

VIRGINIA BOARD OF NURSING

Revised Final Agenda

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

Tuesday, May 21, 2019

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

Call to Order: Louise Hershkowitz, CRNA, MSHA; President

Establishment of a Quorum.

Announcement

- Welcome New Board Members
 - James L. Hermansen-Parker, MSN, RN, PCCN-K, Nurse Specialist with Sentara Norfolk General Hospital
 - Cynthia M. Swineford, MSN, RN, CNE of Disputanta, Vice President, Southside College of Health Sciences
- BON Staff Recognized for Years of State Services
 - 5 Years of Service – Nichole Clements, Joseph Corley and Sylvia Tamayo-Suijk
 - 10 Years of Service – Robin Hills and Huong Vu
 - 15 Years of Service – Arlene Johnson
 - 25 Years of Service – Ann Tiller and Stephanie Willinger
- Staff Update:
 - Joan Green, temporary employee, started the CNA Licensing position on April 8, 2019
 - Lauren Lawrence, temporary employee, started the CNA/RMA/LMT Discipline Specialist position on April 15, 2019
 - Francine Greer, former employee, started the P-14 CNA Licensing position on April 29, 2019
 - Nancy New started the RN P-14 Probable Cause Reviewer position on April 29, 2019
 - Meredith Rose, former intern, started the P-14 Discipline Specialist position on May 1, 2019

A. Upcoming Meetings:

- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, June 12, 2019 at 9:00 am in Board Room 2
- NCSBN Executive Officer is scheduled for June 18-19, 2019 in Newport, RI – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III
- NCSBN Annual Meeting is scheduled for August 21 – 23, 2019 in Chicago, IL – interested Board Members please inform Ms. Hershkowitz or Ms. Douglas
- DHP Board Member all day Training is scheduled from Monday, October 7, 2019. More detail information will be provided when available

- **REMINDER – JULY BOARD WEEK IS TWO DAYS & FORMAL HEARINGS ONLY, TUESDAY, 7/16 (2 PANELS), AND WEDNESDAY, 7/17 (2 PANELS). NO BUSINESS MEETING**

Review of the Agenda: (Except where times are stated, items not completed on May 21, 2019 will be completed on May 22, 2019.)

- Additions, Modifications
- Adoption of a Consent Agenda
- **Consent Agenda**
 - B1** March 18, 2019 Board of Nursing Officer Meeting – Ms. Hershkowitz*
 - B2** March 18, 2019 Panel – Ms. Phelps*
 - B3** March 19, 2019 Board of Nursing Business Meeting – Ms. Hershkowitz*
 - B4** March 20, 2019 Consideration of a Consent Order – Ms. Hershkowitz*
 - B5** March 20, 2019 Panel B – Ms. Gerardo*
 - B6** March 21, 2019 Panel – Ms. Hershkowitz*
 - B7** April 4, 2019 Telephone Conference Call – Ms. Hershkowitz*
 - B8** April 17, 2019 Telephone Conference Call – Ms. Hershkowitz*
 - C1** Agency Subordinate Tracking Log**
 - C2** Financial Report as of March 31, 2019*
 - C3** Board of Nursing Monthly Tracking Log*
 - C4** Health Practitioners' Monitoring Program Quarterly Report*
 - C5** The Committee of the Joint Boards of Nursing and Medicine April 10, 2019 Formal Hearing Minutes – Ms. Gerardo*

Dialogue with DHP Director – Dr. Brown

B. Disposition of Minutes:

None

C. Reports:

- **C6** Executive Director Report – Ms. Douglas***
 - NLC Commission Midyear Meeting March 25, 2019 Report
- NCSBN Midyear Meeting March 26-28, 2019 Report – Ms. Phelps, Ms. Douglas and Ms. Power
 - **C7a** Ms. Phelps' report*
 - **C7b** Ms. Power's report**
- 2019 NCSBN APRN Roundtable and APRN Consensus Forum meetings, April 9-10, 2019 reports – Ms. Hershkowitz and Ms. Douglas (**verbal report**)

D. Other Matters:

- Board Counsel Update – Charis Mitchell (**verbal report**)
- Board Member Survey Update – Ms. Hershkowitz (**verbal report**)
 - D1** Review of Guidance Document 90-60: *Virginia Board of Nursing Code of Conduct* – Ms. Hershkowitz**
 - D2** Informal Conference Schedule from July through December 2019 – Ms. Power**
 - D3** Revenue, expenditures, & Cash Balance Analysis - FYI

E. Education:

- **E1** Education Informal Conference Committee May 9, 2019 Minutes and Recommendations – Ms. Minton/Dr. Hills***
- Education Staff Report (**verbal report**)

10:00 A.M. - Public Comment

Policy Forum – “*Pharmaceutical Processor Update*” presentation by Caroline D. Juran, Executive Director of the Board of Pharmacy**

F. Legislation/Regulations – Ms. Douglas

- F1** Status of Regulatory Actions*
- F2** Regulatory/Policy Action – 2019 General Assembly*
- F3** Consideration of the Petition for Rule-Making from Virginia Association of Clinical Nurse Specialists**

G. Consent Orders: (Closed Session)

- G1** Request for Accommodation NCLEX-PN*
- G2** Jennifer Lawson, RN**
- G3** Douglas Jay Donivan, RN***
- G4** Stacey Michelle Rexrode, LPN***
- G5** Sheilah G. Fortner, LPN

12:00 P.M. – Lunch

H. 1:00 P.M. – Board Member Training

- Addiction and Mental Illness – Debra Jefferson, BS, CSAC, NACAC1, QMHP-A, QMHP-C, CIT Coordinator/ CIT Assessment Center Coordinator

ADJOURNMENT

3:00 P.M. – Possible Summary Suspension consideration in **Board Room 2** – all Board Members

Probable Cause Case review in **Board Room 2** – all Board Members

(* mailed 5/2) (** mailed 5/9) (***) mailed 5/15)

B1

Virginia Board of Nursing

Officer Meeting

March 18, 2019 Minutes

Time and Place: The meeting of the Board of Nursing Officer meeting was convened at 8:00 A.M. on March 18, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

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

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

1. Suggestions for Board Training for future meetings

Ms. Douglas suggested the topic of NCSBN: What is NCSBN? Relationship to the Board and benefits to Board Members in attending NCSBN meetings.

Ms. Phelps suggested a Lynchburg speaker, Debra Jefferson, to provide information regarding the disease concept and symptomology of Addiction and Mental Illness. Ms. Phelps will check regarding Ms. Jefferson's availability for the May 2019 meeting.

2019 Cannabidiol legislation and associated regulatory issues from Caroline Juran, Board of Pharmacy Executive Director.

Review NCSBN Guidelines regarding complaints pertaining to Marijuana

2. Review of draft Board member survey regarding alternatives to scheduling meetings and hearings – rethinking how we do business

Officers reviewed survey questions drafted by Ms. Douglas and made minor changes.

Survey will be distributed to Board Members electronically following the March Board meeting.

Results of survey will be discussed at the May Board meeting.

3. Review of Guidance Document 90-60 (*Virginia Board of Nursing Code of Conduct*)

Officers proposed changes to the Guidance Document which will be incorporated into a draft for review by the Officers.

Final draft of the Guidance Document will be considered at the May Board meeting.

4. Key Performance Measures and Discipline case processing update

Ms. Douglas provided overview of current disciplinary caseload and methods used by nursing leadership to monitor status. Ms. Douglas stated that she was very pleased with the impact Patricia Dewey, Discipline Case Manager, and Claire Morris, new Discipline Case Manager, were making on case processing.

Additionally, Ms. Douglas shared that Neal Kauder and Staff from Visual Research had recently examined DHP caseload with respect to case categories and case processing times. Ms. Douglas will review a preliminary report in the near future and final presentation will be made to the Board in the near future.

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

B2

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 18, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:10 A.M., on March 18, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Laura F. Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
Tucker Gleason, PhD, Citizen Member
Trula Minton, MS, RN

STAFF PRESENT:

Jodi P. Power, RN, JD, Senior Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Lelia Claire Morris, RN, LNHA, Discipline Case Manager
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
PN Students from Paul D. Camp Community College
Clinical Nurse Leader Nursing Students from University of Virginia
PN Students from Bedford School of Practical Nursing
Senior Nursing Students from Bon Secours Memorial College

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS:

Stephanie N. Kirkbride, RN **0001-258140**
Ms. Kirkbride appeared and was accompanied by her husband, Steven Kirkbride.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Kim Martin, Senior Investigator, Department of Health Professions, and Steven Kirkbride were present and testified

CLOSED MEETING:

Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:13 A.M., for the purpose of deliberation to reach a decision in the matter of Ms.

Kirkbride. Additionally, Ms. Cei moved that Ms. Power, Ms. Morris, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:38 A.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing reprimand Stephanie N. Kirkbride and require her to complete three NCSBN online courses within 60 days of entry of the Order:

- ❖ *Professional Accountability & Legal Liability for Nurses*
- ❖ *Righting a Wrong: Ethics & Professionalism in Nursing*
- ❖ *Disciplinary Actions: What Every Nurse Should Know*

The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 10:40 A.M.

RECONVENTION: The Board reconvened at 10:50 A.M.

FORMAL HEARINGS: **Donnie Lee Trent, II, RN Reinstatement** **0001-205200**
Mr. Trent appeared.

Holly Woodcock, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Sarah Rogers, Senior Investigator, Department of Health Professions, was present and testified. Amy Stewart, Health Practitioners' Monitoring Program (HPMP) Case Manager, testified via telephone.

CLOSED MEETING: Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:50 A.M., for the purpose of deliberation to reach a decision in the matter of Mr. Trent. Additionally, Ms. Cei moved that Ms. Power, Ms. Ridout, Ms. Morris, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:32 P.M.

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

ACTION: Ms. Minton moved that the Board of Nursing reinstate the license of Donnie Lee Trent, II to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 12:35 P.M.

RECONVENTION: The Board reconvened at 1:20 P.M.

FORMAL HEARINGS: **Heidi Lee Johnson, RN** **0001-148296**
Ms. Johnson appeared and was accompanied by her husband, Gregory Mack.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Donna Foster, attorney with LeChair Ryan, who represents Sentara Health Systems, was also present.

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

CLOSED MEETING:

Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:14 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Johnson. Additionally, Ms. Cei moved that Ms. Power, Ms. Ridout, Ms. Morris, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:30 P.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. Minton moved that the Board of Nursing deny the application for reinstatement of Heidi Lee Johnson and continue her professional nursing license in the Commonwealth of Virginia on indefinite suspension, with suspension to be stayed contingent upon her entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance thereafter. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS:

Aimee Lynn Poldy, RN
Ms. Poldy appeared.

0001-204307

Grace Stewart, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. L. Kim Taylor, court

reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Wendy Morris, Senior Investigator, Department of Health Professions, and Teresa Dale, RN, Surgical Services Manager at Sentara Careplex Hospital, were present and testified.

CLOSED MEETING: Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:54 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Poldy. Additionally, Ms. Cei moved that Ms. Power, Ms. Ridout, Ms. Morris, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:08 P.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Stewart and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing continue the license of Aimee Lynn Poldy to practice professional nursing in the Commonwealth of Virginia on indefinite suspension, with suspension to be stayed upon her entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance thereafter. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 4:10 P.M.

RECONVENTION: The Board reconvened at 4:25 P.M.

FORMAL HEARINGS: **Thomas Kamau Nganga, LPN** **0002-089277**
Mr. Nganga did not appear.

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

Kimberly Lynch, RN, MS, Senior Investigator, Department of Health Professions, Detective Z. J. Noah, Henrico Police Department – Special Victims Unit, Christine Stevens, BSN, RN, Forensic Nurse Examiner for Bon Secours, and Denise Downing, CNA, were present and testified.

CLOSED MEETING: Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:29 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Nganga. Additionally, Ms. Cei moved that Ms. Power, Ms. Ridout, Ms. Morris, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:42 P.M.

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

Dr. Gleason moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Kazzie and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Gerardo moved that the Board of Nursing revoke the license of Thomas Kamau Nganga to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Virginia Board of Nursing
Formal Hearings
March 18, 2018

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

ADJOURNMENT: The Board adjourned at 5:45 P.M.

Jodi Power, RN, JD
Senior Deputy Executive Director

DRAFT

B3

**VIRGINIA BOARD OF NURSING
MINUTES
March 19, 2019**

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:03 A.M. on March 19, 2019, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Louise Hershkowitz, CRNA, MSHA; President

BOARD MEMBERS PRESENT:

- Jennifer Phelps, BS, LPN, QMHPA; First Vice President
- Marie Gerardo, MS, RN, ANP-BC; Second Vice President
- Laura Freeman Cei BS, LPN, CCRP
- Margaret J. Friedenberg, Citizen Member
- Ann Tucker Gleason, PhD, Citizen Member
- Dixie L. McElfresh, LPN
- Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
- Trula Minton, MS, RN
- Meenakshi Shah, BA, RN

MEMBERS ABSENT:

- Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN
- Mark D. Monson, Citizen Member
- Michelle D. Hereford, MSHA, RN, FACHE – resigned as of 12/31/2019
- Grace Thapa, DNP, FNP-BC, AE-E – resigned as of 12/31/2019

STAFF PRESENT:

- Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
- Jodi P. Power, RN, JD; Senior Deputy Executive Director
- Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
- Charlette Ridout, RN, MS, CNE; Deputy Executive Director
- Paula B. Saxby, PhD, RN; Deputy Executive Director for Education
- Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager
- Stephanie Willinger; Deputy Executive Director for Licensing
- Patricia L. Dewey, RN, BSN; Discipline Case Manager
- Lelia Claire Morris, RN, LNHA; Discipline Case Manager
- Ann Tiller, Compliance Manager
- Huong Vu, Executive Assistant

OTHERS PRESENT:

- Charis Mitchell, Assistant Attorney General, Board Counsel
- David E. Brown, DO, Department of Health Professions Director
- Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy
- Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE:

- Tyler Cox, Medical Society of Virginia (MSV)
- Jerry J. Gentile, Department of Planning Budget (DPB)
- Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
- Michelle Parr, DNP Student from Samford University
- Kimberly Farley, Old Dominion University Student

ESTABLISHMENT OF A QUORUM:

Ms. Hershkowitz asked Board Members and Staff to introduce themselves. With 10 members present, a quorum was established.

ANNOUNCEMENTS:

Ms. Hershkowitz highlighted the announcements on the agenda.

- Leila "Claire" Morris, RN, LNHA started the RN Discipline Case Manager position on February 11, 2019.
- Jacquelyn Wilmoth, RN, MSN started the Nursing Education Program Manager on February 11, 2019.
- Paula Saxby's retirement celebration is scheduled for Friday, April 26, 2019, starting at 2:00 pm.

UPCOMING MEETINGS:

The upcoming meetings listed on the agenda:

- NLC Midyear Meeting is scheduled for March 25, 2019 in San Antonio, TX. Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III.
- NCSBN Midyear Meeting is scheduled for March 26-28, 2019 in San Antonio, TX. Ms. Phelps, Ms. Douglas and Ms. Power will attend.
- 2019 NCSBN APRN Roundtable Meeting is scheduled for April 9, 2019 in Rosemont, IL. Ms. Hershkowitz and Ms. Douglas will attend.
- APRN Consensus Forum is scheduled for April 10, 2019 in Rosemont, IL. Ms. Hershkowitz and Ms. Douglas will attend.
- The Committee of the Joint Boards of Nursing and Medicine formal hearing is scheduled for Wednesday, April 10, 2019 at 9:00 am in Board Room 2.
- NCSBN Board of Directors Meeting is scheduled for May 6-8, 2019 in Rosemont, IL. Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III.
- Dr. Hills has accepted the Deputy Executive Director for Education position.

ORDERING OF AGENDA: Ms. Hershkowitz asked staff to provide additions and/or modifications to the Agenda.

Ms. Douglas noted that today is Dr. Saxby's last Board meeting as she will retire as of May 1, 2019. Her retirement celebration is set for Friday, April 26, 2019. All Board members are invited.

Ms. Douglas added that Dr. Hills has accepted the Deputy Executive Director for Education position.

Ms. Douglas noted that there will be no business meeting for the Committee of the Joint Boards of Nursing and Medicine on April 10, 2019. She added that there will be a formal hearing only.

CONSENT AGENDA: Ms. Douglas removed the Committee of the Joint Boards of Nursing and Medicine February 13, 2019 Business Meeting minutes (C5) from the consent agenda.

Dr. McQueen-Gibson moved to accept the consent agenda as presented. The motion was seconded and carried unanimously.

Consent Agenda

B1 January 28, 2019 Board of Nursing Officer Meeting – Ms. Hershkowitz

B2 January 28, 2019 Panel – Ms. Phelps

B3 January 29, 2019 Board of Nursing Business Meeting – Ms. Hershkowitz

B4 January 29, 2019 CORE Committee Meeting minutes - Dr. McQueen-Gibson

B5 January 30, 2019 Possible Summary Suspension Consideration – Ms. Hershkowitz

B6 January 30, 2019 Panel A – Ms. Hershkowitz

B7 January 30, 2019 Panel B – Ms. Gerardo

B8 January 31, 2019 Panel – Ms. Hershkowitz

B9 February 20, 2019 Summary Suspension Telephone Conference Call – Ms. Hershkowitz

B10 February 25, 2019 Reconsideration of a Board Order Telephone Conference Call – Ms. Hershkowitz

B11 February 28, 2019 Summary Suspension Telephone Conference Call – Ms. Hershkowitz

C1 Agency Subordinate Tracking Log

C2 Financial Report as of January 31, 2019

C3 Board of Nursing Monthly Tracking Log

C5 The Committee of the Joint Boards of Nursing and Medicine February 13, 2019 **Formal Hearing Minutes** – Ms. Gerardo

**DIALOGUE WITH DHP
DIRECTOR:**

Dr. Brown reported the following:

Cannabidiol Issues (CBD and THC-A oils) - 2018 legislation approved prescribing of the oils by any physician for any condition. There are five facilities throughout Virginia for the production of CBD and THC-A oils, which will be produced by the end of 2019. This year the bill included authorization for licensed physician assistants and licensed nurse practitioners to issue a written certification for use of these oils. The CBD and THC-A oils at the store are derived from Hemp that was manufactured from another state. CBD and THC-A oils produced by facilities regulated by the Board of Pharmacy in Virginia is more potent and will be tested.

DHP work after the Legislation –

- ❖ Music Therapy Licensure – proposed to be under the Board of Medicine and was referred to Healthcare Workforce Data Center (HWDC) to research the need for licensure.
- ❖ HB1970 Telemedicine – DHP worked with Patron of the bill to establish a workgroup which will convene in the Fall of 2019 for discussion.
- ❖ DHP is to look at barriers to practice for foreign trained practitioners. The legislation was introduced this year but failed. A workgroup will be convened and will look at how Board of Medicine and Board of Nursing process the application for licensure by the foreign trained practitioners.
- ❖ Conversion Therapy – legislation was introduced in 2018 but failed. However, workgroup was established in 2018 addressing through regulation. Board of Pharmacy, Board of Social Work and Board of Counseling have moving forward with Guidance Documents in combination with existing regulations. Dr. Brown noted that Board of Medicine and Board of Nursing may want to consider as they are impacted.

Change in Board Member Badge Policy – Dr. Brown deferred this matter to Ms. Douglas. Ms. Douglas stated that in response to Board Member reaction regarding Board member badge policy, DHP has made changes to the policy to issue the badge to the board member for the duration of their appointment term. Ms. Douglas added that additional badges will be obtain for use by board members who conduct probable cause review on the 3rd floor and must be returned to staff at the end of the day.

Ms. Hershkowitz thanked Dr. Brown for listening to the Board members' concern.

Ms. Douglas stated that she has asked Caroline Juran, Board of Pharmacy Executive Director, to speak about CBD and THC-A oils at the next Board member training. Ms. Douglas noted that staff has been receiving increased inquiries on the topic. Ms. Douglas added that she will join Ms. Juran in attending the School Nurse Conference in April 30, 2019 to speak about these issues.

**DISPOSITION OF
MINUTES:**

**C5 the Committee of the Joint Boards of Nursing and Medicine
February 13, 2019 Business Meeting minutes**

Ms. Gerardo reviewed the topics covered at the meeting. Dr. Hills noted that the Policy Forum in the minutes was revised to indicate that the reports will be posted on the DHP website upon approval.

Ms. Minton moved to accept the Committee of the Joint Boards of Nursing and Medicine February 13, 2019 Business Meeting Minutes as presented. The motion was seconded and carried unanimously.

REPORTS:

C4 Executive Director Report:

Ms. Douglas highlighted her written report and added:

- **Paperless Licensing** – DHP is moving forward with paperless licensing effective October 1, 2019. Licensees will receive an initial license in paper form without expiration date. Upon renewal, licensees will not receive a paper license. Verification of current licensure status may be obtained via License Lookup serving as primary source verification. Licensees who wish to obtain paper license can do so by paying duplicate fee. DHP will be using security enhanced papers for the licenses to eliminate fraud. She added that this will decrease administrative time and be a huge cost saving.
- **Autonomous Practice for Nurse Practitioners** – applications went live on January 7, 2019. 257 applications received thus far and 151 issued. Ms. Douglas and Dr. Hills presented information regarding Autonomous Practice and the Joint Boards' work to the Virginia Council of Nurse Practitioners (VCNP) at the March 8, 2019 Conference. Staff will make modification in license application based on feedback received. VCNP has posted FAQs on their website. Ms. Douglas noted that concerns were raised regarding nurse practitioners who hold a license in VA and other states but primarily practice in other states where the requirements for Autonomous Practice is not the same as in VA. Additional review of this issue is needed.
- **APRN Compact** – three states have adopted the model language that NCSBN passed in 2015, however, APRN Compact has not been implemented due to conflicts between state law and compact language. As a result, this matter will be discussed at the April 10, 2019 APRN Consensus Forum. NCSBN has invited Executive Directors and Board Presidents of the Boards of Nursing. Ms. Douglas and Ms. Hershkowitz will attend the Forum.

C4a Board of Nursing January 1 – December 31, 2018 Licensure and Discipline Statistics – for information only.

C4b NCSBN Board of Directors Post – Board Meeting Update:

Ms. Douglas reviewed the letter and noting:

- ❖ The Optimal Regulatory Board Systems (ORBS) deployment is going well. Eight or nine Boards have already implemented ORBS, which is an NCSBN designed licensing and disciplinary data base available to Boards.
- ❖ NCSBN received an excellent preliminary report about the "Nursing Education Outcomes and Metrics Committee" which provides information about success and risk factors for education programs.

Ms. Hershkowitz expressed her appreciation for Ms. Douglas' participation on the Board of Directors. She noted that Ms. Douglas is interest in running again for the seat on Board of Directors for Area III and asked the Board to endorse Ms. Douglas for the this position. Ms. Minton moved to endorse Ms. Douglas running for the seat on the Board of Directors for Area III. The motion was seconded and carried unanimously.

Ms. Douglas expressed her appreciation of Dr. Brown's support for her involvement at the National level. Dr. Brown commented that he believes it is the Board's benefit to have information from and involvement in regulatory national organizations.

C6 Special NLC Commission February 22-23, 2019 Meeting Report:

Ms. Willinger reported that 28 states out of 31 attended the meeting and Dr. Leonard Marcus was a dynamic facilitator. She stated that primary issues covered were new states to the NLC and offering choices of multistate license and single state license options.

Ms. Willinger added that the Advisory Opinion of the NLC Commission in Consultation with Legal Counsel was produced based on agreement of all attendees.

Ms. Willinger said that NCSBN is working on getting the message out via social media to employers, etc.

OTHER MATTERS:

Board Counsel Update:

Ms. Mitchell reported that no decision has been made yet regarding the appeal hearing in Fairfax County.

D1 CORE Committee Reports and Recommendations Memo:

Ms. Minton reviewed the ongoing work of the Commitment to Ongoing Regulatory Excellence (CORE) Committee for the last two years evaluating 2016 reports from NCSBN regarding Licensure, Education, Discipline and Practice that were sent to nurses, educators and employers.

Ms. Minton thanked Dr. McQueen-Gibson, Ms. Friedenbergl and Ms. Ridout for their participation in reviewing and making recommendations.

D1a CORE Summary 2016: Licensure

Ms. Minton noted no action is needed since the Board accepted this report in May of 2017.

D1b CORE Summary 2016: Discipline

Ms. Minton noted no action is needed since the Board accepted this report in May of 2017.

D1c CORE Summary 2016: Education and D1d CORE Summary 2016: Practice

Ms. Minton stated that overall theme was that information need to be improved across the Board with clear information regarding laws, regulations and guidance documents. Ms. Minton added that low response rate received, especially with employers.

Ms. Hershkowitz thanked the Committee and Ms. Ridout for providing recommendations moving forward.

Ms. McElfresh moved to accept the reports and recommendations as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT: There was no public comment made.

OTHER MATTERS (cont.): D2 Review of Guidance Documents (GDs) Recommendations Memo
Ms. Douglas thanked Ms. Speller for her methodical work on periodic review of the GDs.

D2a 90-34 (Request for Review and Challenges of NCLEX):

Ms. Douglas noted that staff recommend action was to discuss, instead of repeal, with a new recommendation provided at your place reaffirming previous motions of the Board not to participate in NCLEX review and challenges.

Dr. Saxby explained rationale as the review does not give candidates what they expect and need and the Board only has had one request in 1994. This process is very expensive for candidates.

Ms. Douglas stated that Virginia allows unlimited times to take the NCLEX. Dr. Saxby added that the Board had one candidate who took the NCLEX 47 times.

Ms. Gerardo moved to accept the GD 90-34 as recommended. The motion was seconded and carried unanimously.

