Compact allows massage therapists who (i) possess an active, unencumbered license in the compact member state in which they reside; (ii) have completed at least 625 hours of massage therapy education; (iii) have passed the national licensing examination; and (iv) have no disqualifying criminal history to be granted a multistate license that authorizes them to practice in all compact member states. The Compact takes effect when it is enacted by a seventh member state.

**02/08/24 House: Continued to 2025 in Health and Human Services**

**HB 349 Advanced registered medication aides; aides who administer drugs in certified nursing facilities.**

*Chief patron:* Henson

**Advanced registered medication aides; certified nursing facilities; work group; report.** Requires advanced registered medication aides who administer drugs that would otherwise be self-administered to residents in a certified nursing facility licensed by the Department of Health to register with the Board of Nursing. Under the bill, an advanced registered medication aide who is registered to administer drugs to residents in a certified nursing facility shall also be eligible to administer drugs that would otherwise be self-administered to residents in an assisted living facility. The foregoing provisions of the bill have a delayed effective date of July 1, 2025. The bill also requires the Board of Nursing to convene a work group to develop recommendations to enable such medication aides to administer drugs to residents in a certified nursing facility and to report such recommendations to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health and Human Services by November 1, 2024. Finally, the bill requires the Department of Health to promulgate regulations to authorize such medication aides to administer prescription drugs to residents in certified nursing facilities. The bill directs the Board of Nursing to adopt regulations to implement the provisions of the bill to be effective as of July 1, 2025.

01/18/24 House: Subcommittee recommends reporting with amendments (8-Y 0-N)

01/23/24 House: Reported from Health and Human Services with amendment(s) (21-Y 1-N)

01/29/24 House: VOTE: Passage (95-Y 3-N)

02/22/24 Senate: Reported from Education and Health (14-Y 0-N)

02/26/24 Senate: Passed Senate (40-Y 0-N)

*\*Awaiting Governor action\**

**HB 858 Health care; decision-making, end of life, penalties.**

*Chief patron:* Hope

**DEAD BILL**

**Health care; decision-making; end of life; penalties.** Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life. **Identical to SB280, which is also dead.**

02/01/24 House: Subcommittee recommends reporting (5-Y 3-N)

02/08/24 House: Reported from Health and Human Services (12-Y 10-N)

02/11/24 House: Read first time

02/12/24 House: Read second time and engrossed

02/13/24 House: Passed by for the day

02/13/24 House: No further action taken

**02/13/24 House: Failed to pass in House**

### **HB 971 Nurse practitioners; patient care team provider, autonomous practice.**

*Chief patron:* Tran

**Nurse practitioners; autonomous practice.** Lowers from five years to three years the amount of full-time clinical experience required before an advanced practice registered nurse may practice without a practice agreement and permits qualified nurse practitioners to attest that a nurse practitioner may be qualified to practice without a practice agreement. The bill permits advanced practice registered nurses to practice without a practice agreement when a patient care team physician is no longer able to serve if such advanced practice registered nurse provides evidence that he meets the requirements to practice without a practice agreement as

established by the bill. Finally, the bill requires the Department of Health Professions to collect data on the implementation of the bill and make it publicly available on its website.

02/07/24 House: Subcommittee recommends reporting with substitute (8-Y 0-N)

02/08/24 House: Reported from Health and Human Services with substitute (21-Y 0-N)

02/13/24 House: VOTE: Passage (98-Y 1-N)

02/29/24 Senate: Reported from Education and Health (15-Y 0-N)

03/04/24 Senate: Passed Senate (39-Y 0-N)

*\*Awaiting Governor action\**

**HB 978 Advanced practice registered nurses and licensed certified midwives; joint licensing.**

*Chief patron: Willett*

**DEAD BILL**

**Board of Medicine; Board of Nursing; joint licensing of advanced practice registered nurses and licensed certified midwives.** Moves the professions of advanced practice registered nurses and licensed certified midwives from being licensed jointly by the Board of Medicine and the Board of Nursing to being licensed by the Board of Nursing only. **Identical to SB351, which is also dead.**

02/07/24 House: Subcommittee recommends continuing to 2025

02/08/24 House: Continued to 2025 in Health and Human Services

**HB 1290 Nursing faculty; Board of Nursing to amend regulations to educational requirements.**

*Chief patron: Willett*

**DEAD BILL – but subject of bill is not dead**

**Board of Nursing; nursing faculty educational requirements.** Directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs. The bill directs the Board to adopt emergency regulations to implement the provisions of the bill. **Stricken because these changes were included in another bill, HB1499.**

02/07/24 House: Subcommittee recommends striking from docket (8-Y 0-N)

02/13/24 House: Left in Health and Human Services

**HB 1293 Behavioral health and nursing; revision of policies that hinder, etc., health care workforce.**

*Chief patron:* Willett

**DEAD BILL**

**Behavioral health; nursing; work group; report.** Directs the Virginia Health Workforce Development Authority to convene a work group to identify and propose revisions to current regulations and policies that hinder the development, retention, and productivity of the health care workforce in behavioral health and nursing.

01/29/24 House: Subcommittee recommends continuing to 2025

02/01/24 House: Continued to 2025 in Rules

**HB 1322 Certified registered nurse anesthetist; elimination of supervision requirement.**

*Chief patron:* Sickles

**DEAD BILL**

**Certified registered nurse anesthetist; elimination of supervision requirement.** Eliminates the requirement that certified registered nurse anesthetists practice under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry. The bill provides that certified registered nurse anesthetists shall practice in consultation with a doctor of medicine, osteopathy, podiatry, or dentistry and in accordance with regulations jointly promulgated by the Board of Medicine and the Board of Nursing.

02/07/24 House: Subcommittee recommends reporting with substitute (5-Y 3-N)

02/08/24 House: Reported from Health and Human Services with substitute (12-Y 8-N)

02/13/24 House: VOTE: Passage (71-Y 28-N)

02/29/24 Senate: Continued to 2025 in Education and Health (14-Y 1-N)

**HB 1499 Virginia Health Workforce Development Authority; increases ex officio members, etc., report.**

*Chief patron:* Willett

**Virginia Health Workforce Development Authority.** Modifies the enabling legislation for the Virginia Health Workforce Development Authority by adding four additional ex officio members to the Authority's Board of Directors, adding setting priorities for and managing graduate medical education programs to the duties of the Authority, specifying additional recipients of the Board's biennial report, and authorizing the Authority to partner with other agencies and institutions to obtain and manage health workforce data. The bill directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs and establishes a licensing procedure by the Board of Psychology for a psychological practitioner, as defined by the bill. The bill directs the Board of Nursing and the Board of Psychology to adopt regulations to implement relevant provisions of the bill to be effective no later than January 1, 2025. Identical to SB155.

02/07/24 House: Subcommittee recommends reporting with substitute (8-Y 0-N)

02/08/24 House: Reported from Health and Human Services with substitute (22-Y 0-N)

02/09/24 House: Subcommittee recommends reporting with amendments (7-Y 0-N)

02/09/24 House: Reported from Appropriations with amendment(s) (20-Y 0-N)

02/13/24 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

02/29/24 Senate: Reported from Education and Health with substitute (15-Y 0-N)

03/07/24 Senate: Passed Senate with substitute (40-Y 0-N)

03/07/24 House: Senate substitute agreed to by House 24108157D-S1 (99-Y 0-N)

*\*Awaiting Governor action\**

**SB 33 Certified registered nurse anesthetists; supervision during an operation or procedure.**

*Chief patron:* Locke

## **DEAD BILL**

**Supervision of certified registered nurse anesthetists; work group; report.** Clarifies that supervision of a certified registered nurse anesthetist requires that a licensed doctor of medicine, osteopathy, podiatry, or dentistry is present during an operation or procedure or is immediately available to respond and provide patient care as needed. The bill directs the Secretary of Health and Human Resources, in collaboration with the Board of Medicine, Board of Nursing, and Department of Health Professions, to convene a work group of relevant stakeholders to evaluate and make recommendations to increase the anesthesia provider

workforce in the Commonwealth. The bill requires the work group to report its recommendations to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health and Human Services by November 1, 2024.

01/25/24 Senate: Reported from Education and Health with substitute (11-Y 2-N 2-A)

01/30/24 Senate: Read third time and passed Senate (34-Y 6-N)

02/15/24 House: Subcommittee recommends continuing to 2025

02/20/24 House: Continued to 2025 in Health and Human Services

### **SB 553 Nursing education programs; out-of-state clinical sites.**

*Chief patron:* Hackworth

**Board of Nursing; certain nursing education programs; out-of-state clinical sites.** Directs the Board of Nursing to amend its regulations to permit nursing education programs in the Commonwealth located within 60 miles of a bordering state or the District of Columbia to contract for an unlimited number of required clinical hours at out-of-state clinical sites. The bill requires the regulations to specify that the Board must accept such hours for licensure.