D2b 90-41 (Patient Abandonment by Care Providers):

Ms. Speller stated that staff proposed to readopt with updated regulatory cite in the last sentence of the 2nd paragraph on page 1 to 18VAC90-19-230 instead of 18VAC90-20-300.

Ms. McElfresh moved to accept GD 90-41 as recommended. The motion was seconded and carried unanimously.

D2c 90-48 (Guidance on the Use of Social Media):

Ms. Speller said that staff proposed to amend with removal of reference to "About.com".

Ms. Mitchell expressed concerns that this GD has more information than what a GD should include. She recommended to repeal it.

Ms. Hershkowitz suggested to table it and refer back to staff for further review. Ms. McElfresh motioned to table this GD for further review by staff. The motion was seconded and carried unanimously.

D2d 90-52 (Removal of Venous and Arterial Sheaths by Unlicensed Personnel):

Ms. Speller said that staff proposed to amend with removal of "Sheaths by Unlicensed Personnel" and updating Nursing Regulations cite in 1st paragraph to 18VAC90-19-260 instead of 18VAC90-20-441(1)(f).

Ms. Minton moved to adopted GD 90-52 as presented and amended. The motion was seconded and carried unanimously.

Informal Conference Dates for July – December 2019:

Ms. Power thanked Committee Members for sufficient responses regarding available dates. She added that she is awaiting from one more Committee for dates. She noted that it appears 1st and 2nd choice dates will work pending room and APD staff availability.

May Board Week Panels:

Ms. Douglas reported that staff need to get with Board members in moving from available on Monday, May 20, to Thursday, May 23. Ms. Power added that there are no Citizen Member available on Thursday, May 23 and staff will request switching one Citizen Member to Thursday Panel.

RECESS: The Board recessed at 10:25 A.M.

RECONVENTION: The Board reconvened at 10:45 A.M.

POLICY FORUM: Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent.

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

- ❖ Virginia's Certified Nurse Aide Workforce: 2018
- ❖ Virginia's Licensed Practical Nurse Workforce: 2018
- ❖ Virginia's Registered Nurse Workforce: 2018

- ❖ Virginia's Licensed Nurse Practitioner Workforce: 2018
- ❖ Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Dr. Carter noted that staff is looking for ways to address decline in response rate unique to Nursing that they do not see in other professions. The Board suggested exploring with IT regarding auto populating from the RN survey data and to modify messaging on renewal to emphasize the benefits of the survey.

Dr. Carter also provided the Demand statistics provided by the U.S. Bureau of Labor Statistics Estimates & Projections for RNs, LPNs and CNAs.

Ms. Hershkowitz thanked Drs. Carter and Shobo for their presentation.

Ms. Speller left the meeting at 11:30 A.M.

EDUCATION:

E1 Education Informal Conference Committee March 6, 2019 Minutes and Recommendations:

Dr. Saxby highlighted the recommendations in the minutes. Dr. Saxby also reviewed the NCLEX 2018 results handout.

Ms. McElfresh moved to accept the Education Informal Conference Committee March 6, 2019 minutes and recommendations as presented. The motion was seconded and carried unanimously.

Education Staff Report:

Nothing to report.

LEGISLATION/
REGULATION:

F1 Status of Regulatory Action:

Ms. Yeatts reviewed the chart of regulatory actions provided in the agenda with update that Supervision and Direction of Laser Hair Removal is now at the Secretary's Office for review. She added that the Prescribing of Opioids is not in the Governor's Office yet and the emergency regulations will expire on May 6, 2019.

F2 Adoption of Proposed Regulations for Autonomous Practice for Nurse Practitioners (18VAC90-30):

Ms. Yeatts said that the proposed regulations identical to current emergency regulations are recommended for the Board's action from the Committee of the Joint Boards of Nursing and Medicine. Ms. Yeatts added that no comment was received on the NOIRA and the Board of Medicine adopted the proposed regulations on February 14, 2019.

Ms. Gerardo motioned to adopt the proposed regulations as recommended. The motion was seconded and carried unanimously.

F3 Adoption of Guidance Documents (GD) for Nurse Practitioners

Ms. Yeatts noted that the **GD 90-53** (*Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases*) will be removed from the Agenda. She added that this GD will be brought back to the Committee of the Joint Boards of Nursing and Medicine for consideration due to additional comments received.

GD 90-33 (*Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders – DNR Orders*) – Ms. Yeatts noted that the addition *italic underlined* languages have been added to GD 90-33 as recommended by the Committee of the Joint Boards of Nursing and Medicine for the Board's action.

Ms. Gerardo motioned to adopt the GD 90-33 as recommended. The motion was seconded and passed.

F4 General Assembly 2019 Update:

Ms. Yeatts reviewed the 2019 Legislative Report provided in the Board's materials.

RECESS: The Board recessed at 12:05 P.M.

RECONVENTION: The Board reconvened at 12:50 P.M.

CONSIDERATION OF CONSENT ORDERS:

G1 Christopher Quick, LPN 0002-087769

Ms. McEfresh moved to accept the consent order to indefinitely suspend the license of Christopher Quick to practice professional nursing in the Commonwealth of Virginia with the suspension is stayed contingent upon Mr. Quick's continued 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 and carried unanimously.

G2 Kimberly Parks Hope Vandergriff, RN 0001-090173

Ms. McEfresh moved to accept the consent order to reprimand Kimberly Parks Hope Vandergriff and to accept the voluntary surrender for continued indefinite suspension of her right to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G3 Nancy Perry Marrs, LPN

0002-044440

Ms. McElfresh moved to accept the consent order voluntary surrender for indefinite suspension of Nancy Perry Marrs' license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G4 Hollie Marie Woodson, RN

0001-243498

Ms. McElfresh moved to accept the consent order to suspend the license of Hollie Marie Woodson to practice professional nursing in the Commonwealth of Virginia. The suspension is stayed upon proof of Ms. Woodson's entry into a 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 and carried unanimously.

POSSIBLE SUMMARY SUSPENSION CONSIDERATION – 1:00 P.M.

Wayne Halbleib, Assistant Attorney General, and Grace Stewart, Adjudicate Specialist – **joined the meeting at 1:00 P.M.**

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

Wayne Halbleib, Assistant Attorney General presented evidence that the continued practice of nursing by April L. Laxson, RN 0001- 213570 may present a substantial danger to the health and safety of the public.

Ms. Phelps moved to summarily suspend the license of April L. Laxson to practice professional nursing pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

Ms. Halbleib and Ms. Stewart left the meeting 1:15 P.M.

RECESS:

The Board recessed at 1:15 P.M.

RECONVENTION:

The Board reconvened at 1:30 P.M.

**BOARD MEMBER
TRAINING:**

Ms. Douglas and Ms. Power provided an overview of the Agency Subordinate Process to include:

- Statutory Authority
- Current Agency Subordinates
- History & Application
- Agency Subordinate Informal Conference Proceeding Format

Virginia Board of Nursing
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- Internal Board of Nursing Process
- Notification of Recommendation
- Agency Subordinate Agreement Tracking Log

DEBRIEF:

The following were well received by Board Members:

- HWDC Data Presentation
- Numbering system for the Business meeting package
- Glad to hear the Officers considering meeting frequency
- Agency Subordinate Process training

The following needs improvement per Board Members:

- Consider what appropriate to put on thumb drive such as consent agenda items in order to decrease paper copies

ADJOURNMENT:

The Board adjourned at 2:25 P.M.

Louise Hershkowitz, CRNA, MSHA
President

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VIRGINIA BOARD OF NURSING
Consideration of Consent Order
March 20, 2019

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:43 A.M. on March 20, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Laura F. Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Ann Tucker Gleason, PhD, Citizen Member
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN
Dixie McElfresh, LPN
Trula Minton, MS, RN
Meenakshi Shah, BA, RN

STAFF PRESENT:

Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director
Jodi P. Power, RN, JD, Senior Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director
Charlette N. Ridout, RN, MS, CNE, Deputy Executive Director
Claire Morris, RN, LNHA, Discipline Case Manager
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF CONSENT ORDER:

Randall Mark Brown, LMT 0019-003015

Dr. Hahn moved accept the consent order of voluntary surrender for indefinite suspension of Randall Mark Brown's license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT:

The Board adjourned at 9:45 A.M.

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

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**VIRGINIA BOARD OF NURSING
MINUTES
March 20, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:01 A.M. on March 20, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Ann Tucker Gleason, PhD, Citizen Member
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN
Dixie McElfresh, LPN
Meenakshi Shah, BA, RN

STAFF PRESENT:

Jodi Power, RN, JD, Senior Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director
Charlette N. Ridout, RN, MS, CNE, Deputy Executive Director
Claire Morris, RN, LNHA, Discipline Case Manager
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel – joined later
James Rutkowski, Assistant Attorney General, Board Counsel
Nurse Aide students and faculty from Louisa County Public Schools
Nurse Aide students and faculty from Park View High School
Practical Nursing students and faculty from Massanutten Technical Center
Clinical Nurse Leader students from University of Virginia

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Tammy Hammock Garbee, RN 0001-195801

Ms. Garbee did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to require Ms. Garbee within 60 days from the date of entry of the Order to provide written proof satisfactory to the Board of successful completion of the following NCSBN course *Documentation: A Critical Aspect of Client Care* with an editorial change removing “the” in last line of Finding of Fact #2a. The motion was seconded and carried unanimously.

Mr. Rutkowski left and Ms. Mitchell joined the meeting at 9:05 A.M. to serve as Board Counsel.

CLOSED MEETING:

Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:13 A.M., for the

purpose of consideration of the agency subordinate recommendations. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Power, Ms. Morris, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 9:35 A.M.

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

Jennifer Lynne Hultzman, RN 0001-180580
Ms. Hultzman did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Jennifer Lynne Hultzman and to indefinitely suspend the license of Ms. Hultzman to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Rachel Anne Lewis Hill, RN **Maryland License No. R109383 with
Multistate Privilege**
Ms. Hill did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Rachel Anne Lewis Hill 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 the following NCSBN course: *Professional Boundaries in Nursing*. The motion was seconded and carried unanimously.

Peggy Sue Jeffers, RN 0001-2511445
Ms. Jeffers did not appear.

Dr. Hahn moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand Peggy Sue Jeffers, 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 the following NCSBN course: *Righting a Wrong: Ethics and Professionalism in Nursing*, and require Ms. Jeffers within 60 days from the date of entry of the Order to provide a written report of a substance misuse evaluation by a specialist satisfactory to the Board. The motion was seconded and carried unanimously.

Stephen Anthony Spears, RN 0001-250240
Mr. Spears did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Stephen Anthony Spears and to indefinitely suspend the license of Mr. Spears to practice professional nursing in the Commonwealth of Virginia. The suspension will be stayed upon proof of Mr. Spears' entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance thereafter with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Melody Allen Pettit, LPN 0002-051302
Ms. Pettit did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Melody Allen Pettit 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 the following NCSBN courses: *Documentation: A Critical Aspect of Client Care* and *Righting a Wrong: Ethics and Professionalism in Nursing*. The motion was seconded and carried unanimously.

Victoria Wagner, RN 0001-278842
Ms. Wagner did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time against the license of Victoria Wagner to practice professional nursing in the Commonwealth of Virginia contingent upon Ms. Wagner's continued compliance with all terms and conditions of her contracts with HAVEN and with the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the contracts. The motion was seconded and carried unanimously.

Stephanie Marie Moulton, RMA 0031-009882
Ms. Moulton did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Stephanie Marie Moulton. The motion was seconded and carried unanimously.

Mary Elizabeth Lucado Hatfield, RN 0001-144831
Ms. Hatfield did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Mary Elizabeth Lucado Hatfield and to require Ms. Hatfield within 90 days of Order entry to submit a written report of a chemical dependency evaluation conducted by a Board-approved specialist. The motion was seconded and carried unanimously.

Cynthia C. Brawley, LPN 0002-066681
Ms. Brawley did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Cynthia C. Brawley to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Roseline Mansah Ankuvie, CNA 1401-155806
Ms. Ankuvie did not appear but submitted a written response.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to continue Ms. Ankuvie on probation with terms and conditions until she has completed two years of active nurse aide practice from the date of the previous Board's Order (December 1, 2017). The motion was seconded and carried unanimously.

Leslie Burton, CNA 1401-142537
Ms. Burton did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Leslie Burton. The motion was seconded and carried unanimously.

Christal D. O'Bier, CNA 1401-063496
Ms. O'Bier did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Christal D. O'Bier. The motion was seconded and carried unanimously.

Carolyn Lewis Dean Burns, LPN 0002-038535
Ms. Burns did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to require Ms. Burns within 60 days from the date of entry of the Order to provide written proof satisfactory to the Board of successful completion of the following NCSBN courses: *Righting a Wrong: Ethics and*

Professionalism in Nursing and Sharpening Critical Thinking Skills. The motion was seconded and carried unanimously.

Joannou J. Olinger, LPN 0002-066622
Ms. Olinger did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend Joannou J. Olinger's right to renew her license to practice as a practical nurse in the Commonwealth of Virginia. The suspension is stayed upon proof of Ms. Olinger's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Vicki Rena Rutherford, RN 0001-205493
Ms. Rutherford did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Vicki Rena Rutherford to practice professional nursing in the Commonwealth of Virginia. Said suspension will be stayed upon proof of Ms. Rutherford's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and continued compliance thereafter with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Donna J. Whitcomb, RN 0001-190346
Ms. Whitcomb did not appear.

Dr. Hahn moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Donna J. Whitcomb to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:38 A.M.

Jodi Power, RN, JD
Senior Deputy Executive Director

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 20, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:00 A.M. on March 20, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Ann Tucker Gleason, PhD, Citizen Member
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN
Dixie McElfresh, LPN
Meenakshi Shah, BA, RN

STAFF PRESENT:

Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director
Charlette N. Ridout, RN, MS, CNE, Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Practical Nursing students and faculty from Massanutten Technical Center
Nurse Aide students and faculty from Park View High School
Clinical Nurse Leader students from University of Virginia
Nurse Aide students and faculty from Louisa County Public Schools (left at 1:45 p.m.)

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS:

Leslie Sheppard Peters, RN Reinstatement Applicant **0001-149666**
Ms. Peters did not appear.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Holly M. Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Patricia Dewey, Former Senior Investigator, Department of Health Professions, was present and testified.

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 11:13 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Peters. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Ridout, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:33 A.M.

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

Ms. Shah moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. McElfresh moved that the Board of Nursing deny the application of Leslie Sheppard Peters for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

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

Nurse Aide students and faculty from Park View High School left the meeting. Clinical Nurse Leader students from University of Virginia left the meeting.

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

FORMAL HEARINGS: **Ashley Kenyada Brooks, LPN** **0002-088097**
Ms. Brooks did not appear.

Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Holly M. Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Pamela Hubbard, RN, DON, Continuum Pediatrics and Melissa Darden, LPN, Courtland Health and Rehabilitation, were present and testified. James Wall, Senior Investigator, Department of Health Professions testified via telephone.

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 1:59 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Brooks. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:18 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 and carried unanimously.

Ms. Shah moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones, and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Dr. Hahn moved that the Board of Nursing indefinitely suspend the multistate privilege of Ashley Kenyada Brooks to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS:

Melissa Rene Thacker Blair, RN Reinstatement Applicant 0001-191537
Ms. Blair appeared.

Ms. Blair's Notice was issued less than 30 days prior to the date of the hearing. Therefore, the Board of Nursing offered Ms. Blair a continuance and she declined, choosing to proceed with the hearing.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Holly M. Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Alan Burton, Senior Investigator, Department of Health Professions testified via telephone. Renee White, Senior Investigator, Department of Health Professions was present and testified.

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 4:36 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Blair. Additionally, Dr. Gleason moved that Dr. Hills, Ms. Ridout, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 5:09 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 and carried unanimously.

Ms. Shah moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie, and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. McElfresh moved that the Board of Nursing deny reinstatement of the license of Melissa Rene Thacker Blair to practice professional nursing in the Commonwealth of Virginia, continue the license on indefinite suspension, and stay the suspension contingent upon Ms. Blair's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with the with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 5:12 P.M.

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

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**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
March 21, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:40 A.M. on March 21, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN
Dixie McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Meenakshi Shah, BA, RN
Dawn Hogue, MA, LMT

STAFF PRESENT:

Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director
Robin Hills, DNP, RN, WHNP, Deputy Executive Director for Advanced Practice
Lelia Claire Morris, RN, LNHA, Discipline Case Manager
Patricia Dewey, RN, BSN, Discipline Case Manager
Huong Vu, Executive Assistant

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Senior Nursing Students from Southside College of Health Sciences

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS:

Delma Pierre, LMT **0019-014235**
Mr. Pierre appeared.

Wayne Halbleib, Assistant Attorney General, and Holly Woodcock, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting Service LLC, recorded the proceedings.

Terri L. Brinkley, RDA, Lisa Elgin, RN, Senior Investigator, Department of Health Professions Enforcement Division, and Ray Carassino, LCSW, Counseling & Psychological Services, LLC in Danville, were present and testified.

RECESS:

The Board recessed at 11:13 A.M.

RECONVENTION:

The Board reconvened at 11:25 A.M.

Nurse Aide students from Northern Neck Technical Center joined the meeting at 11:25 A.M.

RECESS:

The Board recessed at 12:07 P.M.

RECONVENTION: The Board reconvened at 12:20 P.M.

Nurse Aide students from Northern Neck Technical Center left the meeting at 12:20 P.M.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(8) of the *Code of Virginia* at 12:24 P.M., for consultation with legal counsel. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Dewey, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:47 P.M.

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

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:08 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Pierre. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Dewey, Ms. Vu and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:08 P.M.

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

Dr. McQueen-Gibson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Halbleib, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Hogue moved the Board of Nursing revoke the right of Delma Pierre's right to renew his license to practice as a massage therapist in the Commonwealth of

Virginia. The motion was seconded and carried with four votes in favor of the motion. Dr. McQueen-Gibson and Ms. McElfresh opposed the motion.

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

Ms. Hogue and Ms. Morris left the meeting at 3:14 P.M.

FORMAL HEARINGS:

Asha Monique Hite, LPN

0002078666

Ms. Hite appeared and was accompanied by Margaret Hardy, Esq.

Lana Jagadish, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting Service LLC, recorded the proceedings.

Veronica Haskins, RN, DCS, former employee at Envoy of Westover Hills, was present and testified.

Dr. Hills left the meeting at 4:51 P.M.

CLOSED MEETING:

Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:51 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Hite. Additionally, Ms. McElfresh moved that Ms. Douglas, Ms. Dewey, Ms. Vu, Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 5:25 P.M.

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

Dr. Hahn moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jagadish, and amended by the Board. The motion was seconded and carried unanimously.

ACTION:

Ms. McElfresh moved that the Board of Nursing place the license of Asha Monique Hite to practice practical nursing in the Commonwealth of Virginia on probation for one year of actual practice with terms. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 5:27 P.M.

Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E.
Executive Director

DRAFT

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**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 4, 2019**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held on April 4, 2019 at 4:35 p.m.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA, Chair
Laura Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
A. Tucker Gleason, PhD, Citizen Member
Joyce Hahn, PhD, RN, NEA-BC, FNAP, FAAN
Dixie McElfresh, LPN

Mark Monson, Citizen Member
Jennifer Phelps, BS, LPN, QMHPA
Meenakshi Shah, BA, RN

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Wayne Halbleib, Senior Assistant Attorney General
Lana Jagadish, Adjudication Specialist, Administrative Proceedings Division
Jodi Power, RN, JD, Senior Deputy Executive Director
Robin Hills, DNP, RN, WHNP, Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Lelia Claire Morris, RN, LNHA, Discipline Case Manager
Darlene Graham, Senior Discipline Specialist

The meeting was called to order by Ms. Hershkowitz. With nine members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Wayne Halbleib, Senior Assistant Attorney General, presented evidence that the continued practice of nursing by Cecelia Gregory, LPN, 0002-092026, may present a substantial danger to the health and safety of the public.

Dr. Hahn moved to summarily suspend the nursing license of Cecelia Gregory pending a formal administrative hearing and to offer a consent order for the indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 4:59 p.m.

Jodi Power, RN, JD
Senior Deputy Executive Director

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
April 17, 2019**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held on April 17, 2019 at 4:30 p.m.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA, Chair
Laura Cei, BS, LPN, CCRP
Margaret Friedenber, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
A.Tucker Gleason, PhD, Citizen Member

Dixie McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Trula Minton, MS, RN
Mark Monson, Citizen Member

Others participating in the meeting were:

James Rutkowski, Assistant Attorney General, Board Counsel
Wayne Halbleib, Senior Assistant Attorney General
Julia Bennett, Assistant Attorney General
Sean Murphy, Assistant Attorney General
Cynthia Gaines, Adjudication Specialist, Administrative Proceedings Division
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
Jay Douglas, RN, MSM, CSAC, FRE, Executive Director
Jodi Power, RN, JD, Senior Deputy Executive Director
Robin Hills, DNP, RN, WHNP, Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Lelia Claire Morris, RN, LNHA, Discipline Case Manager

The meeting was called to order by Ms. Hershkowitz. With nine members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

Wayne Halbleib, Senior Assistant Attorney General, presented evidence that the continued practice of nursing by **Caroline Poston, LPN, 0002-095017**, may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the nursing license of Caroline Poston pending a formal administrative hearing and to offer a consent order for the indefinite suspension of her license to practice practical nursing in lieu of a formal hearing. The motion was seconded and carried unanimously.

Ms. McElfresh, Mr. Halbleib and Mr. Murphy left the meeting at 5:05 pm.

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Julia Bennett, Assistant Attorney General, presented evidence that the continue practice of massage therapy by **Clinton C. Steven, LMT, 0019-012292**, may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the right to renew the license of Clinton C. Steven pending a formal administrative hearing and to offer a consent order for revocation of the right to renew his license to practice massage therapy in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 5:20 p.m.

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

DRAFT

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

Considered		Accepted		Modified*						Rejected						Final Outcome:** Difference from Recommendation			
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pending	N/A	
Total to Date:	3005	2658	88.4%	256	8.5%				93	3.0%				72	79	94	1		
CY2019 to Date:	50	49	98.0%	1	2.0%	0	1	0	0	0.0%	0	0	0	0	10	0	0	N/A	
Nov-19																			
Sep-19																			
Jul-19																			
May-19																			
Mar-19	17	16	94.1%	1	5.9%	0	1	0	0	0.0%	0	0	0	0	0	0	0		
Jan-19	33	33	100.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	0	0	0		
Annual Totals:																			
Total 2018	201	172	85.6%	25	12.4%		4	17	7	2.0%	0	4	0	4	10	7		N/A	
Total 2017	230	220	95.7%	8	3.5%		0	5	3	0.8%	0	2	0	2	4	6		N/A	
Total 2016	241	227	94.2%	9	3.7%		0	8	0	2.1%	2	4	0	4	8	2		N/A	
Total 2015	240	218	90.8%	14	5.8%		2	12	2	3.3%	3	6	1	9	6	5		N/A	
Total 2014	257	235	91.4%	17	6.6%		2	8	9	1.9%	1	3	2	3	3	7		N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2		N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9		N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12		N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9		N/A	
Total 2009	268	217	81.0%	40	14.9%				11	4.1%				11	6	20		N/A	
Total 2008	217	163	75.1%	29	13.4%				22	10.1%				11	11	3		N/A	
Total 2007	174	130	74.7%	30	17.2%				12	6.9%				8	7	4		N/A	
Total 2006	76	62	81.6%	6	7.9%				8	10.5%				2	2			N/A	

* Modified = Sanctions changed in some way (has 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 (from appealed by respondent to FH) or was Rejected by Board (or referred to FH).