02/01/24 Senate: Reported from Education and Health with substitute (15-Y 0-N)

02/06/24 Senate: Read third time and passed Senate (39-Y 0-N)

02/15/24 House: Subcommittee recommends reporting (8-Y 0-N)

02/20/24 House: Reported from Health and Human Services (22-Y 0-N)

02/23/24 House: VOTE: Block Vote Passage (98-Y 0-N)

*\*Awaiting Governor action\**

### **HB 120 DPOR and DHP; certain suspensions not considered disciplinary action.**

*Chief patron:* Sullivan

**Department of Professional and Occupational Regulation; Department of Health Professions; certain suspensions not considered disciplinary action.** Prohibits any board of the Department of Professional and Occupational Regulation or the Department of Health Professions issuing a suspension upon any regulant of such board pursuant to such regulant's having submitted a check, money draft, or similar instrument for payment of a fee required by statute or regulation that is not honored by the bank or financial institution named from considering or describing such suspension as a disciplinary action.

01/18/24 House: Subcommittee recommends reporting (8-Y 0-N)  
01/23/24 House: Reported from General Laws (21-Y 0-N)  
01/30/24 House: Reported from Health and Human Services (22-Y 0-N)  
02/05/24 House: VOTE: Block Vote Passage (98-Y 0-N)  
02/14/24 Senate: Reported from General Laws and Technology (15-Y 0-N)  
02/19/24 Senate: Passed Senate (39-Y 0-N)  
03/08/24 Governor: Approved by Governor-Chapter 18 (effective 7/1/24)

**HB 722 Regulatory Budget Program; established, report.**

*Chief patron:* Webert

**DEAD BILL**

**Department of Planning and Budget; Regulatory Budget Program established; report.** Directs the Department of Planning and Budget to establish a Regulatory Budget Program under which each executive branch agency subject to the Administrative Process Act shall reduce overall regulatory requirements by 30 percent by January 1, 2027. The bill requires the Department to report to the Speaker of the House of Delegates and the Chairman of the Senate Committee on Rules on the status of the Program no later than October 1 of each year, beginning October 1, 2025. Finally, the bill provides that the Department, in consultation with the Office of the Governor, shall issue guidance for agencies regarding the Program and how an agency can comply with the requirements of the Program. The bill has an expiration date of January 1, 2027.

01/25/24 House: Subcommittee recommends striking from docket (8-Y 0-N)

01/30/24 House: Stricken from docket by General Laws (22-Y 0-N)

**HB 1428 Regulatory boards; application review timelines.**

*Chief patron:* Shin

**DEAD BILL**

**Department of Professional and Occupational Regulation; application review timelines.** Requires each regulatory board within the Department of Professional and Occupational Regulation to adopt a timeline of each stage that a completed application for licensure, certification, or registration will undergo as it is reviewed by such board. The bill also requires that such regulatory board approve any completed application within 30 days of its

receipt unless such board has reasonable certainty that such application includes grounds for denial.

02/08/24 House: Subcommittee recommends striking from docket (7-Y 0-N)

02/08/24 House: Stricken from docket by General Laws (20-Y 0-N)

**SB 682 Health professions; universal licensure, requirements.**

*Chief patron:* Suetterlein

**DEAD BILL**

**Health professions; universal licensure; requirements.** Requires health regulatory boards within the Department of Health Professions to recognize licenses or certifications issued by other United States jurisdictions, as defined in the bill, as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill also requires such health regulatory boards to recognize work experience as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill does not apply to licensure for physicians or dentists.

02/08/24 Senate: Reported from Education and Health with substitute (15-Y 0-N)

02/09/24 Senate: Continued to 2025 in Rules (8-Y 6-N 1-A)

**Agenda Item: Review of Guidance Document 90-9****Included in your agenda packet:**

- Guidance 90-9

**Staff Note:** If there are no substantive changes to this document, the Board can reaffirm the document as is. We no longer need to submit simple reaffirmations of guidance documents to the Registrar's office and open a 30-day public comment forum for such reaffirmations.

Rewording or grammatical changes that do not change the function of the document will not be made at this time unless the Board votes to substantively change the document.

**Action Needed:**

- Motion to either:
  - Reaffirm Guidance Document 90-9; or
  - Amend Guidance Document 90-9 as discussed in the meeting.

## **VIRGINIA BOARD OF NURSING**

### **Guidelines for Prescription Drug Administration Training Program for Child Day Programs**

Chapter 686 of the 2006 Acts of the Assembly added to the powers and duties of the Board authority to develop “*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*” (§ 54.1-3005).