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Virginia Department of Health Professions
Cash Balance
As of March 31, 2019

	Nursing
Board Cash Balance as June 30, 2018	10,401,356
YTD FY18 Revenue	8,555,560
Less: YTD FY18 Direct and Allocated Expenditures	<u>10,109,201</u> *
Board Cash Balance as March 31, 2019	<u><u>8,847,715</u></u>

* Includes \$47,542 deduction for Nurse Scholarship Fund

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,568,163.00	2,308,425.00	740,262.00	67.93%
4002406	License & Renewal Fee	5,347,107.50	6,691,497.00	1,344,389.50	79.91%
4002407	Dup. License Certificate Fee	20,215.00	23,750.00	3,535.00	85.12%
4002408	Board Endorsement - In	44,370.00	64,790.00	20,420.00	68.48%
4002409	Board Endorsement - Out	19,120.00	18,270.00	(850.00)	104.65%
4002421	Monetary Penalty & Late Fees	224,931.00	231,415.00	6,484.00	97.20%
4002432	Misc. Fee (Bad Check Fee)	665.00	1,750.00	1,085.00	38.00%
	Total Fee Revenue	7,224,571.50	9,339,897.00	2,115,325.50	77.35%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,964.00	-	(1,964.00)	0.00%
	Total Sales of Prop. & Commodities	1,964.00	-	(1,964.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	39,600.00	26,500.00	(13,100.00)	149.43%
	Total Other Revenue	39,600.00	26,500.00	(13,100.00)	149.43%
	Total Revenue	7,266,135.50	9,366,397.00	2,100,261.50	77.58%
5011110	Employer Retirement Contrib.				
5011120	Fed Old-Age Ins- Sal St Emp	120,797.69	155,448.00	34,650.31	77.71%
5011130	Fed Old-Age Ins- Wage Earners	1,819.00	31,899.00	30,080.00	5.70%
5011140	Group Insurance	19,181.37	26,619.00	7,437.63	72.06%
5011160	Medical/Hospitalization Ins.	312,662.00	487,172.00	174,510.00	64.18%
5011160	Retiree Medical/Hospitalizatn	17,139.25	23,774.00	6,634.75	72.09%
5011170	Long term Disability Ins	8,610.82	12,598.00	3,987.18	68.35%
5011190	Employer Retirement Contrib	6,817.65	9,350.00	2,532.35	72.92%
	Total Employee Benefits	665,839.62	1,012,237.00	346,397.38	65.78%
5011200	Salaries				
5011220	Salaries, Appointed Officials	80,208.29	-	(80,208.29)	0.00%
5011230	Salaries, Classified	1,381,406.43	2,032,010.00	650,603.57	67.98%
5011250	Salaries, Overtime	16,543.45	-	(16,543.45)	0.00%
	Total Salaries	1,478,158.17	2,032,010.00	553,851.83	72.74%
5011300	Special Payments				
5011380	Deferred Compnstrn Match Pmts	6,580.00	16,240.00	9,660.00	40.52%
	Total Special Payments	6,580.00	16,240.00	9,660.00	40.52%
5011400	Wages				
5011410	Wages, General	138,002.67	307,996.00	169,993.33	44.81%
	Total Wages	138,002.67	307,996.00	169,993.33	44.81%
5011530	Short-term Disability Benefits	35,013.39	-	(35,013.39)	0.00%
	Total Disability Benefits	35,013.39	-	(35,013.39)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	14,918.40	-	(14,918.40)	0.00%
5011640	Salaries, Cmp Leave Balances	177.80	-	(177.80)	0.00%
5011660	Defined Contribution Match - Hy	8,407.07	-	(8,407.07)	0.00%
	Total Terminatn Personal Svce Costs	23,503.07	-	(23,503.07)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	2,347,096.92	3,368,483.00	1,021,386.08	69.66%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012000 Contractual Svcs					
5012100 Communication Services					
5012110 Express Services		509.92	4,395.00	3,885.08	11.60%
5012120 Outbound Freight Services		350.16	10.00	(340.16)	3501.60%
5012130 Messenger Services		1,619.33	-	(1,619.33)	0.00%
5012140 Postal Services		92,766.64	85,633.00	(7,133.64)	108.33%
5012150 Printing Services		1,838.41	1,322.00	(516.41)	139.06%
5012160 Telecommunications Svcs (VITA)		11,735.61	21,910.00	10,174.39	53.56%
5012170 Telecomm. Svcs (Non-State)		427.50	-	(427.50)	0.00%
5012190 Inbound Freight Services		360.40	17.00	(343.40)	2120.00%
Total Communication Services		109,607.97	113,287.00	3,679.03	96.75%
5012200 Employee Development Services					
5012210 Organization Memberships		6,485.00	8,764.00	2,279.00	74.00%
5012220 Publication Subscriptions		127.00	120.00	(7.00)	105.83%
5012240 Employee Training/Workshop/Conf		2,113.00	482.00	(1,631.00)	438.38%
Total Employee Development Services		8,725.00	9,366.00	641.00	93.16%
5012300 Health Services					
5012360 X-ray and Laboratory Services		-	4,232.00	4,232.00	0.00%
Total Health Services		-	4,232.00	4,232.00	0.00%
5012400 Mgmt and Informational Svcs					
5012420 Fiscal Services		103,975.71	197,340.00	93,364.29	52.69%
5012440 Management Services		1,519.67	370.00	(1,149.67)	410.72%
5012460 Public Infrmtl & Relatn Svcs		54.95	49.00	(5.95)	112.14%
5012470 Legal Services		6,171.37	5,616.00	(555.37)	109.89%
5012480 Media Services		1,695.20	-	(1,695.20)	0.00%
Total Mgmt and Informational Svcs		113,416.90	203,375.00	89,958.10	55.77%
5012500 Repair and Maintenance Svcs					
5012520 Electrical Repair & Maint Srvc		882.96	-	(882.96)	0.00%
5012530 Equipment Repair & Maint Srvc		8,740.13	3,001.00	(5,739.13)	291.24%
5012560 Mechanical Repair & Maint Srvc		382.50	369.00	(13.50)	103.66%
Total Repair and Maintenance Svcs		10,005.59	3,370.00	(6,635.59)	296.90%
5012600 Support Services					
5012630 Clerical Services		167,712.97	317,088.00	149,375.03	52.89%
5012640 Food & Dietary Services		9,959.27	-	(9,959.27)	0.00%
5012660 Manual Labor Services		37,803.45	38,508.00	704.55	98.17%
5012670 Production Services		130,541.20	158,515.00	27,973.80	82.35%
5012680 Skilled Services		711,494.35	1,164,774.00	453,279.65	61.08%
Total Support Services		1,057,511.24	1,678,885.00	621,373.76	62.99%
5012700 Technical Services					
5012780 VITA InT Int Cost Goods&Svs		565.10	-	(565.10)	0.00%
5012790 Computer Software Dvp Svcs		74,300.63	31,000.00	(43,300.63)	239.68%
Total Technical Services		74,865.73	31,000.00	(43,865.73)	241.50%
5012800 Transportation Services					
5012820 Travel, Personal Vehicle		2,387.06	5,260.00	2,872.94	45.38%
5012830 Travel, Public Carriers		-	1.00	1.00	0.00%
5012840 Travel, State Vehicles		289.22	2,454.00	2,164.78	11.79%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)	
				Budget	% of Budget
5012850	Travel, Subistence & Lodging	2,438.17	6,635.00	4,196.83	36.75%
5012880	Trvl, Meal Reimb- Not Rptble	2,082.00	3,597.00	1,515.00	57.88%
	Total Transportation Services	7,196.45	17,947.00	10,750.55	40.10%
	Total Contractual Svs	1,381,328.88	2,081,462.00	680,133.12	67.01%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	19,778.33	11,696.00	(8,082.33)	169.10%
5013130	Stationery and Forms	-	3,790.00	3,790.00	0.00%
	Total Administrative Supplies	19,778.33	15,486.00	(4,292.33)	127.72%
5013300	Manufactng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufactng and Merch Supplies	-	99.00	99.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matri	37.31	29.00	(8.31)	128.66%
5013530	Electrcal Repair & Maint Matri	10.69	-	(10.69)	0.00%
	Total Repair and Maint. Supplies	48.00	29.00	(19.00)	165.52%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	597.41	408.00	(189.41)	146.42%
5013630	Food Service Supplies	106.44	1,108.00	1,001.56	9.61%
5013640	Laundry and Linen Supplies	55.70	22.00	(33.70)	253.18%
5013650	Personal Care Supplies	131.40	-	(131.40)	0.00%
	Total Residential Supplies	890.95	1,538.00	647.05	57.93%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	133.65	182.00	48.35	73.43%
	Total Specific Use Supplies	133.65	182.00	48.35	73.43%
	Total Supplies And Materials	20,850.93	17,334.00	(3,516.93)	120.29%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	598.77	504.00	(94.77)	118.80%
	Total Insurance-Fixed Assets	598.77	667.00	68.23	89.77%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	6,492.81	9,014.00	2,521.19	72.03%
5015350	Building Rentals	421.80	-	(421.80)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	128,228.04	167,873.00	39,644.96	76.38%
	Total Operating Lease Payments	135,142.65	177,162.00	42,019.35	76.28%
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	2,149.18	1,897.00	(252.18)	113.29%
5015540	Surety Bonds	126.81	112.00	(14.81)	113.22%
	Total Insurance-Operations	2,275.97	2,009.00	(266.97)	113.29%
	Total Continuous Charges	138,017.39	179,843.00	41,825.61	76.74%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	2,863.50	-	(2,863.50)	0.00%
5022180	Computer Software Purchases	1,136.10	-	(1,136.10)	0.00%
	Total Computer Hrdware & Sftware	3,999.60	-	(3,999.60)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	500.00	1,123.00	623.00	44.52%
	Total Educational & Cultural Equip	500.00	1,123.00	623.00	44.52%
5022300	Electrnc & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	12,630.04	26,097.00	13,466.96	48.40%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	12,630.04	26,374.00	13,743.96	47.89%
5022700	Specific Use Equipment				
5022710	Household Equipment	269.95	133.00	(136.95)	202.97%
	Total Specific Use Equipment	269.95	133.00	(136.95)	202.97%
	Total Equipment	17,399.59	29,296.00	11,896.41	59.39%
	Total Expenditures	3,904,693.71	5,656,418.00	1,751,724.29	69.03%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	68,961.62	125,243.96	56,282.34	55.06%
30100	Data Center	1,405,072.93	1,751,568.88	346,495.95	80.22%
30200	Human Resources	83,712.11	186,175.44	102,463.33	44.96%
30300	Finance	519,145.80	832,723.70	313,577.91	62.34%
30400	Director's Office	237,243.40	330,765.67	93,522.27	71.73%
30500	Enforcement	1,649,445.44	2,476,048.52	826,603.08	66.62%
30600	Administrative Proceedings	457,393.92	671,720.15	214,326.23	68.09%
30700	Impaired Practitioners	61,208.13	103,065.97	41,857.84	59.39%
30800	Attorney General	129,530.50	144,643.41	15,112.91	89.55%
30900	Board of Health Professions	171,044.64	266,543.69	95,499.04	64.17%
31100	Maintenance and Repairs	90.14	22,782.34	22,692.21	0.40%
31300	Emp. Recognition Program	623.97	4,130.59	3,506.62	15.11%
31400	Conference Center	1,852.07	1,993.25	141.19	92.92%
31500	Pgm Devipmnt & Implmentn	139,208.30	193,512.57	54,304.27	71.94%
	Total Allocated Expenditures	4,924,532.97	7,110,918.14	2,186,385.18	69.25%
	Net Revenue In Excess (Shortfall) of Expenditures	\$(1,563,091.18)	\$(3,400,939.14)	\$(1,837,847.97)	45.96%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5011230	Salaries, Classified	202,698.61	137,804.56	124,457.68	152,368.67	142,928.96	139,239.24	138,977.21
5011250	Salaries, Overtime	4,011.45	899.86	388.02	1,518.08	516.09	1,851.18	1,571.98
	Total Salaries	220,460.05	147,871.08	134,012.36	163,053.41	152,611.71	150,267.08	149,715.85
5011360	Deferred Compnatin Match Pmts	930.00	640.00	620.00	640.00	680.00	680.00	680.00
	Total Special Payments	930.00	640.00	620.00	640.00	680.00	680.00	680.00
5011400	Wages							
5011410	Wages, General	23,777.78	11,482.20	14,087.53	13,047.91	17,994.99	16,074.35	14,644.22
	Total Wages	23,777.78	11,482.20	14,087.53	13,047.91	17,994.99	16,074.35	14,644.22
5011500	Disability Benefits							
5011530	Short-tn Disability Benefits	15,859.55	1,234.10	9,050.08	1,398.65	-	3,688.49	3,531.80
	Total Disability Benefits	15,859.55	1,234.10	9,050.08	1,398.65	-	3,688.49	3,531.80
5011600	Terminatn Personal Svce Costs							
5011620	Salaries, Annual Leave Balanc	-	-	14,918.40	-	-	-	-
5011640	Salaries, Cmp Leave Balances	-	-	177.60	-	-	-	-
5011660	Defined Contribution Match - Hy	1,240.29	826.86	826.86	926.96	926.96	876.96	876.96
	Total Terminatn Personal Svce Costs	1,240.29	826.86	15,922.86	926.96	926.96	876.96	876.96
	Total Personal Services	364,130.03	228,246.79	238,735.49	247,095.94	240,385.51	239,898.32	237,834.67
5012000	Contractual Svcs							
5012100	Communication Services							
5012110	Express Services	339.05	222.88	(222.88)	-	-	-	-
5012120	Outbound Freight Services	-	-	-	-	-	-	-
5012130	Messenger Services	-	-	634.78	226.75	313.49	108.73	150.71
5012140	Postal Services	10,767.49	11,835.61	15,576.38	9,400.32	6,603.70	12,493.88	6,703.25
5012150	Printing Services	-	-	1,614.16	117.50	48.00	-	-
5012160	Telecommunications Svcs (VITA)	1,099.10	2,279.96	1,122.61	1,104.04	1,103.85	1,181.48	1,260.64
5012170	Telecomm. Svcs (Non-State)	67.60	46.00	45.00	45.00	45.00	45.00	45.00
5012190	Inbound Freight Services	4.75	-	61.09	11.07	25.89	-	94.61
	Total Communication Services	12,297.89	14,383.45	18,831.14	10,904.68	8,139.93	13,829.09	8,254.41
5012200	Employee Development Services							
5012210	Organization Memberships	6,000.00	-	-	-	105.00	-	275.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2016 and Ending March 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5012220	Publication Subscriptions	-	-	-	-	-	-	-
5012240	Employee Training/Workshop/Conf	-	-	140.00	5,273.00	(3,300.00)	-	-
	Total Employee Development Services	8,000.00	-	140.00	5,273.00	(3,195.00)	-	275.00
5012400	Mgmt and Informational Svcs							
5012420	Fiscal Services	21,694.97	200.00	12,550.29	24,063.48	365.00	11,703.46	10,498.72
5012440	Management Services	-	886.82	-	346.80	-	328.62	-
5012460	Public Infrmtnl & Relatn Svcs	-	-	-	-	-	54.95	-
5012470	Legal Services	-	1,755.00	-	1,560.00	-	1,140.00	555.12
5012480	Media Services	-	-	-	-	-	1,695.20	-
	Total Mgmt and Informational Svcs	21,694.97	2,641.82	12,550.29	25,970.28	365.00	14,922.23	11,053.84
5012500	Repair and Maintenance Svcs							
5012520	Electrical Repair & Maint Svc	-	-	-	-	-	-	-
5012530	Equipment Repair & Maint Svc	-	-	-	-	10,841.32	(1,814.39)	(286.80)
5012560	Mechanical Repair & Maint Svc	-	-	-	-	-	212.50	170.00
	Total Repair and Maintenance Svcs	-	-	-	-	10,841.32	(1,601.89)	(116.80)
5012600	Support Services							
5012630	Clerical Services	22,316.86	22,637.73	20,133.71	11,330.27	28,110.89	15,138.50	19,886.91
5012640	Food & Dietary Services	153.86	1,702.39	711.39	1,774.89	1,420.85	1,129.57	179.84
5012660	Manual Labor Services	3,476.65	2,413.28	10,041.75	1,829.64	5,601.32	2,128.78	2,448.65
5012670	Production Services	22,745.44	11,497.61	16,391.79	9,398.62	12,750.34	11,848.44	12,220.95
5012680	Skilled Services	93,646.45	76,975.36	76,704.32	78,330.56	77,687.41	77,462.24	73,180.80
	Total Support Services	142,339.26	115,226.37	123,982.96	102,663.88	125,670.81	107,507.53	107,927.15
5012700	Technical Services							
5012780	VITA InT Int Cost Goods&Svs	-	-	-	565.10	-	-	-
5012790	Computer Software Dvp Svs	10,408.91	8,716.57	10,053.05	18,557.48	-	10,171.67	15,390.95
	Total Technical Services	10,408.91	8,716.57	10,053.05	20,122.58	-	10,171.67	15,390.95
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	-	393.89	-	14.72	230.69	501.96	527.54
5012840	Travel, State Vehicles	-	-	-	-	-	-	-
5012850	Travel, Subsistence & Lodging	-	169.17	-	193.92	444.03	325.22	559.12

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5012880	Trvl, Meal Reimb- Not Rprble	-	91.50	-	108.25	317.00	550.75	465.25
	Total Transportation Services	-	654.56	-	316.89	991.72	1,377.93	1,551.91
	Total Contractual Svs	192,741.03	141,624.77	165,567.44	165,251.31	143,013.78	146,208.56	144,336.46
5013000	Supplies And Materials							
5013100	Administrative Supplies							
5013120	Office Supplies	2,554.05	2,169.79	3,140.75	1,471.49	1,996.40	1,728.36	1,771.13
	Total Administrative Supplies	2,554.05	2,169.79	3,140.75	1,471.49	1,996.40	1,728.36	1,771.13
5013500	Repair and Maint. Supplies							
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	37.31
5013530	Electrcal Repair & Maint Matrl	-	-	-	-	-	-	-
	Total Repair and Maint. Supplies	-	-	-	-	-	-	37.31
5013600	Residential Supplies							
5013620	Food and Dietary Supplies	-	93.09	165.03	-	319.80	-	-
5013630	Food Service Supplies	-	106.44	-	-	-	-	-
5013640	Laundry and Linen Supplies	-	-	-	-	-	-	-
5013650	Personal Care Supplies	-	-	-	-	-	-	-
	Total Residential Supplies	-	199.53	165.03	-	319.80	-	-
5013700	Specific Use Supplies							
5013730	Computer Operating Supplies	-	-	88.65	-	45.00	-	-
	Total Specific Use Supplies	-	-	88.65	-	45.00	-	-
	Total Supplies And Materials	2,554.05	2,369.32	3,394.43	1,471.49	2,361.20	1,728.36	1,808.44
5015000	Continuous Charges							
5015100	Insurance-Fixed Assets							
5015180	Property Insurance	598.77	-	-	-	-	-	-
	Total Insurance-Fixed Assets	598.77	-	-	-	-	-	-
5015300	Operating Lease Payments							
5015340	Equipment Rentals	686.68	680.71	776.38	806.26	455.37	776.38	776.38

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5015350	Building Rentals	-	138.60	-	-	138.60	-	-
5015390	Building Rentals - Non State	13,544.69	13,608.39	13,155.34	13,155.34	14,319.80	14,875.05	14,529.17
	Total Operating Lease Payments	14,234.27	14,405.70	13,931.72	13,960.59	14,913.77	15,451.43	15,305.65
5015500	Insurance-Operations							
5015510	General Liability Insurance	2,149.16	-	-	-	-	-	-
5015540	Surety Bonds	126.81	-	-	-	-	-	-
	Total Insurance-Operations	2,275.97	-	-	-	-	-	-
	Total Continuous Charges	17,109.01	14,405.70	13,931.72	13,960.59	14,913.77	15,451.43	15,305.55
5022000	Equipment							
5022170	Other Computer Equipment	1,646.00	-	-	-	-	730.00	-
5022180	Computer Software Purchases	-	-	-	-	-	-	1,136.10
	Total Computer Hardware & Software	1,646.00	-	-	-	-	730.00	1,136.10
5022200	Educational & Cultural Equip							
5022240	Reference Equipment	-	-	-	-	-	-	500.00
	Total Educational & Cultural Equip	-	-	-	-	-	-	500.00
5022600	Office Equipment							
5022620	Office Furniture	773.02	570.00	1,729.00	-	-	-	310.00
	Total Office Equipment	773.02	570.00	1,729.00	-	-	-	310.00
5022710	Household Equipment	-	269.95	-	-	-	-	-
	Total Specific Use Equipment	-	269.95	-	-	-	-	-
	Total Equipment	2,419.02	839.95	1,729.00	-	-	730.00	1,946.10
5023000	Plant and Improvements							
5023200	Construction of Plant and Improvements							
5023280	Construction, Buildings Improvements	-	-	-	-	-	-	-
	Total Construction of Plant and Improvements	-	-	-	-	-	-	-
	Total Plant and Improvements	-	-	-	-	-	-	-
	Total Expenditures	578,953.14	387,486.53	423,348.08	427,779.33	400,674.26	404,014.67	401,231.12

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
Allocated Expenditures								
20100	Behavioral Science Exec	-	-	-	-	-	-	-
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	8,804.98	10,437.97	9,716.94	8,866.37	7,097.94	4,368.48	8,646.91
20600	Funeral/TCAPT	-	-	-	-	-	-	-
30100	Data Center	213,548.74	136,307.02	136,681.80	207,870.23	58,424.75	145,261.12	145,989.47
30200	Human Resources	11,627.59	1,351.67	1,405.21	54,327.57	8,718.03	1,240.13	1,329.35
30300	Finance	70,798.13	56,062.38	51,594.15	51,216.68	57,230.37	51,850.74	64,966.21
30400	Director's Office	37,830.33	24,836.52	24,308.72	24,539.02	24,858.27	23,963.85	24,309.93
30500	Enforcement	245,181.39	165,881.48	181,325.24	168,829.47	184,733.81	178,584.00	189,408.92
30600	Administrative Proceedings	58,881.35	48,782.22	60,036.41	47,837.96	34,747.53	47,850.78	51,216.89
30700	Impaired Practitioners	8,672.85	5,815.36	5,618.20	8,224.04	5,729.18	5,649.73	9,638.15
30800	Attorney General	-	-	43,176.83	43,176.83	-	-	43,176.83
30900	Board of Health Professions	23,840.04	21,623.66	17,971.23	20,687.89	19,420.41	12,274.13	18,533.21
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	31.13	-	-	144.66	41.31	387.78	-
31400	Conference Center	66.64	230.69	113.26	69.33	176.49	48.79	891.48
31500	Pgm Developm't & Impimentn	27,444.32	16,190.17	18,278.25	14,143.48	18,309.57	12,472.85	10,585.04
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	704,710.50	487,519.14	530,226.34	649,533.34	419,489.86	481,952.38	568,652.42
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (383,386.64)	\$ (75,744.67)	\$ (213,673.42)	\$ (224,344.67)	\$ (69,921.42)	\$ (244,359.05)	\$ (101,234.64)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
4002400	Fee Revenue			
4002401	Application Fee	190,235.00	218,175.00	1,568,163.00
4002406	License & Renewal Fee	585,404.00	624,874.00	5,347,107.50
4002407	Dup. License Certificate Fee	2,070.00	2,330.00	20,215.00
4002408	Board Endorsement - In	4,280.00	6,460.00	44,370.00
4002409	Board Endorsement - Out	1,806.00	2,325.00	19,120.00
4002421	Monetary Penalty & Late Fees	28,208.00	28,354.00	224,931.00
4002432	Misc. Fee (Bad Check Fee)	70.00	35.00	665.00
	Total Fee Revenue	792,841.00	880,353.00	7,224,671.50
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	145.00	-	1,984.00
	Total Sales of Prop. & Commodities	145.00	-	1,984.00
4009000	Other Revenue			
4009080	Miscellaneous Revenue	11,000.00	8,800.00	39,800.00
	Total Other Revenue	11,000.00	8,800.00	39,800.00
	Total Revenue	803,986.00	889,153.00	7,268,135.50
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	18,417.88	24,683.74	178,811.84
5011120	Fed Old-Age Ins- Sal St Emp	12,851.45	15,747.84	120,797.69
5011130	Fed Old-Age Ins- Wage Earners	-	-	1,819.00
5011140	Group Insurance	1,959.84	2,551.51	19,181.37
5011150	Medical/Hospitalization Ins.	31,437.50	45,116.50	312,682.00
5011160	Retiree Medical/Hospitalizatn	1,750.21	2,279.01	17,139.25
5011170	Long term Disability Ins	884.88	1,179.92	8,810.82
5011180	Employer Retirement Contrib	584.37	389.58	6,817.85
	Total Employee Benefits	67,885.91	91,948.10	665,839.82
5011200	Salaries			
5011220	Salaries, Appointed Officials	6,875.00	4,583.34	80,208.29

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5011230	Salaries, Classified	150,386.67	192,544.83	1,381,406.43
5011250	Salaries, Overtime	3,105.46	2,681.33	16,543.45
	Total Salaries	160,367.13	199,609.50	1,478,158.17
5011380	Deferred Compnstrn Match Pmts	670.00	1,040.00	6,580.00
	Total Special Payments	670.00	1,040.00	6,580.00
5011400	Wages			
5011410	Wages, General	13,855.70	13,037.98	138,002.67
	Total Wages	13,855.70	13,037.98	138,002.67
5011500	Disability Benefits			
5011530	Short-tern Disability Benefits	250.72	-	35,013.39
	Total Disability Benefits	250.72	-	35,013.39
5011600	Terminatr Personal Svce Costs			
5011620	Salaries, Annual Leave Balanc	-	-	14,918.40
5011640	Salaries, Cmp Leave Balances	-	-	177.60
5011660	Defined Contribution Match - Hy	876.96	1,028.26	8,407.07
	Total Terminatr Personal Svce Costs	876.96	1,028.26	23,503.07
	Total Personal Services	243,906.42	306,863.85	2,347,096.92
5012000	Contractual Svcs			
5012100	Communication Services			
5012110	Express Services	170.87	-	509.92
5012120	Outbound Freight Services	-	350.16	350.16
5012130	Messnger Services	184.87	-	1,619.33
5012140	Postal Services	8,736.64	10,629.37	92,766.64
5012150	Printing Services	-	58.75	1,838.41
5012160	Telecommunications Svcs (VITA)	1,272.41	1,311.52	11,735.61
5012170	Telecomm. Svcs (Non-State)	45.00	45.00	427.50
5012190	Inbound Freight Services	-	162.79	360.40
	Total Communication Services	10,409.79	12,557.59	109,607.97
5012200	Employee Development Services			
5012210	Organization Memberships	-	105.00	6,485.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5012220	Publication Subscriptions	127.00	-	127.00
5012240	Employee Training/Workshop/Conf	-	-	2,113.00
	Total Employee Development Services	127.00	105.00	8,725.00
5012400	Mgmt and Informational Svcs			
5012420	Fiscal Services	8,749.74	14,150.05	103,975.71
5012440	Management Services	157.43	-	1,519.67
5012460	Public Infrmtnl & Relatin Svcs	-	-	54.95
5012470	Legal Services	433.75	727.50	6,171.37
5012480	Media Services	-	-	1,895.20
	Total Mgmt and Informational Svcs	9,340.92	14,877.55	113,416.90
5012500	Repair and Maintenance Svcs			
5012520	Electrical Repair & Maint Srvc	480.00	402.96	882.96
5012530	Equipment Repair & Maint Srvc	-	-	8,740.13
5012580	Mechanical Repair & Maint Srvc	-	-	382.50
	Total Repair and Maintenance Svcs	480.00	402.96	10,005.59
5012800	Support Services			
5012830	Clerical Services	13,817.18	14,330.92	167,712.97
5012840	Food & Dietary Services	2,073.10	813.38	8,959.27
5012860	Manual Labor Services	2,806.77	6,956.61	37,803.45
5012870	Production Services	17,111.30	16,776.81	130,541.20
5012880	Skilled Services	82,371.75	75,135.46	711,494.35
	Total Support Services	117,980.10	114,013.18	1,057,511.24
5012700	Technical Services			
5012780	VITA InT Int Cost Goods&Svs	-	-	665.10
5012790	Computer Software Dvp Svs	-	-	74,300.63
	Total Technical Services	-	-	74,865.73
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	718.26	2,387.06
5012840	Travel, State Vehicles	-	269.22	289.22
5012850	Travel, Subsistence & Lodging	-	746.71	2,438.17

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5012880	Trvl, Meal Reimb- Not Rprtbl	-	549.25	2,082.00
	Total Transportation Services	-	2,303.44	7,196.45
	Total Contractual Svcs	138,337.81	144,259.72	1,381,328.88
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	2,632.36	2,314.00	19,778.33
	Total Administrative Supplies	2,632.36	2,314.00	19,778.33
5013500	Repair and Maint. Supplies			
5013520	Custodial Repair & Maint Matrl	-	-	37.31
5013530	Electrcal Repair & Maint Matrl	10.69	-	10.69
	Total Repair and Maint. Supplies	10.69	-	48.00
5013600	Residential Supplies			
5013620	Food and Dietary Supplies	19.49	-	597.41
5013630	Food Service Supplies	-	-	108.44
5013640	Laundry and Linen Supplies	55.70	-	55.70
5013650	Personal Care Supplies	-	131.40	131.40
	Total Residential Supplies	75.19	131.40	890.96
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	-	133.65
	Total Specific Use Supplies	-	-	133.65
	Total Supplies And Materials	2,718.24	2,445.40	20,850.93
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	-	-	598.77
	Total Insurance-Fixed Assets	-	-	598.77
5015300	Operating Lease Payments			
5015340	Equipment Rentals	776.38	776.38	6,482.81

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5015350	Building Rentals	144.80	-	421.80
5015390	Building Rentals - Non State	15,820.55	15,821.71	128,228.04
	Total Operating Lease Payments	16,541.63	16,398.09	135,142.65
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	2,149.16
5015540	Surety Bonds	-	-	128.81
	Total Insurance-Operations	-	-	2,275.97
	Total Continuous Charges	16,541.63	16,398.09	138,017.39
5022000	Equipment			
5022170	Other Computer Equipment	487.50	-	2,863.50
5022180	Computer Software Purchases	-	-	1,138.10
	Total Computer Hardware & Software	487.50	-	3,999.90
5022200	Educational & Cultural Equip			
5022240	Reference Equipment	-	-	500.00
	Total Educational & Cultural Equip	-	-	500.00
5022600	Office Equipment			
5022620	Office Furniture	360.00	8,888.02	12,630.04
	Total Office Equipment	360.00	8,888.02	12,630.04
5022710	Household Equipment	-	-	269.95
	Total Specific Use Equipment	-	-	269.95
	Total Equipment	847.50	8,888.02	17,399.59
5023000	Plant and Improvements			
5023200	Construction of Plant and Improvements			
5023280	Construction, Buildings Improvements	-	-	-
	Total Construction of Plant and Improvements	-	-	-
	Total Plant and Improvements	-	-	-
	Total Expenditures	402,351.50	478,855.08	3,904,693.71

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
Allocated Expenditures				
20100	Behavioral Science Exec	-	-	-
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	5,389.29	5,632.75	68,961.62
20600	Funeral/TLCA/PT	-	-	-
30100	Data Center	221,716.29	139,492.41	1,406,072.93
30200	Human Resources	1,583.99	2,128.55	83,712.11
30300	Finance	54,216.89	61,210.24	519,145.80
30400	Director's Office	24,475.82	28,120.93	237,243.40
30500	Enforcement	174,392.11	163,329.02	1,649,446.44
30600	Administrative Proceedings	56,823.33	53,417.44	457,393.92
30700	Impaired Practitioners	5,707.95	6,152.67	61,208.13
30800	Attorney General	-	-	129,630.50
30900	Board of Health Professions	19,385.43	17,308.83	171,044.84
31000	SRTA	-	-	-
31100	Maintenance and Repairs	90.14	-	90.14
31300	Emp. Recognition Program	-	19.10	623.97
31400	Conference Center	155.02	96.37	1,852.07
31500	Pgm Devlpmt & Implmentn	10,824.12	10,980.50	139,208.30
98700	Cash Transfers	-	-	-
Total Allocated Expenditures		574,560.38	507,866.81	4,924,532.97
Net Revenue in Excess (Shortfall) of Expenditures		\$ (172,925.88)	\$ (97,580.89)	\$ (1,563,091.18)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,425.00	300.00	(1,125.00)	475.00%
4002406	License & Renewal Fee	830,540.00	1,174,080.00	343,540.00	70.74%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	385.00	700.00	315.00	55.00%
	Total Fee Revenue	832,350.00	1,175,410.00	343,060.00	70.81%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svcs to State	456,904.02	541,000.00	84,095.98	84.46%
4003020	Misc. Sales-Dishonored Payments	170.00	-	(170.00)	0.00%
	Total Sales of Prop. & Commodities	457,074.02	541,000.00	83,925.98	84.49%
4009000	Other Revenue				
	Total Revenue	1,289,424.02	1,716,410.00	426,985.98	75.12%
5011110	Employer Retirement Contrib.	5,651.79	10,067.00	4,405.21	56.20%
5011120	Fed Old-Age Ins- Sal St Emp	9,561.76	5,690.00	(3,871.76)	168.04%
5011130	Fed Old-Age Ins- Wage Earners	787.16	5,223.00	4,435.84	15.07%
5011140	Group Insurance	591.31	974.00	382.69	60.71%
5011150	Medical/Hospitalization Ins.	10,628.50	22,992.00	12,363.50	46.23%
5011160	Retiree Medical/Hospitalizatn	528.25	870.00	341.75	60.72%
5011170	Long term Disability Ins	280.51	461.00	180.49	60.85%
	Total Employee Benefits	28,029.28	48,267.00	18,237.72	60.58%
5011200	Salaries				
5011230	Salaries, Classified	42,964.99	74,383.00	31,418.01	57.76%
5011250	Salaries, Overtime	3,060.28	-	(3,060.28)	0.00%
	Total Salaries	46,025.27	74,383.00	28,357.73	61.88%
5011300	Special Payments				
5011380	Deferred Compnctn Match Pmts	-	960.00	960.00	0.00%
	Total Special Payments	-	960.00	960.00	0.00%
5011400	Wages				
5011410	Wages, General	94,470.43	118,269.00	23,798.57	79.88%
	Total Wages	94,470.43	118,269.00	23,798.57	79.88%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	451.39	-	(451.39)	0.00%
	Total Terminatn Personal Svce Costs	451.39	-	(451.39)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	168,976.37	239,879.00	70,902.63	70.44%
5012000	Contractual Svcs				
5012100	Communication Services				
5012140	Postal Services	38,395.13	32,117.00	(6,278.13)	119.55%
5012160	Printing Services	221.69	276.00	54.31	80.32%
5012180	Telecommunications Svcs (VITA)	268.92	2,500.00	2,231.08	10.76%
5012190	Inbound Freight Services	4.75	-	(4.75)	0.00%
	Total Communication Services	38,990.49	34,893.00	(3,997.49)	111.46%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
5012300 Health Services					
5012360 X-ray and Laboratory Services		-	125.00	125.00	0.00%
Total Health Services		-	125.00	125.00	0.00%
5012400 Mgmnt and Informational Svcs					
5012420 Fiscal Services		16,186.84	24,920.00	8,733.16	64.96%
5012440 Management Services		241.73	530.00	288.27	45.61%
5012460 Public Infrmtnl & Relatn Svcs		-	10.00	10.00	0.00%
Total Mgmnt and Informational Svcs		16,428.57	25,460.00	9,031.43	64.53%
5012500 Repair and Maintenance Svcs					
5012530 Equipment Repair & Maint Srvc		1,546.95	-	(1,546.95)	0.00%
5012560 Mechanical Repair & Maint Srvc		-	72.00	72.00	0.00%
Total Repair and Maintenance Svcs		1,546.95	72.00	(1,474.95)	2148.64%
5012600 Support Services					
5012660 Manual Labor Services		1,222.95	2,454.00	1,231.05	49.83%
5012670 Production Services		7,948.87	10,300.00	2,351.13	77.17%
5012680 Skilled Services		16,266.77	48,303.00	32,036.23	33.68%
Total Support Services		25,438.59	61,057.00	35,618.41	41.66%
5012700 Technical Services					
5012780 VITA InT Int Cost Goods&Svs		2,435.63	-	(2,435.63)	0.00%
Total Technical Services		2,435.63	-	(2,435.63)	0.00%
5012800 Transportation Services					
5012820 Travel, Personal Vehicle		4,944.97	6,893.00	1,948.03	71.74%
5012830 Travel, Public Carriers		176.06	-	(176.06)	0.00%
5012840 Travel, State Vehicles		593.99	310.00	(283.99)	191.61%
5012850 Travel, Subsistence & Lodging		675.87	912.00	236.13	74.11%
5012880 Trvl, Meal Reimb- Not Rprtbl		371.00	528.00	157.00	70.27%
Total Transportation Services		6,761.89	8,643.00	1,881.11	78.24%
Total Contractual Svc		91,502.12	130,250.00	38,747.88	70.25%
5013000 Supplies And Materials					
5013100 Administrative Supplies					
5013120 Office Supplies		1,798.91	1,092.00	(706.91)	164.74%
5013130 Stationery and Forms		-	1,203.00	1,203.00	0.00%
Total Administrative Supplies		1,798.91	2,295.00	496.09	78.38%
5013200 Energy Supplies					
5013230 Gasoline		76.23	-	(76.23)	0.00%
Total Energy Supplies		76.23	-	(76.23)	0.00%
5013300 Manufctrng and Merch Supplies					
5013350 Packaging & Shipping Supplies		-	20.00	20.00	0.00%
Total Manufctrng and Merch Supplies		-	20.00	20.00	0.00%
5013500 Repair and Maint. Supplies					
5013520 Custodial Repair & Maint Matri		6.60	-	(6.60)	0.00%
5013530 Electrcal Repair & Maint Matri		1.89	-	(1.89)	0.00%
Total Repair and Maint. Supplies		8.49	-	(8.49)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount		% of Budget
				Under/(Over)	Budget	
5013600 Residential Supplies						
5013620	Food and Dietary Supplies	-	80.00	80.00		0.00%
5013630	Food Service Supplies	-	226.00	226.00		0.00%
5013640	Laundry and Linen Supplies	7.48	-	(7.48)		0.00%
	Total Residential Supplies	<u>7.48</u>	<u>306.00</u>	<u>298.52</u>		<u>2.44%</u>
	Total Supplies And Materials	<u>1,891.11</u>	<u>2,821.00</u>	<u>729.89</u>		<u>72.15%</u>
5016000 Continuous Charges						
5016100 Insurance-Fixed Assets						
5016160	Property Insurance	105.98	106.00	0.02		99.98%
	Total Insurance-Fixed Assets	<u>105.98</u>	<u>106.00</u>	<u>0.02</u>		<u>99.98%</u>
5015300 Operating Lease Payments						
5015340	Equipment Rentals	7.94	-	(7.94)		0.00%
5015350	Building Rentals	46.80	-	(46.80)		0.00%
5015360	Land Rentals	-	50.00	50.00		0.00%
5015390	Building Rentals - Non State	22,693.78	29,916.00	7,222.22		75.86%
	Total Operating Lease Payments	<u>22,748.52</u>	<u>29,966.00</u>	<u>7,217.48</u>		<u>75.91%</u>
5015500 Insurance-Operations						
5015510	General Liability Insurance	380.39	399.00	18.61		95.34%
5015540	Surety Bonds	22.45	24.00	1.55		93.54%
	Total Insurance-Operations	<u>402.84</u>	<u>423.00</u>	<u>20.16</u>		<u>95.23%</u>
	Total Continuous Charges	<u>23,257.34</u>	<u>30,495.00</u>	<u>7,237.66</u>		<u>76.27%</u>
5022000 Equipment						
5022200 Educational & Cultural Equip						
5022240	Reference Equipment	-	162.00	162.00		0.00%
	Total Educational & Cultural Equip	<u>-</u>	<u>162.00</u>	<u>162.00</u>		<u>0.00%</u>
5022600 Office Equipment						
5022660	Office Equipment Improvements	-	4.00	4.00		0.00%
	Total Office Equipment	<u>-</u>	<u>4.00</u>	<u>4.00</u>		<u>0.00%</u>
	Total Equipment	<u>-</u>	<u>166.00</u>	<u>166.00</u>		<u>0.00%</u>
	Total Expenditures	<u>285,626.94</u>	<u>403,411.00</u>	<u>117,784.06</u>		<u>70.80%</u>
	Allocated Expenditures					
20400	Nursing / Nurse Aid	26,238.00	40,816.04	14,578.04		64.28%
30100	Data Center	173,416.08	235,350.61	61,934.53		73.68%
30200	Human Resources	8,820.72	14,710.94	5,890.22		59.96%
30300	Finance	117,361.31	185,191.86	67,830.55		63.37%
30400	Director's Office	53,546.91	73,559.94	20,013.03		72.79%
30500	Enforcement	410,844.80	655,845.24	245,000.83		62.64%
30600	Administrative Proceedings	83,309.87	194,419.56	111,109.68		42.85%
30700	Impaired Practitioners	1,374.14	2,139.57	765.42		64.23%
30800	Attorney General	1,042.49	1,696.58	654.09		61.45%
30900	Board of Health Professions	38,754.33	59,277.43	20,523.10		65.38%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over)		% of Budget
				Budget		
31100	Maintenance and Repairs	14.97	4,059.95	4,044.98		0.37%
31300	Emp. Recognition Program	78.84	326.38	247.54		24.16%
31400	Conference Center	313.47	355.21	41.74		88.25%
31500	Pgm Developmnt & Implmentn	31,689.18	43,035.83	11,346.65		73.63%
	Total Allocated Expenditures	946,804.93	1,510,785.12	563,980.20		62.67%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ 56,992.15	\$ (197,786.12)	\$ (254,778.28)		28.82%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
4002400	Fee Revenue							
4002401	Application Fee	175.00	175.00	100.00	150.00	125.00	75.00	175.00
4002406	License & Renewal Fee	121,770.00	96,570.00	90,480.00	90,680.00	77,840.00	65,390.00	93,115.00
4002432	Misc. Fee (Bad Check Fee)	35.00	100.00	5.00	35.00	35.00	-	35.00
	Total Fee Revenue	121,980.00	96,845.00	90,585.00	90,865.00	78,000.00	65,465.00	93,325.00
4003000	Sales of Prop. & Commodities							
4003007	Sales of Goods/Services to State	58,079.35	-	34,636.33	-	-	171,053.59	-
4003020	Misc. Sales-Dishonored Payments	-	-	-	-	50.00	-	30.00
	Total Sales of Prop. & Commodities	58,079.35	-	34,636.33	-	50.00	171,053.59	30.00
	Total Revenue	180,059.35	96,845.00	125,221.33	90,865.00	78,050.00	236,518.59	93,355.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	1,214.34	810.18	810.18	1,199.75	1,199.76	1,199.76	1,199.76
5011120	Fed Old-Age Ins- Sel St Emp	672.53	718.37	780.77	1,410.45	1,735.13	1,655.62	1,517.38
5011130	Fed Old-Age Ins- Wage Earners	787.16	-	-	-	-	-	-
5011140	Group Insurance	121.80	81.20	81.20	121.96	121.96	121.96	121.96
5011150	Medical/Hospitalization Ins.	2,819.00	1,916.00	1,916.00	2,603.00	2,603.00	2,603.00	2,603.00
5011160	Retiree Medical/Hospitalizatin	109.09	72.52	72.52	108.93	108.92	108.92	108.92
5011170	Long term Disability Ins	58.90	38.44	38.44	57.73	57.74	57.74	57.74
	Total Employee Benefits	5,782.82	3,636.71	3,699.11	5,501.82	5,826.51	5,747.00	5,608.76
5011200	Salaries							
5011230	Salaries, Classified	9,158.52	6,082.46	5,780.54	8,743.93	9,310.18	9,310.18	9,310.18
5011250	Salaries, Overtime	324.76	-	797.12	118.09	295.23	688.88	-
	Total Salaries	9,483.28	6,082.46	6,577.66	8,862.02	9,605.41	9,999.06	9,310.18
5011380	Deferred Compnstrn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00
	Total Special Payments	60.00	40.00	40.00	40.00	40.00	40.00	40.00
5011400	Wages							

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5011410	Wages, General	10,289.34	3,773.79	4,094.53	10,185.84	13,687.08	12,254.03	11,135.36
	Total Wages	10,289.34	3,773.79	4,094.53	10,185.84	13,687.08	12,254.03	11,135.36
5011600	Terminatn Personal Svce Costs							
5011660	Defined Contribution Match - Hy	41.79	27.86	27.88	58.98	58.98	58.98	58.98
	Total Terminatn Personal Svce Costs	41.79	27.86	27.88	58.98	58.98	58.98	58.98
	Total Personal Services	25,657.23	13,680.82	14,439.18	24,848.66	29,217.98	28,099.07	26,153.28
5012000	Contractual Svcs							
5012100	Communication Services							
5012140	Postal Services	5,379.85	4,766.18	3,730.34	4,067.61	3,787.07	4,416.67	2,208.16
5012150	Printing Services	-	-	221.89	-	-	-	-
5012160	Telecommunications Svcs (VITA)	26.28	62.58	26.28	27.30	27.30	27.30	27.30
5012190	Inbound Freight Services	-	-	4.75	-	-	-	-
	Total Communication Services	5,406.13	4,818.74	3,983.06	4,094.91	3,814.37	4,443.97	2,235.46
5012400	Mgmt and Informational Svcs							
5012420	Fiscal Services	4,852.88	50.00	1,885.16	3,382.80	30.00	1,674.34	1,356.41
5012440	Management Services	-	94.33	-	61.38	-	58.16	-
	Total Mgmt and Informational Svcs	4,852.88	144.33	1,885.16	3,444.18	30.00	1,732.50	1,356.41
5012500	Repair and Maintenance Svcs							
5012530	Equipment Repair & Maint Svcs	-	-	-	-	1,918.85	(321.14)	(50.76)
	Total Repair and Maintenance Svcs	-	-	-	-	1,918.85	(321.14)	(50.76)
5012600	Support Services							
5012660	Manual Labor Services	37.19	291.70	176.93	85.36	228.19	23.89	71.21
5012670	Production Services	474.32	1,352.89	826.28	648.49	1,665.55	254.78	558.62
5012680	Skilled Services	2,296.03	1,897.28	1,897.28	1,897.28	1,897.28	1,897.28	1,355.20
	Total Support Services	2,809.54	3,541.67	2,900.49	2,631.12	3,791.02	2,175.75	1,985.03
5012700	Technical Services							
5012780	VITA InT Int Cost Goods&Svs	-	-	2,435.63	-	-	-	-
	Total Technical Services	-	-	2,435.63	-	-	-	-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	287.73	392.98	78.48	387.31	667.95	600.75	799.71
5012830	Travel, Public Carriers	-	-	-	-	-	-	141.93
5012840	Travel, State Vehicles	29.26	-	-	-	158.20	-	254.84
5012850	Travel, Subistence & Lodging	1.05	-	-	215.20	26.00	3.00	2.83
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	-	90.25	-	-	-
	Total Transportation Services	318.04	392.98	78.48	702.76	852.15	603.75	1,199.11
	Total Contractual Svcs	13,386.59	8,897.70	11,282.82	10,872.97	10,406.39	8,834.83	6,725.25
5013000	Supplies And Materials							
5013100	Administrative Supplies							
5013120	Office Supplies	32.17	281.38	306.38	147.71	290.89	242.27	62.57
	Total Administrative Supplies	32.17	281.38	306.38	147.71	290.89	242.27	62.57
5013200	Energy Supplies							
5013230	Gasoline	-	-	-	-	17.14	-	31.60
	Total Energy Supplies	-	-	-	-	17.14	-	31.60
5013500	Repair and Maint. Supplies							
5013520	Custodial Repair & Maint Matri	-	-	-	-	-	-	6.60
5013530	Electrical Repair & Maint Matri	-	-	-	-	-	-	-
	Total Repair and Maint. Supplies	-	-	-	-	-	-	6.60
5013800	Residential Supplies							
5013840	Laundry and Linen Supplies	-	-	-	-	-	-	-
	Total Residential Supplies	-	-	-	-	-	-	-
	Total Supplies And Materials	32.17	281.38	306.38	147.71	308.03	242.27	100.77
5015000	Continuous Charges							
5015100	Insurance-Fixed Assets							

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5015160	Property Insurance	105.98	-	-	-	-	-	-
	Total Insurance-Fixed Assets	105.98	-	-	-	-	-	-
5015300	Operating Lease Payments							
5015340	Equipment Rentals	3.97	-	-	3.97	-	-	-
5015350	Building Rentals	-	15.60	-	-	15.60	-	-
5015390	Building Rentals - Non State	2,413.83	2,987.16	2,413.38	2,413.38	2,827.00	2,437.61	2,413.38
	Total Operating Lease Payments	2,417.80	2,982.76	2,413.38	2,417.35	2,842.60	2,437.61	2,413.38
5015500	Insurance-Operations							
5015510	General Liability Insurance	350.39	-	-	-	-	-	-
5015540	Surety Bonds	22.45	-	-	-	-	-	-
	Total Insurance-Operations	402.84	-	-	-	-	-	-
	Total Continuous Charges	2,926.62	2,982.76	2,413.38	2,417.35	2,842.60	2,437.61	2,413.38
	Total Expenditures	42,002.61	25,702.66	28,421.72	38,086.69	42,575.00	39,413.78	35,392.68
	Allocated Expenditures							
20100	Behavioral Science Exec	-	-	-	-	-	-	-
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	2,151.94	4,696.10	5,299.19	1,108.17	2,208.39	5,823.95	617.97
20800	Funeral/TCA/PT	-	-	-	-	-	-	-
30100	Data Center	31,119.62	17,022.44	16,035.95	23,981.51	7,583.03	18,180.21	16,776.13
30200	Human Resources	983.24	98.37	113.58	5,902.21	1,240.26	176.32	162.59
30300	Finance	16,062.40	12,481.18	11,596.51	11,874.34	14,019.17	12,674.08	15,486.74
30400	Director's Office	8,582.80	5,529.36	5,483.72	5,686.26	8,089.29	5,857.58	5,795.04
30500	Enforcement	66,154.84	47,781.16	45,935.26	38,653.26	41,211.34	42,066.91	45,445.66
30600	Administrative Proceedings	14,811.12	9,735.14	8,782.33	12,832.92	11,058.42	3,777.69	11,446.02

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
30700	Impaired Practitioners	213.77	143.84	136.08	204.87	142.72	104.62	210.29
30800	Attorney General	-	-	347.50	347.50	-	-	347.50
30900	Board of Health Professions	5,408.74	4,814.08	4,039.29	4,796.34	4,757.23	3,000.21	4,417.97
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	2.63	-	-	15.72	5.88	55.13	-
31400	Conference Center	12.23	41.11	20.18	12.35	29.85	8.10	148.08
31500	Pgm Dvlpmnt & Implmntn	6,226.46	3,604.42	4,108.29	3,279.10	4,485.12	3,048.79	2,618.51
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	151,729.79	105,947.21	101,857.88	108,697.55	92,830.60	94,773.82	103,374.49
	Net Revenue In Excess (Shortfall) of Expenditures	\$ (13,673.05)	\$ (34,804.87)	\$ (5,078.25)	\$ (55,919.24)	\$ (57,355.50)	\$ 102,331.19	\$ (45,412.17)