The legislation further amended the Drug Control Act (§ 54.1-3400 *et seq.*) to allow a person to administer drugs to a child in a child day program as defined in § [63.2-100](#) and regulated by the State Board of Social Services, provided such person “*has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist.*”

Accordingly, the Board of Nursing has adopted the following guidelines for the training of employees of child day programs:

#### ***Guidelines for Prescription Drug Administration Training Program for Child Day Programs***

##### ***Qualifications of instructional personnel.***

*The prescription drug administration training program shall be conducted by a nurse, a doctor of medicine or osteopathic medicine, or a pharmacist with an active, current license who has successfully completed a course designed to prepare the instructor to teach the curriculum as it relates to children in child day programs.*

##### ***Content of curriculum.***

*The curriculum shall include a minimum of 8 hours of classroom instruction and practice in the following areas:*

- A. Preparation for administration of prescription drugs to a child in a child day care program by:*
  - 1. Demonstrating an understanding of the child's rights regarding prescription medications.*
  - 2. Understanding of requirements for confidentiality and security of prescription medications.*
  - 3. Identifying medication terminology and abbreviations.*
  - 4. Understanding the purpose and effects of a prescription medication and recognizing the potential side effects and adverse reactions.*
  - 5. Understanding the developmental stages and ages of childhood as they relate to appropriate techniques and routes of administration.*
  - 6. Recognizing emergencies and other health-threatening conditions, such as anaphylaxis, and responding accordingly.*

*7. Understanding methods for prevention of medication poisoning and knowing the contact number for poison control.*

*B. Performance of safe techniques for administration of prescription drugs by:*

- 1. Understanding and reviewing medication consent forms.*
- 2. Observing the five rights of prescription drug administration.*
- 3. Identifying the appropriate physical environment for safe administration.*
- 4. Following proper procedure for preparing prescriptions for administration.*
- 5. Understanding and demonstrating the appropriate routes of administration.*
- 6. Safe handling of a child with asthma.*

*C. Performance of administration of specific types of drugs by specific routes by:*

- 1. Understanding of the safe administration of the following oral drugs:*

- a. Tablets and capsules*
- b. Crushed tablets*
- c. Sprinkles*
- d. Liquids, medicine cup*
- e. Liquids, dosing spoon*
- f. Liquids, oral medication syringe*
- g. Liquids with a dropper*

- h. Application of medication to gums*

- 2. Understanding of the safe administration of the following prepared instillations and treatments:*

- a. Eye drops and ointments*
- b. Ear drops*
- c. Topical preparations, including creams, gels, lotions, ointments or aerosols*
- d. Medicated patches*
- e. Nasal drops and sprays*
- f. Inhalation therapy, including an oral metered dose inhaler and an oral metered dose inhaler with a spacer*
- g. Nebulizer treatments*
- h. Use of an auto injector device for administration of epinephrine when prescribed for a specific child for anaphylaxis*

*D. Understanding of the following documentation and record-keeping requirements:*

- 1. Reporting and recording the child's refusal to take the prescription drug or the inability to safely administer the drug.*
- 2. Documenting administration of prescription drug.*
- 3. Documenting and reporting errors in administration.*
- 4. Maintaining child's records in accordance with facility policy.*
- 5. Sharing information with other staff orally and by using documents.*
- 6. Storing and securing child-specific prescriptions.*
- 7. Documenting an inventory of Schedule II prescription drugs.*

*E. Understanding of methods for maintaining aseptic conditions by:*

- 1. Implementing universal precautions.*
- 2. Ensuring cleanliness and disinfection.*
- 3. Disposing of infectious or hazardous waste.*

***Post-course examination.***

*The prescription drug administration training program shall require that each student pass a written and practical examination at the conclusion of the training which measures minimum competency in administration of prescription drugs in child day programs.*

***Additional training***

*In addition to the basic classroom instruction in administration of prescription drugs in child day programs, the prescription administration training program may also offer training modules in the administration or provision of prescription drugs or treatments (such as but not limited to, insulin injections) for a special needs child. These training modules must have Board of Nursing approval. In addition to successful completion of the specialized training module, the trained Child Day Program staff must have an individualized health care plan developed in consultation with the child's parents and health care provider to identify any special instructions, training or skills required to care for such child.*

*When a child with diabetes is enrolled in a Child Day Program, there shall be someone on staff and physically present in the facility that has received the Medication Administration Training Certification (8-hour program) and successfully completed the Diabetes Management in Child Care Settings training to administer insulin and provide emergency administration of glucagon.*

The Board has delegated the approval of training programs to the Executive Director of the Board, if such programs comply with provisions of law and the guidelines for training.

***Abbreviated Training for Administration of Medications in Child Day Care***

The prescription administration training program may offer an abbreviated training for staff members in a child day program that does not routinely administer medications to children, but would need to be able to administer medications in an emergency by injection of epinephrine using an auto-injector device. The abbreviated curriculum would be excerpted from the Board-approved curriculum for administration of prescription drugs in child day programs. An abbreviated course may include training in the use of the auto injector device for administration of epinephrine (1 hour) and/or the administration of prescription topical creams and ointments (1 hour). Child day program staff may take one module or both depending on the needs of the facility and the specific expectations of the individual's job description.