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
4002400	Fee Revenue			
4002401	Application Fee	275.00	176.00	1,425.00
4002406	License & Renewal Fee	93,170.00	101,545.00	830,540.00
4002432	Misc. Fee (Bad Check Fee)	70.00	70.00	385.00
	Total Fee Revenue	93,515.00	101,790.00	832,350.00
4003000	Sales of Prop. & Commodities			
4003007	Sales of Goods/ Svcs to State	-	193,134.75	458,904.02
4003020	Misc. Sales-Dishonored Payments	60.00	30.00	170.00
	Total Sales of Prop. & Commodities	60.00	193,164.75	457,074.02
	Total Revenue	93,575.00	294,954.75	1,289,424.02
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,199.76	(3,181.70)	5,651.79
5011120	Fed Old-Age Ins- Sal St Emp	1,806.34	(534.83)	8,561.76
5011130	Fed Old-Age Ins- Wage Earners	-	-	787.16
5011140	Group Insurance	121.96	(302.69)	591.31
5011150	Medical/Hospitalization Ins.	2,603.00	(9,037.50)	10,628.50
5011160	Retiree Medical/Hospitalizatr	108.92	(270.49)	528.25
5011170	Long term Disability Ins	57.74	(143.98)	280.51
	Total Employee Benefits	5,697.72	(13,471.17)	28,029.28
5011200	Salaries			
5011230	Salaries, Classified	9,310.18	(24,041.18)	42,964.99
5011250	Salaries, Overtime	782.35	53.85	3,060.28
	Total Salaries	10,092.53	(23,987.33)	46,025.27
5011380	Deferred Compnstrn Match Pmts	40.00	(340.00)	-
	Total Special Payments	40.00	(340.00)	-
5011400	Wages			-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5011410	Wages, General	11,518.18	17,534.30	94,470.43
	Total Wages	11,518.18	17,534.30	94,470.43
5011800	Terminatn Personal Svcs Costs			
5011880	Defined Contribution Match - Hy	58.98	58.98	451.39
	Total Terminatn Personal Svcs Costs	58.98	58.98	451.39
	Total Personal Services	27,405.39	(20,205.22)	188,976.37
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012140	Postal Services	3,220.39	6,818.86	38,395.13
5012150	Printing Services	-	-	221.89
5012160	Telecommunications Svcs (VITA)	27.30	27.30	288.92
5012190	Inbound Freight Services	-	-	4.75
	Total Communication Services	3,247.69	6,846.16	38,890.49
5012400	Mgmt and Informational Svcs			
5012420	Fiscal Services	1,192.07	1,783.18	16,186.84
5012440	Management Services	27.88	-	241.73
	Total Mgmt and Informational Svcs	1,219.93	1,783.18	16,428.57
5012500	Repair and Maintenance Svcs			
5012530	Equipment Repair & Maint Svcs	-	-	1,546.95
	Total Repair and Maintenance Svcs	-	-	1,546.95
5012800	Support Services			
5012860	Manual Labor Services	148.12	160.57	1,222.95
5012870	Production Services	1,126.56	1,041.58	7,948.87
5012880	Skilled Services	1,675.02	1,452.12	16,289.77
	Total Support Services	2,949.70	2,654.27	25,438.59
5012700	Technical Services			
5012780	VITA InT Int Cost Goods&Svs	-	-	2,435.63
	Total Technical Services	-	-	2,435.63

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	190.08	1,530.00	4,944.97
5012830	Travel, Public Carriers	-	34.13	176.06
5012840	Travel, State Vehicles	151.89	-	593.99
5012850	Travel, Subsistence & Lodging	-	427.79	675.87
5012880	Trvl, Meal Reimb- Not Rprtble	-	280.75	371.00
	Total Transportation Services	<u>341.97</u>	<u>2,272.67</u>	<u>6,761.89</u>
	Total Contractual Svcs	7,759.29	13,556.28	91,502.12
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013120	Office Supplies	124.57	330.99	1,798.91
	Total Administrative Supplies	<u>124.57</u>	<u>330.99</u>	<u>1,798.91</u>
5013200	Energy Supplies			
5013230	Gasoline	10.11	17.38	76.23
	Total Energy Supplies	<u>10.11</u>	<u>17.38</u>	<u>76.23</u>
5013500	Repair and Maint. Supplies			
5013520	Custodial Repair & Maint Matrl	-	-	6.60
5013530	Electrcal Repair & Maint Matrl	1.89	-	1.89
	Total Repair and Maint. Supplies	<u>1.89</u>	<u>-</u>	<u>8.49</u>
5013600	Residential Supplies			
5013640	Laundry and Linen Supplies	7.48	-	7.48
	Total Residential Supplies	<u>7.48</u>	<u>-</u>	<u>7.48</u>
	Total Supplies And Materials	144.05	348.37	1,891.11
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			-

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5015180	Property Insurance	-	-	105.98
	Total Insurance-Fixed Assets	-	-	105.98
5015300	Operating Lease Payments			
5015340	Equipment Rentals	-	-	7.94
5015350	Building Rentals	15.60	-	46.80
5015390	Building Rentals - Non State	2,594.66	2,413.38	22,693.78
	Total Operating Lease Payments	2,610.26	2,413.38	22,748.52
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	380.39
5015540	Surety Bonds	-	-	22.45
	Total Insurance-Operations	-	-	402.84
	Total Continuous Charges	2,610.26	2,413.38	23,257.34
	Total Expenditures	37,918.99	(3,687.19)	285,626.94
	Allocated Expenditures			
20100	Behavioral Science Exec	-	-	-
20200	OptVet-MedVSLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	2,822.18	1,810.10	26,238.00
20600	Funeral/LTCANPT	-	-	-
30100	Data Center	25,536.72	17,178.49	173,416.08
30200	Human Resources	201.61	(57.45)	8,820.72
30300	Finance	12,984.10	10,202.77	117,381.31
30400	Director's Office	5,852.55	4,687.31	53,548.91
30500	Enforcement	41,001.75	42,594.42	410,844.60
30600	Administrative Proceedings	4,196.03	6,880.21	63,309.87

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
30700	Impaired Practitioners	106.48	111.46	1,374.14
30800	Attorney General	-	-	1,042.49
30900	Board of Health Professions	4,635.36	2,885.11	38,754.33
31000	SRTA	-	-	-
31100	Maintenance and Repairs	14.97	-	14.97
31300	Emp. Recognition Program	-	(0.52)	78.84
31400	Conference Center	25.75	16.01	313.47
31500	Pgm Devlpmt & Implmntn	2,588.22	1,830.27	31,689.18
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	99,645.72	87,948.19	946,804.93
	Net Revenue In Excess (Shortfall) of Expenditures	\$ (43,989.71)	\$ 210,893.75	\$ 56,992.15

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over)	
5011120	Fed Old-Age Ins- Sal St Emp	3,019.47	-	(3,019.47)	0.00%
5011130	Fed Old-Age Ins- Wage Earners	524.30	3,095.00	2,570.70	16.94%
	Total Employee Benefits	3,543.77	3,095.00	(448.77)	114.50%
5011300	Special Payments				
5011340	Specified Per Diem Payment	8,850.00	24,550.00	15,700.00	36.05%
	Total Special Payments	8,850.00	24,550.00	15,700.00	36.05%
5011400	Wages				
5011410	Wages, General	46,323.88	74,423.00	28,099.12	62.24%
	Total Wages	46,323.88	74,423.00	28,099.12	62.24%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	58,717.65	102,068.00	43,350.35	57.53%
5012000	Contractual Svcs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	5,400.00	10,000.00	4,600.00	54.00%
	Total Support Services	5,400.00	20,598.00	15,198.00	26.22%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	13,377.87	16,757.00	3,379.13	79.83%
5012830	Travel, Public Carriers	-	39.00	39.00	0.00%
5012850	Travel, Subistence & Lodging	12,165.10	13,828.00	1,662.90	87.97%
5012880	Trvl, Meal Reimb- Not Rptble	5,539.00	6,546.00	1,007.00	84.62%
	Total Transportation Services	31,081.97	37,170.00	6,088.03	83.62%
	Total Contractual Svcs	36,481.97	61,878.00	25,388.03	58.96%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022000	Equipment				
5022600	Office Equipment				
5022620	Office Furniture	-	2,100.00	2,100.00	0.00%
	Total Office Equipment	-	2,100.00	2,100.00	0.00%
	Total Equipment	-	2,100.00	2,100.00	0.00%
	Total Expenditures	95,199.82	166,060.00	70,860.38	57.33%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	July	August	September	October	November	December	January
5011000	Personal Services							
5011100	Employee Benefits							
5011120	Fed Old-Age Ins- Sal St Emp	-	512.01	329.95	442.30	581.34	209.14	652.44
5011130	Fed Old-Age Ins- Wage Earners	524.30	-	-	-	-	-	-
	Total Employee Benefits	524.30	512.01	329.95	442.30	581.34	209.14	652.44
5011300	Special Payments							
5011340	Specified Per Diem Payment	800.00	1,700.00	1,300.00	800.00	300.00	1,850.00	50.00
	Total Special Payments	800.00	1,700.00	1,300.00	800.00	300.00	1,850.00	50.00
5011400	Wages							
5011410	Wages, General	6,853.61	6,693.14	4,312.83	5,781.90	7,599.06	2,733.93	7,221.39
	Total Wages	6,853.61	6,693.14	4,312.83	5,781.90	7,599.06	2,733.93	7,221.39
	Total Personal Services	8,177.91	8,905.15	5,942.78	7,024.20	8,480.40	4,793.07	7,823.83
5012000	Contractual Svs							
5012600	Support Services							
5012680	Skilled Services	-	-	5,400.00	-	-	-	-
	Total Support Services	-	-	5,400.00	-	-	-	-
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	1,230.08	2,200.73	1,692.78	1,581.50	600.59	2,221.98	46.33
5012850	Travel, Subsistence & Lodging	953.93	2,891.44	1,169.07	914.34	100.84	1,999.88	1,394.72
5012880	Trvl, Meal Reimb- Not Rprtbl	595.00	1,136.75	821.50	454.50	124.50	1,177.50	-
	Total Transportation Services	2,779.01	6,228.92	3,673.35	2,950.34	825.93	5,399.36	1,441.05
	Total Contractual Svs	2,779.01	6,228.92	9,073.35	2,950.34	825.93	5,399.36	1,441.05
	Total Expenditures	10,956.92	15,134.07	15,016.13	8,874.54	9,306.33	10,192.43	9,264.88

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2018 and Ending March 31, 2019

Account Number	Account Description	February	March	Total
5011000	Personal Services			
5011100	Employee Benefits			
5011120	Fed Old-Age Ins- Sal St Emp	186.66	205.63	3,019.47
5011130	Fed Old-Age Ins- Wage Earners	-	-	624.30
	Total Employee Benefits	186.66	205.63	3,643.77
5011300	Special Payments			
5011340	Specified Per Diem Payment	1,360.00	700.00	8,860.00
	Total Special Payments	1,360.00	700.00	8,860.00
5011400	Wages			
5011410	Wages, General	2,440.19	2,687.63	46,323.88
	Total Wages	2,440.19	2,687.63	46,323.88
	Total Personal Services	3,976.85	3,593.48	66,717.65
5012000	Contractual Svcs			-
5012800	Support Services			
5012880	Skilled Services	-	-	5,400.00
	Total Support Services	-	-	5,400.00
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	2,132.12	1,671.76	13,377.87
5012850	Travel, Subsistence & Lodging	1,085.00	1,685.88	12,165.10
5012880	Trvl, Meal Reimb- Not Rptble	737.50	491.75	5,539.00
	Total Transportation Services	3,954.62	3,849.39	31,081.97
	Total Contractual Svcs	3,954.62	3,849.39	36,481.97
	Total Expenditures	7,911.47	7,442.85	95,199.62

2019 Monthly Tracking Log

License Count	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec
Nursing													
Pres Auth	7,904	7,975	8,072	8,059									
Massage Therapy	8,674	8,617	8,715	8,610									
Medication Aide	6,460	6,522	6,589	6,431									
Clinical Nurse Spec	415	414	418	415									
Nurse Practitioner	11,087	11,189	11,331	11,320									
Autonomous Practice				226									
Practical Nurse	28,735	28,727	28,777	28,632									
Registered Nurse	109,275	109,454	110,067	109,711									
Total for Nursing	172,550	172,898	173,969	173,404	0	0	0	0	0	0	0	0	0
Nurse Aide	52,171	52,533	52,878	52,405									
Advanced Nurse Aide	52	49	51	47									
Total for Nurse Aide	52,223	52,582	52,929	52,452	0	0	0	0	0	0	0	0	0
License Count Grand Total	224,773	225,480	226,898	225,856	0	0	0	0	0	0	0	0	0
Open Cases Count													
Nursing	1202	1236	1213	1221									
Nurse Aide	246	247	269	289									
Open Cases Total	1,448	1,483	1,482	1,510	0	0	0	0	0	0	0	0	0
Case Count by Occupation													
Rec'd RN	54	75	68	65									262
Rec'd PN	25	32	41	45									143
Rec'd NP, AP, CNS	26	25	36	47									134
Rec'd LMT	6	2	13	2									23
Rec'd RMA	6	4	4	8									22
Rec'd Edu Program	2	3	0	1									6
Total Received Nursing	119	141	162	168	0	0	0	0	0	0	0	0	590
Closed RN	55	33	100	73									261
Closed PN	35	25	49	34									143
Closed NP, AP, CNS	30	32	29	35									126
Closed LMT	8	6	3	3									20
Closed RMA	19	19	13	5									56
Closed Edu Program	2	0	1	0									3
Total Closed Nursing	149	115	195	150	0	0	0	0	0	0	0	0	609
Case Count - Nurse Aides													
Received	38	40	47	64									189
Rec'd Edu Program	0	0	0	1									1
Total Received CNA	38	40	47	65	0	0	0	0	0	0	0	0	190
Closed	86	43	56	34									219
Closed Edu Program	0	0	0	0									0
Total Closed CNA	86	43	56	34	0	0	0	0	0	0	0	0	219
All Cases Closed	235	158	251	184	0	0	0	0	0	0	0	0	828
All Cases Received	157	181	209	233	0	0	0	0	0	0	0	0	780
Difference	78	-23	42	-49	0	0	0	0	0	0	0	0	48

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Board	License	Admissions1		Stays2	Comp3	Vacated Stays4			Dismissals5	
		Req	Vol			Vac Only	Vac & Diam	N/C	Inel	Diam Resig
Nursing	LNP	2		1	3					
	LPN	5						4		1
	RN	14	2	2	12	2		9		1
	CNA	1						1		
	Massage Ther									
Nursing Total		22	2	3	15	2		14		2
	DC							1		
	DO				1					
	DPM									
	Intern/Resident									
	LAT									
	LBA									
Medicine	Lic Rad Tech									
	MD	2	1		2					
	OT									
	PA				1					
	RT	1								
Medicine Total		3	1		4			1		
Pharmacy	Pharmacist	1			1					
	RPh									
	Pharm Tech		1							
Pharmacy Totals		1	1		1					
Dentistry	DDS	1			2					
	DMD	1								
	RDH							1		
Dentistry Total		2			2			1		
Social Work	LCSW									
Psychology	LCP									
Counseling	LPC									
Funeral Directors & Embalmers	FSL									
Optometry	OD	1								
Veterinary Med	DVM									1
	Vet Tech	1								
Veterinary Med		1								1
Audiology/Speech Pathology	SLP							1		
Physical Therapy	PT									
	PTA									
Physical Therapy Total										
TOTALS		30	4	3	22	2	0	17	1	2

Admissions1: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of Ir
Stays2: Stays of Disciplinary Action Granted

Comp3: Successful Completions

Vacated Stays4: Vac Only=Vacated Stay Only; Vac & Diam=Vacated Stay & Dismissal

Dismissals5: N/C=Dismissed Non-Compliant; Inel=Dismissed Ineligible; Diam Resig=Dismissed due to Resignation; Resig=Resignatio

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING MINUTES
April 10, 2019**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:00 A.M., April 10, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

CHAIR: Marie Gerardo, MS, RN, ANP-BC; Chair

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE MEMBERS PRESENT:
A Tucker Gleason, PhD, Board of Nursing Member
Lori Conklin, MD, Board of Medicine Member
Kenneth Walker, MD, Board of Medicine Member

STAFF PRESENT: Jodi P. Power, RN, JD; Senior Deputy Executive Director; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing
Darlene Graham, Senior Discipline Specialist; Board of Nursing

OTHERS PRESENT: Erin Barrett, Assistant Attorney General; Board Counsel

ESTABLISHMENT OF A QUORUM: With three members of the Committee of the Joint Boards and one Board of Nursing member present, a quorum was established.

CONSIDERATION OF THE AGENCY SUBORDINATE RECOMMENDATION:

**Jessica Anne Landrum Webb, LPN 0024-170802
Prescriptive Authority Number: 0017-141011**

Ms. Webb did not appear.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine moved to accept the recommended decision of the agency subordinate:

- To reprimand Jessica Anne Landrum Webb
- To require her within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Committee of the Joint Boards of successful completion of the NCSBN course *“Professional Accountability & Legal Liability for Nurses”*
- To indefinitely suspend her prescriptive authority.

The motion was seconded and carried unanimously.

**FORMAL HEARING: Judith Tapsell Thompson Gore, LNP 0024-047673
Prescriptive Authority Number: 0017-136820**

Ms. Gore appeared and was accompanied by Michael Goodman, Esquire, Nora Ciancio, Esquire, and Casey Brennan, FNP.

James Schliessman, Assistant Attorney General, and Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Committee of Joint Boards. Marie Whisenand, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Ashley Hester, Senior Investigator, Department of Health Professions, Physician # 2 and Casey Brennan, FNP, were present and testified.

RECESS: The Committee recessed at 12:20 P.M.

RECONVENTION: The Committee reconvened at 12:50 P.M.

RECESS: The Committee recessed at 2:50 P.M.

RECONVENTION: The Committee reconvened at 3:00 P.M.

RECESS: The Committee recessed at 3:55 P.M.

RECONVENTION: The Committee reconvened at 4:05 P.M.

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the Code of Virginia at 4:53 P.M., for the purpose to reach a decision in the matter of Ms. Gore. Additionally, Dr. Gleason moved that Ms. Power, Ms. Graham and Ms. Barrett attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:05 P.M.

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

Virginia Board of Nursing
Committee of Joint Boards of Nursing and Medicine Minutes – Formal Hearing
April 10, 2019

ACTION: Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine restrict the prescriptive authority of Judith Tapsell Thompson Gore in prescribing Schedule II-V medications for a period of not less than 24 months, and that this decision will be set forth in a final Order that will be sent to Ms. Gore . The motion was seconded and carried unanimously.

ADJOURNMENT: The meeting was adjourned at 6:07 P.M.

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

C6

Virginia Board of Nursing
Executive Director Report

May 21, 2019

Meetings/Speaking Engagements

- Jay Douglas, Executive Director for the Virginia Board of Nursing, attended the Nurse Licensure Compact (NLC) Midyear meeting in San Antonio, TX on March 25, 2019. Topics of the meeting related to Enhanced NLC Model Statute and Final Rules. In addition, consistency in processing Puerto Rico applications and legal FAQ's were discussed.
- Jay Douglas, Executive Director, Jennifer Phelps, First Vice President, and Jodi Power, Senior Deputy Executive Director for the Virginia Board of Nursing attended the NCSBN Midyear meeting in San Antonio, TX on March 26-28, 2019. Topics of the meeting related to next Generation NCLEX update and Global Leadership Academy for Regulatory Excellence. A two year program which will be available to Board staff and Board members for academic credit.
- Paula Saxby, RN, PhD, Deputy Executive Director for Education, Robin Hills, RN, DNP, WHNP, Deputy Executive Director for Advanced Practice, and Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager, for the Board of Nursing attended the SCHEV Summit on April 4, 2019 and participated in questions and answer sessions with SCHEV concern Nursing Education.
- Robin Hills, RN, DNP, WHNP, Deputy Executive Director for Advanced Practice, and Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager, for the Board of Nursing attended the Virginia Association of Colleges of Nursing (VACN) Conference held at the Liberty University on April 5, 2019 and provided a Board of Nursing update to Deans and their associates.
- Jay Douglas, Executive Director, and Louise Hershkowitz, Board President, for the Board of Nursing attended the NCSBN APRN Roundtable and Consensus Forum on April 9 -10, 2019. The APRN Consensus Model adopted in 2008 is in need of revision. State Boards were asked to provide input regarding these revisions.
 - ❖ The APRN Roundtable meeting – topics included
 - ✓ CNS demonstration projects related to APRN Education
 - ✓ Global trends as social demographics changing and an increasing number of providers needed
 - ✓ Dispelling myths related to education and scope of APRN;s
 - ✓ Update on Licensure, Accreditation Certification and Education (LACE)
 - ✓ Competency evaluations
 - ❖ Consensus meeting - issues related to scope of practice of all 4 APRN (NP, CNM, CRNA and CNS) roles, practice setting, implications related to licensure category and specialty, slow adoption of the consensus model discussed
- Jay Douglas, Executive Director, Robin Hills, Deputy Executive Director for Advanced Practice, Charlette Ridout, Deputy Executive Director, Paula Saxby, Deputy Executive Director for Nursing Education, and Jacquelyn Wilmoth, Nursing Education Program Manager, participated in the Nurse Education Program Inspector meeting on April 24, 2019, regarding transition of leadership and program inspector process.

- Jay Douglas, Executive Director, Robin Hills, Deputy Executive Director for Advanced Practice, Paula Saxby, Deputy Executive Director for Nursing Education, and Charlette Ridout, Deputy Executive Director, participated in a business review meeting on April 24, 2019 with PearsonVue representatives regarding the Nurse Aide education and examination contract.
- Jay Douglas, Executive Director for the Board of Nursing, participated in the meeting with Tracy White, MA, BSN, RN, School Health Specialist at the Virginia Department of Education, Office of Student Services, and Caroline Juran, Executive Director for the Board of Pharmacy, regarding CBC Oil use in schools and recent legislation related to cannabidiol oil and Naloxone.
- Jay Douglas, Executive Director for the Board of Nursing, attended the NCSBN Board of Directors as Area III Director for Virginia and surrounding states on May 6-8, 2019. Matters related to the NCLEX exam, strategic plan and APRN Compact Task Force were discussed.
- CBC Unit - Fieldprint contract addendum to add Board of Physical Therapist/Physical Therapy Assistant.

FOIA Request:

- The Board responded to a request from Anthem. A listing of Psychiatric Mental Health Nurse Practitioners that are dually licensed as Clinical Nurse Specialists were provided as requested. 46 individuals are dually licensed and 9 of these nurse practitioners current hold Autonomous Practice licenses. Anthem has previously reimbursed Psychiatric Mental Health Clinical Nurse Specialists and are planning on beginning to reimburse Psychiatric Mental Health Nurse Practitioners. Anthem consulted with Jay Douglas, Board of Nursing Executive Director, regarding differences and similarities between Nurse Practitioners and Clinical Nurse Specialists scope of practice.
- The Board is preparing a response to a FOIA request from U.S. Department of State, Diplomatic Security Service, related to possible passport fraud.
- The Board is preparing a response to a FOIA request from Niskanen Center in Washington, DC related to nursing licenses issued by year since 2000 by the Board. The focus of this request is the Nurse Licensure Compact.



C7a

Jennifer Phelps B.S., LPN, QMHP-A, CSAC *Supervisee
OBOT/ (MH) & (SA) Substance Abuse Case Manager
Courtland Wellness Center
620 Court St.
Lynchburg VA, 24504
April 15, 2019

RE: NCSBN Mid-Year Report

To VBON:

I currently had the pleasure of attending the NCSBN Mid-Year meeting in Houston Tx this past March 25th, 27, & 28th 2019. I was most taken back with the organization of the structure of NCSBN and how much of the funding from NCLEX truly goes directly back into supporting state boards in attending and being able to actively participate in NCSBN and making ensure each state has a voice into guiding regulatory governance. In hindsight, I wish I had taken advantage of this opportunity earlier on as a newer board member to fuller understand my role as a board member and to be able to better take advantage of the full scope of opportunities available in regards of educational opportunities and trainings offered by NCSBN. I find as a board member it can be overwhelming to understand the boundaries of our role. NCSBN actually made me feel more empowered and supported as a board member and seeing the scope of the research and data on such a massive scale was eye opening.

GLARE- Global Leadership Academy of Regulatory Excellence, is a new education program for board members and staff that will be offered free during a board members term. Personally I would highly encourage all members to take full advantage of this opportunity. The variety of programs and set to help board members explore areas of regulation and leadership and improve their knowledge base. It will help develop board members skillset and allow them to work at their own pace. They can even learn and earn college credit for some courses if they choose. There will be time limits for this to help guide participants to follow through with completing the courses in a way that allows for the retention of the data that is meaningful and useful.

NCSBN now has a APP which I found very useful and sine downloading it to my phone I have already used it more than I ever have accessing it from my laptop.

On Tuesday I was able to attend the President Networking Session, I found this most beneficial just to see how other board president's managed their boards and to learn how differently we all do things. We all got an opportunity to send in questions ahead of time, I had actually submitted a few questions, and was posted first on the agenda:

- a) I would be curious to see or know if any BON's have, or how they handle, mental health, and substance abuse impairment cases or complaints. Right now, the majority utilize HMPM or HPIP, but do any BONs use PEERs directly on their boards? How do you handle the changes in recovery such as MAT (medication assisted treatment) in regards to return to practice? Has the use with

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practice of CBD oil or other alternative herbal supplements, such as Kratom, been a problem in your area?

RESPONSES: Oklahoma BON actually have hired staff Jenny Barnhouse a peer assistance program coordinator she reaches out to respondents to assist and guide them through the process when complaints come in. 405-962-1818 jenny.barnhouse@nursing.ok.gov. D.C. has a program where nurses can self-report, TX does a A & M skills assessment and on positive UDS removes from practice. Vermont- active direct client care- they eval safety to practice. Vermont reported no issues with CDB oil. Some states have seen problems.

b) How to you provide training for your BON's members?

RESPONSES: most do an annual training day for all board members and cover a variety of topics including mental health and addiction.

c) How do other BONs educate the public on regulation or policy changes? What types of formats are you using social media wise? And has it been impactful for your BONs? Have your licensees been responsive to this if so?

RESPONSES: TX BON- Utilize FAQs website is updated, text, call line they find text is most useful

Kanas BON- twitter, social media Face book, they found twitter was most useful and text

OHIO BON- They utilize text, do a blast, twitter, FACEBOOK, they also found text was most responsive

One of the biggest discussion that came out of the meeting was how varied the sates are on allowing individuals to re-take the NCLEx exam, this created a lot of discussion, D.C. 2 years no active work not allowed to re-take. There were concerns about how active work, skills, employment time frame was define. Good discussion however.

APRN- Maureen Cahill reviewed Healthcare costs still paying too much for health care. Focus on CDC and ACES Study, (I see this a lot in my field of work high focuses of ACES scores and impact of client's development outcomes). Maureen announced she is retiring in July, she will be hard to replace.

One thing I found interesting was presenting on the various study's being done:

Early Phase Substance use Prevention Program

They are looking for boards to Pilot the program, looking at workforce and underserved areas and APRN.

Discipline, 11 boards currently participating in this study, looking at board efficacy looking at best practices to emerge from this study.

*Criminal Conviction Cohort Study! (4,000 Nurse in the study) looking at over the next 5 years to have (10 years of data) to present.

Looking at Innovation-

*If it's NOT Broke Don't FIX IT!

Why Should Regulators Care About Innovation?

*Face Increasingly Complex Challenges

*Health Care Science always improving

*Technology is always improving

*New Strategies are needed

*New Leadership perspectives needed

*The need for safe patient care is always present

*Need for new polices to support evidence-informed regulation

***Innovation is About Change, Requires Evolution & Requires A TEAM!

Jimi Bush MPA – Innovation to Improve Public Engagement Washington BOM

They were able to improve their public engagement by citizen engagement, creating sustainable engagement in the vulnerable population that creates active rather than passive citizen which creates customers for life!

By utilizing Alexia apps, on their websites, and FAQs, adding to Social Media and not just social media but utilizing bus ads, not billboards, but moving bus ads and has tag campaigns. The most recognized hashtag campaigns to date is the #metoo movement.

Novia Scotia- Presentation

April 15, 2019

Page 4

***Combined LPN & RN regulatory Boards (ONE VIOCE) great success in this done over time but great impact in their community overall.**

I really learned a lot and truly benefited from the opportunity to attend. I would strongly encourage all board members to take advantage of this opportunity and to really explore the NCSBN website more and suggest that one of our board members trainings perhaps be spent on learning how to better navigate the NCSBN website.

Respectfully,

Jen Phelps B.S., LPN, QMHP-A, CSAC *Supervisee

OBOT/(MH) & (SA) Case Manager

Case Management Services

PHONE: 434-455-2042

FAX: 434-455-2718

C7b

TO: Board Members and Dr. Brown

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

Date: May 7, 2019

RE: Report and Takeaways from the NCSBN Midyear Meeting

I appreciated the opportunity to attend the NCSBN Midyear Meeting on March 27-28, 2019, on behalf of the Virginia Board of Nursing. This two-day meeting included: a Board of Director's Update by the President; a Next-Generation NCLEX (NGN) Update; a NCSBN Research Agenda status update; Legislative Update; Updates from Model Act and Rules Committee, the Nursing Education Outcomes and Metrics Committee, and the APRN Compact Task Force. It also included Area meetings, to talk about the above topics in a smaller setting with states geographically close to one another and receive an update on the NCSBN Passport System Security by the CIO of NCSBN – which will be frictionless, include multifactor identification, be supported on mobile devices/tablets – and is expected to be implemented in late 2019/early 2020, after training with administrator staff has occurred. The Education Day topic was focused on Innovation in Regulation, with multiple presenters by regulators sharing their individual board experiences, plus sessions on innovation being necessary for effective public protection and to improve public engagement. We also worked in small groups of other states' BONs to explore and collaborate on innovative approaches of common concerns.

I am always impressed by the high caliber staff, body of work and research produced by NCSBN when attending their meetings. This time was no exception. However, highlights and takeaways for me this time included:

- The work that has been done in developing the Next Generation NCLEX-RN is simply incredible. It is an "Integrative clinical judgment task model" that is far from the traditional multiple choice exam. It utilizes extended drag and drop, putting response items in potential order (chronological, ranking according to risk to patient, etc); uses matrix items and has extended multiple responses and hot spots to highlight parts of paragraphs that are not influential in decision-making, etc. They have developed 884 NGN items and 95 forms have been deployed with 3 million data points thus far. The scoring metric is described as a "psychometric Monet". More information is obtained more quickly regarding competencies areas. The goal is to launch the NGN-RN in 2023 and it is anticipated a LPN version will be developed as well.
- The amount of quality research being done by NCSBN to assist Boards of Nursing in their various regulatory work is astounding, and consistent with their strategy of expanding their reputation globally as experts in regulatory research. Currently NCSBN is conducting multiple research studies in each of the areas of: Substance Use Disorders/Alternative to Discipline Programs

(identifying factors impacting outcomes); Workforce (2020 National Nursing Workforce Survey); Discipline (analyzing case management systems of BONs to identify best practices; criminal conviction cohort study); several Nurse Licensure Compact studies (effectiveness; economic analysis); Education (pre-licensure Delphi study to identify regulatory quality indicators and warning signs; predictive analysis to identify characteristics that correlate with program approval); NCLEX; and various Practice studies (safety and economic benefits of APRNs).

A couple of the most interesting and useful research studies from my perspective in the Discipline/Enforcement work of the Board include: 1) Night Shift Safety Study to examine the leading causes of practice breakdown that occur on the night shift, based on higher incidence of cases reported in TERCAP involve the night shift rather than other times of day. 2) a Joint effort by Exam and Nursing Regulation divisions with NURSYS and NCLEX data to determine if repeat NCLEX test takers have a higher incidence of Discipline once licensed & if so, what is the number of times a candidate may take the exam before posing a risk to the public; and 3) a longitudinal Criminal Conviction Cohort Study re-examining over 4000 nurses from a prior study with convictions to determine if they have been disciplined, and comparing to a random sample with nurses disciplined during the same time period, in order to determine recidivism rate and risk of licensing nurses who have criminal convictions. Being aware of these studies will be helpful so that we can monitor for publication in JNR and have evidence-based research outcomes inform our work in Virginia.

- While listening to most of day of presentations regarding “innovation in regulation”, I concluded that innovation is both necessary for us to continue to adapt to changing conditions in our work to protect the public, as well as reach and engage students, licensees and our consumer public. With constantly evolving technology in practice and expectations of our tech-savvy licensees and public, boards must adapt regulations allowing that change in the way we practice and change the way we communicate with and inform our public. We listened to Arkansas BON share how they have harnessed voice-enabled AI to use Alexa to answer questions from their board (FAQs, look up license data, etc) which has many anticipated future uses. We listened to Tennessee BON describe how they creatively handled excess Board revenue by proposing in rule the elimination of initial licensure fees, which had been described as barrier to practice for new graduates. While listening to presenters on this topic and what were ideas deemed to be innovations by other boards of nursing, I was struck by how the Virginia Board has already engaged in innovative work – including sanction reference guideline use, template use for education program compliance, orientation programs and workshops, and recently updating our BON website, etc. One speaker preached on how regulatory boards will need to “embrace digital media” as “microlearning” is how people become engaged (takes 3 seconds to engage someone) & to take in information....by creating bursts of information as it is happening using different platforms (TikTok is new emerging platform for videos), creating mobile apps, using chat boxes. Innovation is a constant process that requires creativity, courage and is uncertain at times. We will need to continue to be innovators in order to communicate with all generations and keep up with practice and our world.

Thank you again for the opportunity to attend and network with our regulatory colleagues.

D1

First Draft

**VIRGINIA BOARD OF NURSING
CODE OF CONDUCT
EXPECTATIONS OF BOARD MEMBERS**

The mission of the Board of Nursing is to ensure safe and competent practice of nursing to protect the health, safety and welfare of the citizens of the Commonwealth.

~~This Code of Conduct is a set of~~ Being an appointee to the Board of Nursing is a privilege and an opportunity to serve the public. ~~Behavioral~~ **EXPECTATIONS of Board Members** are intended to assure the public that the Board of Nursing and its individual members uphold the highest level of integrity and ethical standards. Board members and staff will conduct themselves in a manner that is respectful of the process and all participants, including board members, staff, licensees and the public during conferences, hearings, and general meetings.

The following guidelines ~~and protocol~~ provide the a foundation for assuring the public trust. Board of Nursing Members shall:

1. ~~The Board of Nursing shall fulfill the oath taken to~~ Uphold the laws and regulations governing the Virginia Board of Nursing for the protection of the public, ~~of the State of Virginia, rules, Board of Nursing~~ In addition, they will familiarize themselves with the policies, guidance documents and procedures of the Board of Nursing; ~~that govern their service.~~
2. Strive to avoid any relationships, activities, or positions that may influence, directly or indirectly, the performance of ~~his or her~~ **their** official duties as a board members;
3. Disclose any actual or perceived conflicts of interest and recuse themselves from those decisions, if deemed appropriate;
4. ~~The Board of Nursing~~ Participate in Board development activities to ~~provide an annual continuing education session~~ support the ongoing effective and efficient work of the Board;
5. Communicate issues of concern to either the Board President or Executive Director ~~to Board staff through the Executive Director; staff members communicate to the Board members through the President of the Board.~~
6. ~~Be on time for all sessions, preferably be present ten minutes before the opening session or meeting prepared and ready to start all meetings and proceedings at the scheduled time;~~
7. Ensure that their demeanor and body language remain professional, neutral, impartial and respectful at all times;
8. ~~Members shall signal for recess by a red card or correspond with the President for any additional concerns~~ Communicate to the Chair when a recess is needed;
9. Obtain recognition from the Chair before speaking during meetings and proceedings;
10. ~~All~~ Silence personal electronic devices, -including vibrate mode, and adequately stow out of sight during meetings and proceedings. ~~The public will be advised to do the same;~~

11. Inspect all mailed materials against the agenda and inform staff about any concerns regarding ~~inability to review~~ all case documents as soon as possible upon receipt ~~the chair prior to the opening of the session of any concerns~~;
12. Address respondent, fellow Board members, Board staff and the public by their last names and titles;
13. Stay alert and focused during the hearings or meetings in a fair, equitable, impartial and just manner;
14. Refrain from ~~making~~ speeches ~~or expressing opinions~~ during hearings and avoid repeating questions unless a clear answer was not given;
15. Accept responsibility, accountability and resolution with respect and support for the decisions made by the Board;
16. ~~Refer inquiries regarding Board meetings and orders to the Board minutes that are publicly available on the Board website; Refer questions from the public to Board staff;~~
17. Maintain confidentiality of all confidential documents, information and ~~deliberations general Board matters~~;
18. Refrain from speaking or acting on behalf of the Board of Nursing without authorization; and
19. Refrain from interacting ~~with parties to a proceeding licensee and/or legal counsel~~ even if members know them personally.

**Virginia Board of Nursing
Informal Conference Schedule
*Chairperson**

D2

Special Conference Committee A Jennifer Phelps, BS, LPN, QMHPA * Meenakshi Shah BA, RN	Special Conference Committee B Joyce Hahn, PhD, RN, NEA-BC, FNAP* Laura Cei, BS, LPN, CCRP	Special Conference Committee C Trula Minton, MS, RN* Margaret Friedenberg, Citizen Member
Special Conference Committee D Marie Gerardo, MS, RN, ANP-BC* Tucker Gleason, PhD, Citizen Member	Special Conference Committee E	Special Conference Committee F Mark Monson, Citizen Member * Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Special Conference Committee G Louise Hershkowitz, CRNA, MSHA* Dixie McElfresh, LPN		

DATE	SCC/AG SUB	STAFF	CASES	MEETING ROOM	WAITING ROOM	APD STAFF	BON STAFF
Wednesday July 10 2019	Educ IFC	RH/JW/JD		BR 3	No WR	AJ	BY
Thursday July 11 2019	AgSub - RP	RH (JD)	LNP/Nsg	HR 5	HR 2	TJ	LG
Thursday July 25 2019	AgSub - EJE	CR	CNA/RMA	HR 5	HR 2	HW	BH
Monday July 29 2019	AgSub - KM (am)	CM	Nsg	HR 5	HR 2	CG	STS
Thursday Aug. 1 2019	AgSub - RP	RH (JD)	LNP/Nsg	HR 3	HR 1	DK	MB
Monday Aug. 5 2019	SCC-C	CR	LMT/Appl	TR 2	HR 6	GS	CH
Wednesday Aug. 7 2019	SCC-D	JPP	Nsg	HR 3	No WR	LJ	STS
Tuesday Aug. 13 2019	SCC-F	RH	Nsg	TR 2	HR 6	TJ	LG
Monday Aug. 19 2019	SCC-A	JPP	Nsg	TR 2	HR 6	CG	MB
Wednesday Aug. 21 2019	SCC-B	CR	Appl	HR 3	HR 1	HW	CH
Monday Aug. 26 2019	AgSub - KM(am)	CM	Nsg	HR 5	HR 2	TJ	LG
Tuesday Aug. 27 2019	SCC-G	JPP	Nsg	TR 2	HR 6	DK	STS
Thursday Aug. 29 2019	AgSub - EJE	PD	CNA/RMA	HR 5	HR 2	GS	BH
Tuesday Sept. 10 2019	Educ IFC	RH/JW/JD		BR 4	No WR	AJ	BY
Thursday Sept. 26 2019	AgSub - EJE	CM	Nsg	HR 5	HR 1	LJ	MB
Monday Sept. 30 2019	AgSub - KM/JPP	PD	CNA/RMA	HR 5	HR 2	HW	BH
Wednesday Oct. 2 2019	SCC-D	RH	Nsg	HR 5	HR 2	TJ	STS
Monday Oct. 7 2019	SCC-C	CR	LMT/Appl	BR 1	HR 1	CG	CH
Thursday Oct. 10 2019	AgSub - EJE	CM	CNA/RMA	HR 5	HR 2	HW	BH
Tuesday Oct. 15 2019	SCC-G	JPP	Nsg	BR 3	HR 6	CG	MB
Wednesday Oct. 16 2019	IB MTC	JJ	LNP	BR 3	No WR	DK	HW/CH
Monday Oct. 21 2019	SCC-A	CR	Nsg	TR 2	HR 6	GS	STS
Wednesday Oct. 23 2019	SCC-B	JPP	Nsg	HR 3	HR 1	LJ	MB
Monday Oct. 28 2019	AgSub - KM (am)	PD	Nsg	HR 5	HR 2	DK	LG
Tuesday Oct. 29 2019	SCC-F	CR	Appl	TR 2	HR 6	TJ	CH
Monday Nov. 4 2019	AgSub - KM/JPP	PD	CNA/RMA	HR 5	HR 1	CG	BH
Wednesday Nov. 6 2019	Educ IFC	RH/JW/JD		BR 3	No WR	AJ	BY
Wednesday Nov. 13 2019	AgSub - EJE	CM	Nsg	TR 2	HR 6	LJ	STS
Tuesday Dec. 3 2019	SCC-C	JPP	Nsg	TR 1	HR 6	GS	MB
Wednesday Dec. 4 2019	AgSub - EJE	PD	CNA/RMA	HR 3	HR 1	HW	BH
Wednesday Dec. 5 2019	IB MTC	JJ	LNP	BR 3	No WR	TJ	HW/CH
Thursday Dec. 5 2019	SCC-G	CR	LMT/Appl	HR 3	HR 1	CG	CH
Monday Dec. 9 2019	SCC-A	RH	Nsg	HR 5	HR 2	DK	LG
Wednesday Dec. 11 2019	SCC-B	JPP	Nsg	TR 1	HR 1	LJ	MB
Wednesday Dec. 11 2019	SCC-D	CR	Appl	HR 3	HR 1	GS	CH
Monday Dec. 16 2019	AgSub - KM (am)	CM	Nsg	HR 5	HR 2	HW	STS
Tuesday Dec. 17 2019	SCC-F	JPP	Nsg	TR 2	HR 6	TJ	LG

Final: 4/30/2019 JPP - Jodi Power EJE - Jane Elliott APD Staff:-
KM-Kelly McDonough RP - Rebecca Poston



03

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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MEMORANDUM

TO: Members, Board of Nursing

FROM: David E. Brown, D.C. *DeBrown*

DATE: May 13, 2019

SUBJECT: Revenue, Expenditures, & Cash Balance Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The action by the Board can be a fee increase, a fee decrease, or it can maintain the current fees.

The Board of Nursing ended the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) with a cash balance of \$10,401,356. Current projections indicate that expenditures for the 2018 - 2020 biennium (July 1, 2017, through June 30, 2020) will exceed revenue by approximately \$4,910,370. When combined with the Board's \$10,401,356 cash balance as of June 30, 2018, the Board of Nursing projected cash balance on June 30, 2020, is \$5,490,987.

We recommend no action to change license fees be taken at this time. Please note that these projections are based on internal agency assumptions and are, subject to change based on actions by the Governor, the General Assembly and other state agencies.

We are grateful for continued support and cooperation as we work together to manage the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

CC: Jay P. Douglas, Executive Director
Lisa R. Hahn, Chief Operating Officer
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

E1

**VIRGINIA BOARD OF NURSING
EDUCATION INFORMAL CONFERENCE COMMITTEE MINUTES
May 9, 2019**

TIME AND PLACE: The meeting of the Education Informal Conference Committee was convened at 1:03 p.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Training Room 1, Henrico, Virginia.

MEMBERS PRESENT: Trula E. Minton, MS, RN, Chair
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director
Robin Hills, RN, DNP, WHNP, Deputy Executive Director
Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager
Beth Yates, Nursing and Nurse Aide Education Coordinator

OTHERS PRESENT: Anne G. Joseph, Administrative Proceedings Division
Faculty from Paul D. Camp Community College ADN Program

CONFERENCES SCHEDULED: Paul D. Camp Community College, Associate Degree Registered Nursing Program, Franklin, Virginia US28400500

Dr. Deborah Hartman, Nursing and Allied Health Program Head, appeared, accompanied by the Program's attorney, Greer Saunders, Esq., System Counsel and Senior Assistant Attorney General

Trudy Kuehn and Lucy Little answered questions from the Committee regarding the program.

At 2:23 p.m. Ms. McQueen-Gibson moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Paul D. Camp Community College associate degree nursing program. Additionally, she moved that, Ms. Douglas, Ms. Joseph, Dr. Hills, Ms. Wilmoth, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 3:02 p.m.

Ms. McQueen-Gibson moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Dr. McQueen-Gibson moved to recommend that an Order be issued to continue Paul D. Camp Community College Associate Degree Registered Nursing Program on conditional approval with terms and conditions. The motion was seconded and carried unanimously.

This recommendation will be presented to the full Board on May 21, 2019; if accepted, an Order will be entered. As provided by law, this decision shall be a Final Order.

Public Comment

There was no public comment.

Ms. Charlette Ridout, Deputy Executive Director, proposed that a committee be established to review and revise the Medication Aide curriculum that was last updated in 2013. The Board has received calls and comments regarding the curriculum to date, so it is anticipated there will be significant public comment during the comment period on the proposed amendments to the Regulations Governing the Registration of Medication Aides. The comment period begins on May 27, 2019.

Action: Recommend to establish a committee to review and revise the Medication Aide curriculum after the comments have been received on the proposed amendments to the regulations.

Education Program Updates

Ms. Wilmoth presented status updates on the following programs:

- Bryant & Stratton College – Hampton Campus – Withdrawal of request to change from day to evening classes
- Centra College Lynchburg – Obtained CNEA accreditation for RN and PN programs
- Liberty University and The George Washington University – offering an international experience
- J. Sargeant Reynolds Practical Nursing – Will tentatively begin readmitting students in August 2019
- Bryant and Stratton College – Richmond, PN program has received ACEN accreditation
- Virginia Western Community College, PN program is going to a concept-based curriculum
- Blue Ridge Community College is moving locations in July

Ms. Wilmoth presented the information in the program status memorandum

Meeting adjourned at 4:07 p.m.



Robin Hills, RN, DNP, WHNP
Deputy Executive Director



Virginia Department of
Health Professions

Pharmaceutical Processor Update

Virginia Board of Nursing
May 21, 2019

*Caroline D. Juran, Executive Director,
Board of Pharmacy*



Pharmaceutical Processor

- Facility permitted by Board of Pharmacy
- Vertical operation:
 - Cultivation of Cannabis plants;
 - Production of cannabidiol (CBD) oil or THC-A oil as defined in Code;
 - Dispensing of oils by pharmacist to patients registered by Board of Pharmacy for treatment or to alleviate symptoms of any diagnosed condition or disease determined by a physician to benefit from such use.



Pharmaceutical Processor, cont.

- Operates under personal supervision of a pharmacist.
- Oils must be tested prior to dispensing.
- Board quarterly inspections required.



Pharmaceutical Processors, cont.

- 18VAC110-60-110(D)
- No person who has been convicted of a felony or of any offense in violation of Article 1 (18.2-247 et seq) or Article 1.1 (18.2-265.1) of Chapter 7 of Title 18.2 shall have any form of ownership, be employed by or act as an agent of a pharmaceutical processor.



Applications

- 51 applications received
 - HSA I = 9 (Harrisonburg, Staunton, Loudoun, Fairfax)
 - HSA II = 8 (Loudon, Fairfax, Prince William)
 - HSA III = 10 (Southwest)
 - HSA IV = 9 (Richmond to Southside)
 - HSA V = 15 (Northern Neck to Tidewater)



Conditional Approvals Contingent Upon Criminal Backgrounds

- HSA I = PharmaCann Virginia LLC
- HSA II = Dalitso LLC
- HSA III = Dharma Pharmaceuticals
- HSA IV = Green Leaf Medical of Virginia LLC
- HSA V = Columbia Care Eastern Virginia LLC



Written Certification

- §54.1- 3408.3(B) “A practitioner in the course of his professional practice may issue a written certification for the use of cannabidiol oil or THC-A oil for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use.”
- "Practitioner" means a practitioner of medicine or osteopathy licensed by the Board of Medicine.”



Affirmative Defense

- Law provides for an affirmative defense for a patient, parent/legal guardian to possess CBD oil or THC-A oil as defined in §54.1-3408.3...
- who has been issued a valid written certification from a Board of Pharmacy-registered practitioner.....
- and who maintains a current registration with the Board of Pharmacy.

Written Certification Form

- Authorized since 2015
- Developed by Board of Medicine and Virginia Supreme Court
- Practitioner is provided access to the written certification once registered with Board of Pharmacy.



Virginia Department of
Health Professions

Practitioner Requirements



Practitioner Requirements

18VAC110-60-30

- Conduct an assessment and evaluation of the patient to develop a treatment plan; shall include in-person examination, patient's medical history, prescription history, current medical condition
- Diagnose the patient;
- Be of the opinion that the potential benefits of cannabidiol oil or THC-A oil would likely outweigh the health risks of such use to the qualifying patient;



Practitioner Requirements, cont.

- Explain proper administration, potential risks and benefits, prior to issuing the written certification;
- Be available or ensure that another practitioner is available to provide follow-up care and treatment to determine efficacy of CBD oil or THC-A oil for treating the diagnosed condition or disease;
- Access PMP;
- Telemedicine cannot be used for at least the first year of certification.



Practitioner Requirements, cont.

- Practitioner shall not delegate responsibility of diagnosing a patient or determining whether a patient should be issued a certification.
- Employees under the direct supervision of practitioner may assist with preparing certification, so long as the final certification is approved and signed by the practitioner before it is issued to the patient.
- Cannot issue more than 600 certifications at any given time. Can petition Boards of Pharmacy & Medicine for increase.



Virginia Department of
Health Professions

Practitioner Prohibitions



Virginia Department of

Health Professions

Prohibited Practices of Practitioner, 18VAC110-60-40

- Directly or indirectly accept, solicit, or receive anything of value from any person associated with a pharmaceutical processor or provider of paraphernalia;
- Offer a discount or any other thing of value to a qualifying patient, parent or guardian based on the patient's agreement or decision to use a particular pharmaceutical processor or cannabidiol oil or THC-A oil product;



Virginia Department of

Health Professions

Prohibited Practices of Practitioner, 18VAC110-60-40

- Examine a qualifying patient for purposes of diagnosing the condition or disease at a location where cannabidiol oil or THC-A oil is dispensed or produced;
- A practitioner, and such practitioner's co-worker, employee, spouse, parent or child, shall not have a direct or indirect financial interest in a pharmaceutical processor or any other entity that may benefit from a qualifying patient's acquisition, purchase or use of cannabidiol oil or THC-A oil



Virginia Department of

Health Professions

Prohibited Practices of Practitioner, 18VAC110-60-40

- A practitioner shall not issue a certification for himself or for family members, employees or co-workers
- A practitioner shall not provide product samples containing cannabidiol oil or THC-A oil other than those approved by the United States Food and Drug Administration.



Virginia Department of
Health Professions

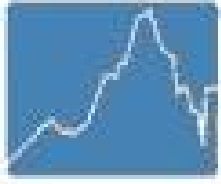
Board Registrations



Obtaining Practitioner Registration

1. If practitioner intends to, or has issued a written certification within the last 12 months, submit the online application <https://www.license.dhp.virginia.gov/apply/>
2. Once the registration has been issued, a link to the written certification form will be sent via email.
3. Allow 7-10 days for processing the application and sending the link to the written certification form.

*Issuing a written certification without maintaining registration may compromise a patient's affirmative defense to possess CBD oil and THC-A oil and is a violation of Board of Pharmacy regulation. www.dhp.virginia.gov



Department of Health Professions

Frequently Asked Questions

Q: What is the registration fee for a practitioner?

A: The initial registration fee is \$50 and the annual renewal fee is \$50.

Q: May a practitioner issue a prescription for the oil?

A: No. A written certificate must be issued.

Q: May a practitioner located in another state obtain registration for treating a Virginia resident?

A: Yes, as long as the practitioner maintains a current active license to practice from the relevant Virginia board.



Obtaining Patient Registration

1. Submit the online application

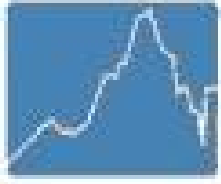
<https://www.license.dhp.virginia.gov/apply/> and the \$50 fee;

2. Scan and email, fax, or mail the following documentation to the board:

- Copy of written certification issued by a registered practitioner;
- Proof of residency of the qualifying patient and proof of residency of a parent or legal guardian, if applicable, such as a government-issued identification card or tax receipt;

Obtaining Patient Registration, cont.

- Proof of identity of the qualifying patient and, if the patient is a minor, proof of identity of the parent or legal guardian in the form of a government-issued identification card;
- Proof of the qualifying patient's age in the form of a birth certification or other government-issued identification.
- Allow 7-10 days for processing.
- Registration card will be mailed to the address of record listed on the application.



Department of Health Professions

Frequently Asked Questions

Q: What other conditions must be met for a patient to assert the affirmative defense?

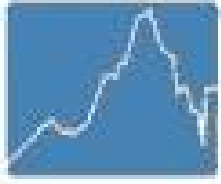
A: In addition to being issued a valid written certification from a Board of Pharmacy-registered physician, the patient *and*, if such patient is a minor or an incapacitated adult as defined in [18.2-369](#), such patient's parent or guardian, must obtain registration from the Board of Pharmacy. The written certification alone does not satisfy the conditions for asserting an affirmative defense for possessing CBD or THC-A oil.

Status of Regulations

- Revised emergency regulations effective 10/1/18 and scheduled to expire 8/5/19.
- Permanent replacement regulations adopted by board in September 2018
 - Public comment period ends May 17, 2019
 - Regulation Committee to discuss on May 3, 2019
 - Board to adopt final regulations June 5, 2019

Board Registrations

- *As of 5/3/19:*
 - 265 registered physicians
 - 466 registered patients, 137 pending
 - 10 registered parent/guardian, 8 pending

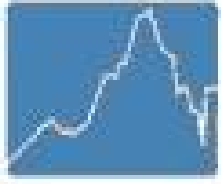


Department of Health Professions

Frequently Asked Questions

Q: When will the pharmaceutical processors be operational?

A: Being constructed and must become operational no later than December 21, 2019.



Department of Health Professions

Frequently Asked Questions

Q: Where may I access a map of the health service areas?

A:

<https://www.vdh.virginia.gov/HealthStats/documents/2010/pdfs/HDMMap.pdf>

Q: Can the oils be obtained from a pharmacy?

A: No, only from a permitted pharmaceutical processor.

Q: May the oils be delivered to the patient?

A: Yes, after the initial dispensing pursuant to a newly issued written certification.

Epidiolex

- Cannabidiol product
- Recently approved by FDA and placed into Schedule V by DEA
- Does not impact pharmaceutical processor program



Hemp-Derived CBD Oil

- Differences
- Regulatory Oversight



Virginia Department of
Health Professions

Contact Information

Department of Health Professions
Virginia Board of *Pharmacy*
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
(804) 367-4456

cbd@dhp.virginia.gov – CBD, pharmaceutical processor –
related questions

pharmbd@dhp.virginia.gov - General board questions



Virginia Department of
Health Professions

Questions?

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of May 1, 2019**

F1

Board		Board of Nursing
Chapter	Action / Stage Information	
[18 VAC 90 - 25]	Regulations Governing Certified Nurse Aides	<u>Result of Periodic Review</u> [Action 5149] Fast-Track - At Governor's Office for 160 days
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<u>Implementing Result of Periodic Review</u> [Action 5157] NOIRA - Register Date: 5/13/19 Comment: 5/13/19 to 6/12/19 Board to adopt proposed in July
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Autonomous practice</u> [Action 5132] Proposed - AT Attorney General's Office [Stage 8578]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Supervision and direction of laser hair removal</u> [Action 4863] Final - At Secretary's Office for 57 days
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Elimination of separate license for prescriptive authority</u> [Action 4958] Proposed - At Governor's Office for 35 days
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Prescribing of opioids</u> [Action 4797] Final - At Governor's Office for 35 days
[18 VAC 90 - 60]	Regulations Governing the Registration of Medication Aides	<u>Result of Periodic Review</u> [Action 5140] Fast-Track - At Governor's Office for 157 days

**Board of Nursing
Regulatory/Policy Actions – 2019 General Assembly**

F2

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
HB2559	Waiver for electronic prescribing	Medicine Nursing Dentistry Optometry	6/13/19 or 8/2/19 7/16/19 6/21/19 6/28/19 (signed 3/21)	12/24/19

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB1848	Enforcement	Process for reporting to DOE & SCHEV on nursing educ programs	7/1/19
HB1970	Department	Review of telemedicine; practice by adjacent physicians	11/1/19
HB1971	Department – APD	Revision of procedures & policy for mandatory suspensions	7/1/19
HB2129	Nursing	Review/revision of application content & process to identify & expedite military spouse apps	7/1/19
HB2556	Department – Enforcement	Revision of procedures & policy for disclosure of investigative information Revision of designation form for Boards	7/1/19
SB1106	Department/CBC unit	IT changes for Compact licenses; website revisions; CBC unit	1/1/20
SB1557	Medicine/Nursing/Pharmacy/Department	Inclusion of NPs and PAs for registration to issue certifications Participation in workgroup to study oversight organization	7/1/19
HJ682 (not passed)	Department	Study of foreign-trained physicians to provide services in rural areas	11/1/19

Future Policy Actions:

HB793 (2018) - (2) the Department of Health Professions, by **November 1, 2020**, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by **November 1, 2021**.

Agenda Item: Petition for rulemaking

F3

Included in your package are:

A copy of the petition received from Linda Thurby-Hay, President of Virginia Association of Clinical Nurse Specialists

Copies of comments on the petition on Townhall

A copy of applicable regulation and Code sections

Board action:

The Board may reject the petition's request. If rejected, the Board should state their reasons for denying the petition.

OR

The Board may initiate rulemaking by publication of a Notice of Intended Regulatory Action.



FEB 26 2019
DHP

Virginia Association of Clinical Nurse Specialists
vacns.org

February 19, 2019

Virginia Board of Nursing
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico Virginia 23233-1463

Dear Board members,

The Virginia Association of Clinical Nurse Specialists (VaCNS) is petitioning the Board of Nursing to revise the regulation of Clinical Nurse Specialist (CNS) practice. VaCNS convened a task force that has worked diligently over the past two years to respond directly to the board's previous recommendation that we differentiate CNS practice from that of the professional nurse. The task force examined nurse practice acts and regulations in neighboring states and others across the nation, and offer these recommendations for regulation change that align more closely with the tenets of the *Consensus Model for APRN Regulation (2008)*; see pages 17-21 of the attached document entitled "*Recommendations for Revision to RN Regulations.*" Please note that we incorporated the board's suggestions from our informal fall meeting regarding this matter. Following that meeting, we also sought input and approval from not only VaCNS members but also the wider CNS community through our social media outreach.

Included in this communication are the petition and recommendations documents.

Respectfully,

A handwritten signature in black ink that reads "Linda Thurby-Hay". The signature is written in a cursive, flowing style.

Linda Thurby-Hay DNP, RN, ACNS-BC, BC-ADM
President, VaCNS



COMMONWEALTH OF VIRGINIA

Board of Nursing

FEB 26 2019

DHP

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4515 (Tel)
(804) 527-4455 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle Initial, Suffix,)

Linda Thurby-Hay, DNP, RN, ACNS-BC
President, Virginia Association of Clinical Nurse Specialists

Street Address

121 Tom Taylor Road

Area Code and Telephone Number

757-345-1018

City

Toano

State

VA

Zip Code

Email Address (optional)

lindathurby@gmail.com

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Regulations Governing the Practice of Nursing

Title of Regulations: 18 VAC 90-19-10 et seq.

Part IV Clinical Nurse Specialists

18VAC90-19-210 Clinical Nurse Specialist registration

18VAC90-19-220 Clinical Nurse Specialist practice

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

18VAC90-19-210 CNS registration section:

1. Revise initial and renewal registration statements;
2. Add provisional, endorsement, and reinstatement registration;
3. Add certifying agencies;
4. Expand reinstatement section to include acceptable CNS certification

Rationale for requests # 1-4: Include graduate-level CNS education requirement; Add acceptable CNS certifications including CORE and retired; Provisional registration is not addressed in the current regulations; Registration by endorsement is not addressed in the current regulations; Certifying agencies are not addressed in the current regulations; Reinstatement section does not include acceptable CNS certification.

5. Verify that Virginia law §54.1-117 (extension of renewal requirements for deployed military and spouses) applies to CNS registration renewal (language added to renewal section pending verification).

Rationale for request # 5: It is assumed but unclear if the military clause applies to CNS registration.

18VAC90-19-220 CNS practice section:

1. Revise to include CNS practice statement: "The clinical nurse specialist shall practice in accordance with the most current Clinical Nurse Specialist Core Competencies defined by the National Association of Clinical Nurse Specialists and incorporated in the CNS Statement on Clinical Nurse Specialist Practice and Education. Advanced practice as a clinical nurse specialist shall include performance as an expert clinician to practice within three spheres of influence: individual clients and populations, nurses and nursing practice, and organizations/systems."

Rationale: The description of CNS practice in the existing regulations does not reflect national CNS core competencies and practice standards.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-2400

Signature:

Linda Chubbey Hay

Date:

2/19/2019

in subsection B of this section, and paying the fee for reinstatement after suspension or revocation. A nurse whose license has been revoked may not apply for reinstatement sooner than three years from entry of the order of revocation.

E. The board may request additional evidence that the nurse is prepared to resume practice in a competent manner.

18VAC90-19-200. Restricted volunteer license and registration for voluntary practice by out-of-state licensees.

A. A registered or practical nurse may be issued a restricted volunteer license and may practice in accordance with provisions of § 54.1-3011.01 of the Code of Virginia.

B. Any licensed nurse who does not hold a license to practice in Virginia and who seeks registration to practice on a voluntary basis under the auspices of a publicly supported, all volunteer nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide evidence of current, unrestricted licensure in a United States jurisdiction;
3. Provide the name of the nonprofit organization and the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide an attestation from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 11 of § 54.1-3001 of the Code of Virginia.

**Part IV
Clinical Nurse Specialists**

18VAC90-19-210. Qualifications for initial registration for the Clinical Nurse Specialist.

A. An applicant for initial registration as a clinical nurse specialist shall:

1. Hold a current active license as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;
2. Submit evidence of successful completion of a graduate-level clinical nurse specialist program within a regionally accredited college or university that meets all educational qualifications and standards established by national agency guidelines;
3. Submit evidence of a successful passing examination score for professional clinical nurse specialist certification that is consistent with the applicant's educational preparation from a national nursing certification organization, as required by § 54.1-3018.1 of the Code of Virginia or has an exception available from March 1, 1990, to July 1, 1990;

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a. The Board shall accept national clinical nurse specialist certifications that remain current and have not lapsed, including, all retired and core certifications.

4. Submit the required application; and

5. Pay the application fee prescribed in 18VAC90-XXXX.

B. Provisional registration. Provisional registration may be granted to an applicant who satisfies all requirements of this section with the exception of subdivision A3, provided the Board has received evidence of the applicant's eligibility to sit for the certifying clinical nurse specialist examination directly from the national nursing certification organization. An applicant may practice with a provisional registration for either six months from date of issuance until issuance of a permanent registration or notification of failure to pass the certifying examination, whichever occurs first.

18VAC90-19-2XX. Qualifications for registration by endorsement.

A. An applicant for registration by endorsement as a clinical nurse specialist shall:

1. Submit evidence of successful completion of a graduate-level clinical nurse specialist program within a regionally accredited college or university that meets all educational qualifications and standards established by national agency guidelines;

2. Submit evidence of a successful passing examination score for professional clinical nurse specialist certification that is consistent with the applicant's educational preparation from a national nursing certification organization.

a. The Board shall accept national clinical nurse specialist certifications that remain current and have not lapsed, including, all retired and core certifications.

3. Provide verification of registration, certification, or licensure as a clinical nurse specialist/advanced practice nurse in another U.S. jurisdiction with a registration, certification, or license in good standing, or, if lapsed, eligible for reinstatement of registration, certification, or license; and

4. Submit the required application and pay the required application fee as prescribed in 18VAC90-XXXX.

18VAC90-19-2XX Renewal of registration.

A. Registration of a clinical nurse specialist shall be renewed:

1. Biennially at the same time the license to practice as a registered nurse in Virginia is renewed; or,

2. If registered as a clinical nurse specialist with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in even-numbered years shall renew his license by the last day of the birth month in even-numbered years and a licensee born in odd-numbered years shall renew his license by the last day of the birth month in odd-numbered years.

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B. The renewal notice of the registration shall be sent to the last known address of record of each clinical nurse specialist. Failure to receive the renewal notice shall not relieve the registrant of the responsibility for renewing the registration by the expiration date.

C. The registered clinical nurse specialist shall attest to compliance with continuing competency requirements of current professional clinical nurse specialist certification:

D. The clinical nurse specialist shall complete the renewal form and submit it with the required fee. The registration shall automatically lapse if the registrant fails to renew by the expiration date. Any person practicing as a clinical nurse specialist during the time a registration has lapsed shall be subject to disciplinary actions by the Board.

E. Extension of renewal requirements for deployed military and spouses: Virginia law (§54.1-117) allows active duty service people or their spouses who are deployed outside the U.S. to have an extension of time for any requirement or fee pertaining to renewal until 60 days after the person's return from deployment or overseas assignment. The extension cannot last beyond 5 years past the expiration date for the license.

18VAC20-19-2XX Reinstatement of registration.

A. A clinical nurse specialist whose registration has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

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

1. Submit the required application and pay the reinstatement fee:

2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;

3. Provide evidence of current professional clinical nurse specialist certification or, if applicable, registration, licensure, or certification as a clinical nurse specialist in another jurisdiction.

a. The Board shall accept national clinical nurse specialist certifications that remain current and have not lapsed, including, all retired and core certifications.

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

1. Petition for reinstatement and pay the reinstatement fee;

2. Present evidence of current licensure as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Submit evidence demonstrating continued competency through clinical nurse specialist recertification from a national nursing certification organization.

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

CATHERINE V SMITH 11/19/19 9:02 AM
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CATHERINE V SMITH 11/19/19 7:33 PM
Deleted: 2. The clinical nurse specialist shall complete the renewal form and submit it with the required fee. An attestation of current specialty certification is required unless registered in accordance with an exception. .

CATHERINE V SMITH 11/19/19 9:03 AM
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18VAC90-19-2XX Certifying agencies

- A. The Board shall accept professional clinical nurse specialist certification by examination of national nursing certification organizations.
- B. The Board shall accept clinical nurse specialist certifications including all retired and core certifications as long as the certification remains current and without a lapse in certification.

Catherine Smith 11/21/16 7:56 PM
Deleted: a. Reinstatement of RN license or multistate licensure privilege.

18VAC90-19-220. Clinical nurse specialist practice.

A. The practice of a clinical nurse specialist shall be consistent with the education and experience required for national clinical nurse specialist certification.

B. The clinical nurse specialist shall provide advanced nursing services that are consistent with the standards of specialist practice as established by a national certifying organization for the designated specialty and in accordance with the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia.

Catherine Smith 11/13/16 3:12 PM
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C. The clinical nurse specialist shall practice in accordance with the most current Clinical Nurse Specialist Core Competencies defined by the National Association of Clinical Nurse Specialists and incorporated in the CNS Statement on Clinical Nurse Specialist Practice and Education. Advanced practice as a clinical nurse specialist shall include performance as an expert clinician to practice within three spheres of influence: individual clients and populations, nurses and nursing practice, and organizations/systems.

Catherine Smith 11/21/16 7:53 PM
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**Part V
Disciplinary and Delegation Provisions**

18VAC90-19-230. Disciplinary provisions.

A. The board has the authority to deny, revoke, or suspend a license or multistate licensure privilege issued, or to otherwise discipline a licensee or holder of a multistate licensure privilege upon proof that the licensee or holder of a multistate licensure privilege has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

- 1. Fraud or deceit in procuring or maintaining a license means, but shall not be limited to:
 - a. Filing false credentials;
 - b. Falsely representing facts on an application for initial license, reinstatement, or renewal of a license; or
 - c. Giving or receiving assistance in the taking of the licensing examination.
- 2. Unprofessional conduct means, but shall not be limited to:

- a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;
- b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;
- c. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;
- d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;
- e. Falsifying or otherwise altering patient, employer, student, or educational program records, including falsely representing facts on a job application or other employment-related documents;
- f. Abusing, neglecting, or abandoning patients or clients;
- g. Practice of a clinical nurse specialist beyond that defined in 18VAC90-19-220 and § 54.1-3000 of the Code of Virginia;
- h. Representing oneself as or performing acts constituting the practice of a clinical nurse specialist unless so registered by the board;
- i. Delegating nursing tasks to an unlicensed person in violation of the provisions of Part VI (18VAC90-19-240 et seq.) of this chapter;
- j. Giving to or accepting from a patient or client property or money for any reason other than fee for service or a nominal token of appreciation;
- k. Obtaining money or property of a patient or client by fraud, misrepresentation, or duress;
- l. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the nurse uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include actions that result in personal gain at the expense of the patient or client, or a nontherapeutic personal involvement or sexual conduct with a patient or client;
- m. Violating state laws relating to the privacy of patient information, including § 32.1-127.1:03 the Code of Virginia;
- n. Providing false information to staff or board members in the course of an investigation or proceeding;
- o. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia; or
- p. Violating any provision of this chapter.



Agency

Department of Health Professions

Board

Board of Nursing

Chapter

Regulations Governing the Practice of Nursing [18 VAC 90 - 19]**All comments for this forum****Next** [Back to List of Comments](#)Page of comments per page **Commenter:** Lisa Abrams, APN-BC**3/18/19 10:49 am****Prescription Privileges**

Most recently I have decided to relocated to the state of Va. I have been an Advance Practice Nurse with Prescriptive Privileges for approxiately 10 years. I have reveiwed infomation from the APNA,ANA,APRN and National board of Nursing that as long as I was an APRN that I would able to transfer my license through endorsement. After almost completing the process I found out that may not be possible. After reading the Va regulatations it does not say that the Clinical Nurse can not prescribed medication. Prescribing medication is considered an advance nursing act . The writing of prescriptions is considered an advance nurse act which should be appropriate for CNS under the scope of practice. My only concern is that I had to speak to someone at the board of nursing that CNS does not prescribe in Va.If that is not possible it should be clear on yor web page so anyone reloacting as an CNS would not consider VA a state to relocate too or paying fees when they are not reconized. I have 2 potential employment oppurtunities that I might not be able to take do to this issue not being clearly spelled out.

In advamce thank you- Lisa Abrams. APN (856) 404-5794

Commenter: Monica Coles, DNP, RN-BC, ACNS-BC-Carilion Medical Center **3/18/19 11:38 am****CNS Full Practice Authority**

I am a new CNS. Our role is underutilized and our practice is stifled. Affording the CNS full practice authority to include prescriptive, would be beneficial to providers. We can order items that include but is not limited to DME, therapies, activity level unless surgical or spinal precautions prohibit unrestricted activity, some consultations, i.e., Wound,Diabetic Education, Pain Management (other CNS expertise), Smoking Cessation, etc... In addition, If a CNS has the education, is registered (require this) and has held unrestricted practice in another state, it would be beneficial that they be allowed to continue that practice in Virginia.

Commenter: Sarah W. Taylor, AGCNS-BC**3/18/19 12:35 pm****Petition to revise the Regulations Governing the Practice of Nursing-CNS**

CNSs should be granted full authority to operate within their scope of practice to meet our nation's need for access to care. Working with physicians, physician assistants and other APRNs we are

committed to provide care to patients. Our nation's aging population brings the access to care crisis to the top of our healthcare system's priority list.

There are savings to be considered as the prescribing CNS saves patients and facilities time and money by eliminating the number of visits required by the patient to obtain needed prescriptions therefore contributing to medication compliance. Additionally, There are savings in the health care system that can be accrued; the prescribing CNS can save time and money by not needing the patient to make another visit to a physician or other prescriber in order to get needed prescriptions. CNSs also prescribe nonpharmacological treatments and devices such as durable medical equipment and function as consultants to other providers.

Although this is not an exhaustive list of patient and facility benefits to be realized by granting full authority of practice, it is a statement to the increasing demands of high-quality health care that should drive policy makers to ensure that health care providers, including all APRNs, are working to the full extent of their education and practice.

Commenter: Lisa Abrams

3/18/19 1:16 pm

Full Practice Authority

After reviewing comments - I did not realize that Va. CNS did not have full practice authority. I actually called the state board and spoke to a staff member and she stated I quote " CNSs in the state of Va are considered regular nurses." After that conversation with the board I felt that my degree and credentials did not mean a thing to the state. I felt like after paying an additional 125.00 above the RN license did not make any sense. Now I understand !!! Please state of VA - approve full Practice Authority !!!! We are all RN but we strive for excellence and education in our speciality. As things stand it would not make any sense for any advance nurse to relocated if she or he is not reconized.

Commenter: Bethann Mendez WMC

3/18/19 2:24 pm

Parlty among advanced practice nurses

The state of Virginia does not allow the CNS role to be leveraged as an APRN role due to the restrictive nature of privileges. Many APRN CNS's work as educators or other leadership roles because of these licensing restrictions. This contributes to the access to care concerns that many areas of the stat are facing that ultimately drives the cost of care. Academic preparation for the CNS is equivalent to NP if not exceeding (with many institutions now required DNP, as the consensus model originally proposed). Even as a doctoral prepared CNS I am unable to advance my privileges to prescribe medication and practice fully in an APRN role. Approximately 36 of the 50 states recognize the full privileges of the CNS preparation and role and, therefore, benefit from their expertise. Virginia must consider leading, or at least modernizing to match that of the other 36 states, so that this vital APRN role can contribute to the state's health care needs.

Commenter: Linda Thurby-Hay

3/18/19 9:00 pm

Support changing the regulations related to CNS practice

In 2008, the National Council of State Boards of Nursing (NCSBN) published the Consensus Model for APRN Regulation to standardize regulatory language for all four APRN roles, and offered a Model Practice Act to guide language changes. Those with vested interests in subjugating advanced nursing roles continue to challenge the ability of APRN roles to practice

without oversight across the nation and here in Virginia. As we have seen year after year in Virginia, all four APRN roles struggle to align the Code of Virginia with the Consensus Model. In Virginia, Clinical Nurse Specialists (CNS), in particular, experience significant barriers to fulfilling their obligation to the public of delivering specialty nursing care for the populations served. This petition is the next step in moving CNS practice forward in Virginia.

Today, I am writing in full support of this petition of the Virginia Association of Clinical Nurse Specialists. Barriers to CNS practice need to be removed, one by one, if necessary! Although CNSs enjoy title protection and are identified as Advanced Practice Registered Nurses (APRN) in the Code of Virginia, the interpretation of current regulations suggest that CNS practice is no different than professional nursing practice. The designers of the Consensus Model would disagree, as do CNSs everywhere. APRN practice (including CNS practice) builds on the knowledge and skill of RN practice; the difference lies in the depth and breadth of understanding of nursing phenomena seen in specialty nursing practice, not in whether we can prescribe (although we are educationally-prepared to do so). CNSs conduct advanced assessments, develop plans of care and intervene with advanced therapies, which is consistent with the medical model of physician specialist practice building on the education of the primary care physician.

It is time to remove barriers to CNS practice in Virginia. This petition is the next step for this knowledgeable and skilled advanced practice nursing role.

Commenter: Beth Quatrara DNP, RN, CMSRN, ACNS-BC

3/18/19 9:34 pm

CNS full scope

Patients across the state of Virginia deserve access to quality care. Clinical Nurse Specialists are trained according to the same foundational requirements as other Advanced Practice Nurses and are recognized by the National Council of State Boards of Nursing for their advanced practice training. Clinical Nurse Specialists are uniquely trained to provide comprehensive care to populations with complex needs with goals such as reducing complications and promoting wellness by addressing system issues. Clinical Nurse Specialists reduce barriers and faciity quality care.

Withholding practice privileges from Clinical Nurse Specialists in the state of Virginia limits the care available to many of our most vulnearble neighbors in the Commonwealth. I fully support this petition and urge the Commonwealth to provide full practice authority to Clinical Nurse Specialists. Barriers to care must be reduced so that residents of the State are able to receive the care that they need.

Commenter: Kimberly Elgin, DNP, RN, ACNS-BC, PCCN, CMSRN

3/19/19 12:26 pm

Clinical Nurse Specialist Regulation Changes

The CNS is one of four advanced practice RN roles as defined by NCSBN and as such should have regulatory parity. Healthcare professionals are challenged to provide robust health care services for the population of Virginia in a complex and burdened healthcare system. There is immense opportunity for CNSs with full scope of practice authority to provide an advanced scope of clinical services and lead interprofessional teams in optimizing healthcare outcomes for the Commonwealth. Virginia is one of a shrinking number of states which limit CNS practice by regulation. Revisions to the current regulations, providing for licensure and full practice authority,

are essential to the resolution of disparity across states and with the APRN community. I firmly support changes to Virginia CNS regulation.

Commenter: Amanda Golino, MSN, RN, CCRN, CCNS, RN-BC

3/24/19 9:05 am

Full practice authority for the CNS

As a practicing Clinical Nurse Specialist (CNS) in the Commonwealth of Virginia I am writing to request reconsideration for the CNS role to allow full practice authority. The CNS is uniquely skilled (and trained) to be a practice expert within a particular patient population. Our role is dynamic, allowing us to optimize care and prevent and reduce patient complications in a complex and ever changing care environment. Currently, Virginia is overly restrictive of the CNS practice, recognizing the role as an APRN but denying the privileges afforded to our APRN counterparts. This limits CNS practice and ability to serve patients, healthcare teams, and systems at the highest levels. 36/50 states have granted the CNS role full authority; it's time for the Commonwealth to follow suit.

Commenter: Robin R. Jackson BSHS, MSN, RN-BC, CCRN , CCNS, CHTP

3/24/19 10:33 am

Change In recognition for the Clinical Nurse Specialist as Advanced Practice RN

I am writing in full support of this petition of the Virginia Association of Clinical Nurse Specialist to remove the barriers to the Clinical Nurse Specialist (CNS) practice in the Commonwealth of Virginia. The National Council of State Boards of Nursing (NCSBN) recognizes the CNS as an Advanced Practice Registered Nurse (APRN). This recognition acknowledges the advanced knowledge, skills and training required for eligibility to take certification exams. CNS train to care for populations of patients. I personally trained in Critical Care and hold a certification as a Critical Care Clinical Nurse Specialist (CCNS). My training is above the training RNs receive to work in critical care and I have the unique position to work with the population of patients and understand the systems to help in their overall care. I was very disappointed after completing my Masters of Science in Acute Care Nursing and my certification as a CCNS, to only receive a registration from the Commonwealth and still be considered a RN not an APRN. There are many areas that the Commonwealth excels in providing excellence but is missing the opportunity to provide residences the additional resources and knowledge the CNS brings to healthcare. It is time to join the other 36 states that recognizes the CNS as an APRN. Thank you for the opportunity to comment on this important change in practice.

Commenter: Erin M. Smith, MS, RN, ACCNS-AG, CCRN-CMC; Sentara Norfolk General Hospital

3/25/19 12:12 pm

Support recognition of CNS as an Advanced Practice Nurse

Patients across the state of Virginia deserve access to quality care. Clinical Nurse Specialists are trained according to the same foundational requirements as other Advanced Practice Nurses and are recognized by the National Council of State Boards of Nursing for their advanced practice training. Clinical Nurse Specialists are uniquely trained to provide comprehensive care to populations with complex needs with goals such as reducing complications and promoting wellness by addressing system issues. Clinical Nurse Specialists reduce barriers and facilitate quality care.

Withholding practice privileges from Clinical Nurse Specialists in the state of Virginia limits the care available to many of our most vulnerable neighbors in the Commonwealth. I fully support this petition and urge the Commonwealth to provide full practice authority to Clinical Nurse Specialists. Barriers to care must be reduced so that residents of the State are able to receive the care that they need.

Commenter: Phyllis Whitehead, PhD, APRN/CNS, ACHPN, RN-BC

3/25/19 2:49 pm

The Virginia Association of Clinical Nurse Specialists (VaCNS)'s Petition

I support the The Virginia Association of Clinical Nurse Specialists (VaCNS)'s petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. The recommendations are necessary to clarify CNS registration requirements and to differentiate CNS practice from that of the professional nurse. The revisions align with nurse practice acts and regulations in neighboring states, across the nation, as well as the tenets of the Consensus Model for APRN Regulation (2008).

Commenter: Ashley Caviness DNP, RN, AGCNS-BC, CCRN

3/25/19 3:02 pm

Support for adopting the Consensus Model for all CNS's in Virginia

The Clinical Nurse Specialist is trained to provide diagnosis and treatment, disease management, health promotion, and prevention of illness. Allowing CNS's to practice to the full extent of their licensure will assist Virginia in providing access to quality healthcare to all residents. I support the The Virginia Association of Clinical Nurse Specialists (VaCNS)'s petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. The recommendations are necessary to clarify CNS registration requirements and to differentiate CNS practice from that of the professional nurse. The revisions align with nurse practice acts and regulations in neighboring states, across the nation, as well as the tenets of the Consensus Model for APRN Regulation (2008). I fully support this petition and urge the Commonwealth of Virginia to join other states in the United States and provide full practice authority to Clinical Nurse Specialists.

Commenter: Stephanie A Ruen

3/25/19 3:11 pm

Registration of Clinical Nurse Specialists

I support the The Virginia Association of Clinical Nurse Specialists (VaCNS)'s petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. The recommendations are necessary to clarify CNS registration requirements and to differentiate CNS practice from that of the professional nurse. The revisions align with nurse practice acts and regulations in neighboring states, across the nation, as well as the tenets of the Consensus Model for APRN Regulation (2008).

Commenter: Jennifer Matthews, Ph.D, RN A-CNS, FAAN

3/25/19 3:25 pm

Support of the Regulatory Changes for the APRN status of CNS

Please support the regulatory changes to bring the CNS role in Virginia to equal status of the APRN roles as envisioned in the 2008 mandate. CNSs contribute significantly to the health of Virginians because of the unique education provided to the graduate level studies. Virginians will

continue to benefit from the CNSs and should recognize these amazing nurses equal to our partners the NP, CNM, and CRNA.

Please respond positively to the proposed changes.

Jennifer Matthews

Commenter: Cindy Ward, DNP, RN-BC, CMSRN, ACNS-BC, Carilion Roanoke Memorial Hospital

3/25/19 8:36 pm

Support Petition for Changes to CNS Regulations

I fully support the changes to the CNS Regulations proposed by the Virginia Association of Clinical Nurse Specialists. The changes will bring CNS practice in Virginia closer to alignment with the Consensus Model for APRN Regulation (2008) from the National Council of State Boards of Nursing, and with CNS regulations in neighboring states.

Clinical Nurse Specialists have advanced education and certification as a CNS in our specialty areas and are recognized as billing providers by the Centers for Medicare and Medicaid Services. Despite these facts, the lack of full practice authority and the lack of licensure as clinical nurse specialist are barriers keeping us from practicing to the full extent of our education. The proposed regulation changes will be the first steps in removing the barriers and will improve access to care to the citizens of the Commonwealth.

I urge you to approve the proposed changes to the Regulations.

Commenter: F. Kay Butler, MSN, RN, AGCNS-BC, CCRN, ACM-RN, RN THE KNOW, LLC

3/26/19 11:12 am

CNS Petition to BON

I would like the opportunity to practice to the fullest scope of my educational preparation in my home state of Virginia. This not only would help to bridge the gap of those Virginians who do not currently have access to standard medical care but would provide me immense professional satisfaction by elevating the level of services I am able to offer. I consider any step that is taken to move us in this direction by the Virginia Clinical Nurse Specialists (VaCNS) to be long overdue. Therefore, I fully support the petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice in this state.

Clarification in CNS registration requirements and differentiation of the advanced practice role of the CNS from that of the professional registered nurse is obligatory. The revisions made move this group of advanced practice registered nurses (APRN) closer to full alignment with the tenets of the Consensus Model for APRN Regulation (2008), a document that is over a decade old, which represents my ideal standards of practice for this group of APRNs.

Commenter: Keysha Pochopien

3/27/19 9:16 am

Support the VaCNS Petition

I support the Virginia Association of Clinical Nurse Specialists petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. This revision is a key step to overcoming barriers and challenges to CNS practice that persist in the state of Virginia. There are three levels for scope of practice nationwide: full scope, collaborative agreement with a supervising physician, and limited scope. Fewer than ten states nationwide limit scope of practice for CNSs

and, unfortunately, Virginia is one of them. A limited scope of practice state severely limits the advanced practice authority that CNSs studied and prepared for through accredited graduate advanced practice nursing programs. Please support this petition.

Commenter: Magdalys Ortiz MSN RN AGCNS-BC, Bon Secours Mercy Health, 3/29/19 11:54 am

VaCNS petition to BON

I support the Virginia Association of Clinical Nurse Specialists petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. I'm a fairly new adult-gerontology CNS, and it has been extremely challenging to find a CNS position due to Virginia's limited scope of CNS practice. In my opinion, this limitation in CNS scope of practice is directly linked to the lack of CNS positions and employer awareness about the CNS role. As a result, this forces some of us to continue to work in our RN roles or take CNS like positions that pay at a RN level, which is very frustrating because we can't work to our full potential or get paid to function close to a CNS. Other CNSs that are lucky to work in CNS roles in Virginia don't have prescription authority, which also limits their practice.

CNSs are advanced practice nurses with advanced education and training in their selected patient populations (adult-gerontology, pediatrics, etc.). CNSs engage in three domains of influence: patient, nursing, and system/organization. CNSs use advanced nursing knowledge and skills to oversee their patients' care. This allows for appropriate recommendations to be made that improve the patients' health as well as develop interventions that can be implemented to bridge gaps in their care. The CNSs functions are as follows: provide education to nursing staff and patients/family; provide evidence-based recommendations by consultation and coaching of nursing staff and other healthcare professionals; collaborate with an interprofessional team about the care of patients while keeping the principles of ethics in mind. CNSs have advanced knowledge that allows them to be change agents in their organizations by reducing readmissions and organization costs as well as improve the patients care, health, and quality of life.

Unfortunately, limited CNS practice limits what we can do for Virginians as well as limits their access to care. With the recent drop in primary care providers the demand for providers will increase and there will be more challenges with caring for a patient population that is living longer with complex medical conditions. However, if we were allowed to practice to our full scope it will help mitigate these challenges in the near future.

Commenter: Theresa Mulherin

3/29/19 1:43 pm

continue the grandfathering clause

I support reg changes ONLY if they continue to have the grandfathered clause for us "older" CNS'

Commenter: Pamela Sharp, PhD, RN, CNS-BC, ODU & Bon Secours MIH

3/29/19 9:12 pm

Support change in the regulations regarding CNS registration and practice in Virginia

It was recognized in 1995 that there were many inconsistencies with how CNSs were viewed, trained, and employed across states, thus the NACNS was formed. NACNS joined with other groups, including NCSBN and specialty nursing groups to identify the spheres of influence and

develop Core CNS Competencies -- agreed upon and formalized in 1998, with the first minor revision published in 2004. The document is reviewed every 5 years.

Key elements of 1998 document included licensed RN with graduate preparation from a CNS program, clinical experts in diagnosis and treatment of illness and delivery of evidence based nursing interventions, and advanced knowledge with a specialty focus. Specialty areas are always evolving as the science of care evolves. A clinical nurse specialists' specialty may typically be defined by population, setting, disease or medical subspecialty, type of care, or type of problem. Regardless of specialty or setting, CNSs enact the same core competencies.

Even with the 1998-2004 Core Competencies outlining the CNS role, states were still not all consistently recognizing the CNS as an APN. The next step in attempting to better align the role of the CNS and plan for the future was to develop the APRN Regulatory Model or consensus document. This was completed in July 2008, revised in 2010, with full implementation expected by 2015. Full implementation still has not occurred in all states in 2019. In fact, groups who worked on the model have stated that "the more states that pass this model in piecemeal manner may result in problematic variations between states" and loss of consistency, which was the point of the model.

CNS testing was also evaluated in 2008. This is when the population specific tests were devised to match the new model, although not all fully implemented until 2010. A Grandfathering Clause or a similar statement of exceptions was recommended for all states so that APNs who were educated and practiced at the graduate level prior to consensus model were able to register as a CNS "regardless of current recognition status" and did not have to meet new requirements. An example is the old med-surg/adult health exam which was updated to the CORE exam, keeping an option for those who had already completed their CNS training and allowing time for programs to admit students under the new model and finish the "teach out" of old curriculums.

Virginia has not fully recognized or implemented the APRN Regulatory model, including maintaining a fair grandfathering clause resulting in CNSs who currently hold national certification, without lapse, and years of experience at the graduate level being unable to register in the state. The dates nurses attended their CNS program and competencies under which they trained, which should match their testing, are not consistently being recognized.

The proposed change in CNS registration and practice in Virginia will address the importance of not excluding CNSs solely based on an exam, especially when competence can be supported through work experience, portfolio, recommendations, etc. It would eliminate hardship being placed on CNSs in the state and would also possibly increase the number of CNSs registered in the state, as there are likely some who are not attempting to register and practice to their full potential given the current barriers. This could also help fill the gap in advanced practice providers, which are in great demand.

Commenter: Sonya Wilson, MSN, RN-BC, ACNS-BC Sentara Princess Anne Hospital

4/1/19 2:39 pm

CNSs are underutilized resource for healthcare in the Commonwealth of Virginia

I support the The Virginia Association of Clinical Nurse Specialists (VaCNS)'s petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice that is necessary to recognize the Clinical Nurse Specialist (CNS) as an Advanced Practice Nurse. As an APN educated, certified and licensed to provide advanced patient care from assessment to treatment and overall health promotion, it is time to be progressive in practice. The CNS has been denied the ability to practice to the fullest extent of their education and licensure by the Commonwealth of Virginia in comparison to other states who benefit from this great resource. We are not just nurses. We are a group being underutilized in meeting the needs of our Commonwealth's patients at a time when all resources are needed. The Commonwealth of Virginia needs to recognize and support the promotion of the Consensus Model for APRN Regulation (2008).

Commenter: Cheri S. Blevins DNP APRN CCRN CCNS

4/2/19 12:17 pm

Support of registration of clinical nurse specialists

The *APRN Campaign for Concensus* published by the National Council of State Boards of Nursing (NCSBN) in 2008 encourages all states to standardize regulatory requirements for the four APRN roles (CRNAs, CNMs, CNPs, and CNSs). However, the NCSBN reported in October of 2018 that the Commonwealth of Virginia currently does not require licensure for the CNS nor address independent practice. As the nation struggles to provide access to care and ensure that APRNs are highly qualified to provide quality care it is incumbent on the Commonwealth of Virginia State board of nursing to follow those recommendations in line with 17 other states and territories of the US (<https://www.ncsbn.org/5397.html>).

I wholeheartedly endorse this petition to review all legislation concerning CNS practice in the Commonwealth of Virginia to improve health equity for our citizens.

Sincerely,

Cheri S. Blevins

Commenter: Bon Secours St. Mary's Hospital

4/4/19 4:24 pm

In support of CNS practice

The *APRN Campaign for Concensus* published by the National Council of State Boards of Nursing (NCSBN) in 2008 encourages all states to standardize regulatory requirements for the four APRN roles (CRNAs, CNMs, CNPs, and CNSs). However, the NCSBN reported in October of 2018 that the Commonwealth of Virginia currently does not require licensure for the CNS nor address independent practice. As the nation struggles to provide access to care and ensure that APRNs are highly qualified to provide quality care it is incumbent on the Commonwealth of Virginia State board of nursing to follow those recommendations in line with 17 other states and territories of the US (<https://www.ncsbn.org/5397.html>).

I wholeheartedly endorse this petition to review all legislation concerning CNS practice in the Commonwealth of Virginia to improve health equity for our citizens.

Sincerely,

Mary Beth Stonich

Commenter: Donna Washburn DNP, RN, CNS, ACNS-BC, AOCNS, Central

4/4/19 11:52 pm

A petition with great potential for improving safe, efficient, high-quality, team-based care

As a CNS with experience in both inpatient and outpatient settings, I understand the impact that the current limitations have on our practice. Due to my training as a clinical nurse specialist with advanced certification in both adult health, and adult oncology, I have been able to work closely with physicians to improve the care of cancer patients. I'd like to share a little bit about this to help others better understand why allowing CNS's to practice to the full extent of their training is not only safe, but also beneficial.

In the outpatient practice, I was responsible for a cohort of approximately 100 cancer patients at any given time. These patients were on clinical trials. As patients came in for their scheduled treatments and assessments, I was able to use my advanced assessment skills to perform

complete or focused physical and mental assessments, monitor their exam and test results, assess for adverse effects, grade the adverse effects, determine the attribution of any adverse effects, and council the patient on issues that might help improve quality of life and health such as diet, lifestyle and behavior, medication adherence, etc. . I worked with a bachelors trained RN and an LPN who assisted with gathering and recording health assessment data. The care that the patients received was guided by standard protocols of care developed by oncology experts. In a quality review of ths cohort in comparison with other patients, we learned that despite similarity of age, race, social and economic status, types and stages of cancer, patients in my cohort had aproximately only about a 10th of the incidence of ER visits and hospitalizations, as the other patients managed in the normal way.

As is typical of the CNS role, I also filled other roles such as genetic testing education and counseling, worked closely with the organization to achieve certifications, improve safety and quality of care through implementation of evidence-based practice changes, training and education of staff, ensuring physicians and APP's are educated to practice standards and maintain those standards, and so on.

The limitations that I felt so keenly during these nine years, due to the Virginia regulations, caused delays in treatment and unnecessary extra expenses, steps for providers and/or patients, and interruptions of care due to the need to get an order or signed paperwork for DME, tests, or treatments. Many of the interventions that could be implemented by the CNS in combination with the advanced level of care are typical, standard of care, and protocol guided within the specialty. The patient whose labs are slightly abnormal needs to come to have them re-checked, the patient who is experiencing a side effect such as diarrhea needs some temporary adjustments in medication management, the patient who is experiencing fatigue and would benefit from specialized rehabilitation or cancer therapy programs, and the patient who would benefit from some DME at home to improve quality and safety should all be able to have that care ordered in a seamless, efficient, manner.

In the inpatient setting, similar circumstances occur every day as CNS's intervene for physicians as members of the care team to aide in management of patients in special populations and/or with special needs. Patients in pain, or with complicated wounds, diseases that require close attention and monitoring and other situations where a CNS can work closely with bedside nurses, and ancillary staff to improve quality, safety, and efficiency of care. Although there are many things that we can do, and do well, physicians in our facilities who rely on the CNS to assist with special populations often request an additional service we cannot perform because of our limitations.

In conclusion, as CNS's work with physicians and other APP's, we gain their trust and become valued team members through the consultation processes and the manner in which we engage with them to fill the gaps in patient care. Our value becomes clear as our other team members and the organizations see the impact that we have on quality and safety and improved patient outcomes. Allowing us to practice to our full training, will only improve the efficiency and availability of the already great care we provide to our patients.

Thank you for the opportunity to comment.

Commenter: Catherine Smith, DNP, RN, CCNS, CCRN

4/6/19 9:54 pm

Support Revisions to CNS Registration and Practice Regulations

I support the Virginia Association of Clinical Nurse Specialists petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. This revision is a key step

toward overcoming barriers and challenges to CNS practice that persist in Virginia.

As a CNS who relocated from another state, I know first-hand the practice limitations encountered here in Virginia. As a result of the restrictions, many Virginia CNSs opt to practice in alternative nursing roles which is ultimately limiting Virginia citizens access to this valuable advanced practice nursing resource who is specially trained to improve systems of care and patient outcomes based on evidence.

The CNS registration section must be clarified to include initial, renewal, reinstatement, and endorsement requirements. National CNS certifications including CORE and retired certifications that have not lapsed should be accepted as ongoing competency based on professional organizational standards. CNS practice standards are clearly outlined by the National Association of Clinical Nurse Specialists (NACNS). All CNSs should practice according to national standards.

I support the VaCNS petition to revise the current CNS regulations. It is one small step toward aligning Virginia CNS practice with most other states and more importantly, it will benefit the health of Virginians.

Respectfully,

Catherine Smith

Commenter: Linda Thurby-Hay DNP, RN, ACNS-BC, BC-ADM, CDE

4/7/19 6:56 am

Why regulatory change is needed?

The petition of the Virginia Association of Clinical Nurse Specialists speaks to two specific concerns raised by Clinical Nurse Specialists (CNS):

1. Denial of registration: The Commonwealth has denied CNS registration to those whose national CNS certifications did not align with the 2008 Consensus Model language, even though their programs were completed years before the Consensus Model was accepted. These decisions did not honor the education and certification options available to these nursing experts at the time they completed their programs. This is particularly true of those who were certified using the Core CNS certification examination, promoted by the National Association of Clinical Nurse Specialists as a viable alternative. Additionally, this petition clearly specifies that all CNS certifications, including those that have been retired, are acceptable. The language is woven throughout this petition align regulations of those who are registering initially, by endorsement, renewal or reinstatement.

2. Differentiating CNS from professional nursing practice: There is national acceptance in the nursing community that four nursing roles are practicing at the advanced practice level, e.g. Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Nurse Practitioners and Clinical Nurse Specialists. The National Association of Clinical Nurse Specialists's Statement on Clinical Nurse Specialist Practice and Education, now in its third edition, clearly articulates CNS's advanced practice nursing competencies. In this petition, we have referenced this document as was advised by Board of Nursing (BON) representatives in our fall meeting with them, to answer the earlier BON call that CNS practice be differentiated from professional nursing practice. Current CNS regulations permit varied interpretation, dependent on the individual board member's understanding of advanced nursing practice and the intent of the Consensus Model. The proposed language would end this discrimination.

In the Commonwealth, the continuing struggle with our respected physician colleagues, to practice nursing independently, has put political agendas ahead of the citizens of Virginia and their health. Clinical Nurse Specialists are the only nursing role that are educationally-prepared and nationally-certified nursing experts in specialty care. Their knowledge and skill should be recognized and honored.

Commenter: Kimberly D. Hall

4/7/19 1:39 pm

Support for CNS Practice Regulations

Support Revisions to CNS Registration and Practice Regulations

I am in full support of the Virginia Association of Clinical Nurse Specialists petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. This revision is a key step toward overcoming barriers and challenges to CNS practice that persist in Virginia.

As a CNS who completed her educational training and practiced in Virginia for several years, I know first-hand the practice limitations encountered here in Virginia. I relocated to the West Coast a little over 2 years ago so that I could practice to the fullest extent of my education and training. I am now a licensed Advanced Practice Registered Nurse-Clinical Nurse Specialist with Prescriptive Authority and independent scope of practice in both Oregon and Washington. Restricted practice in Virginia for CNSs limits access to care for citizens who could benefit from them.

The CNS registration section must be clarified to include initial, renewal, reinstatement, and endorsement requirements. National CNS certifications including CORE and retired certifications that have not lapsed should be accepted as ongoing competency based on professional organizational standards. CNS practice standards are clearly outlined by the National Association of Clinical Nurse Specialists (NACNS). All CNSs should practice according to national standards.

I support the VaCNS petition to revise the current CNS regulations. It is one small step toward aligning Virginia CNS practice with most other states and more importantly, it will benefit the health of Virginians.

Respectfully,

Kimberly D. Hall

Commenter: Ellen M. Harvey DNP, RN, ACNS-BC, CCRN, TCRN, FCCM

4/7/19 6:51 pm

Support of the Virginia Association of Clinical Nurse Specialists Petition

I am in full support of the Virginia Association of Clinical Nurse Specialists petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. This revision is a key step toward overcoming barriers and challenges to CNS practice that persist in Virginia. Restricted practice in Virginia for CNSs limits access to care for citizens who will benefit from the expert advanced nursing care provided by CNSs. CNS practice standards are clearly outlined by the National Association of Clinical Nurse Specialists (NACNS). Any Commonwealth of Virginia regulatory, registration or licensure changes and CNS board certification requirements should be based on the national standards set forth in the Consensus Statement and by the NACNS. Consistent with the practice standards seen in most states, the Clinical Nurse Specialist should be enabled to improve the health of the communities they serve in the Commonwealth of Virginia by permitting practice at their full scope of education and training.

Respectfully,

Ellen M. Harvey

Commenter: Virginia Council of Nurse Practitioners

4/8/19 5:08 am

Support for CNS Regulatory Changes

The Virginia Council of Nurse Practitioners (VCNP) eagerly supports regulatory changes that recognize the role of the clinical nurse specialist (CNS) utilizing national core clinical competencies. This regulatory change is fundamental to differentiate the CNS role from that of the professional nurse reflected in the current regulatory language. Additionally, regulations should accommodate CNSs who are seeking initial registration by endorsement, renewal or reinstatement consistent with the APRN Consensus Model. As an advanced practice registered nurse (APRN), CNSs are integral members of the interprofessional health care team with advanced level competencies to improve patient outcomes, implement evidence-based practice, increase access to care and provide cost-effective care. Alignment of regulations for CNSs with the APRN Consensus Model will permit practice to the full extent of their education and training. Additionally, alignment of regulations with the Consensus Model will aid in increasing access to qualified health care providers to improve access to and quality of care for citizens of the Commonwealth.

Commenter: Cynthia M. Fagan, DNP, RN, FNP-BC

4/8/19 5:25 pm

Support for CNS Regulatory Changes

I support the The Virginia Association of Clinical Nurse Specialists petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. The recommendations are necessary to clarify CNS registration requirements and to differentiate the CNS role from that of the professional nurse reflected in the current regulatory language.

Commenter: Lisa Anrams, MSN, MHCNS-Bc

4/8/19 11:36 pm

Full Practice Authority

After fully trying to understand the CNS role in Va, I am considering post MSN certification if I decide to relocate. The position I interviewed for would still like me to become a part of there team while working toward post MSN certification. I am still trying to figure out what my scope of practice in the state of Va. In the regulations it says advance assessment skills (does those skills include H/P / dx. and reccomendations) under the supervision of a MD. As for medication - we are allowed to take verbal orders from a MD/ Is it adequate to have a protocol for what medication what a MD feels in their clinical judgement to prescribe. I have been APRN for 10 years with prescriptive authority (would should allow me th practice independently) without collaboration. So that being said I am honored that the practice would still like me to come on board with the regulations being so convoluted I am currently unsure of my scope of practice in Va. So that being said I realize after receive all the required credentials (NPI, CDS and DEA). I won't be allowed to use this licenses/ national registration in the state of Va. Clarity is definitely needed !!!

Commenter: Kimberly Miller

4/10/19 8:41 am

support for CNS regulatory changes

I am a newly registered Clinical Nurse Specialist in the state of Virginia, and was surprised to find that the statutes governing CNS practice in Va. are not equivalent to the states bordering the commonwealth. Although CNSs enjoy title protection and are identified as Advanced Practice Registered Nurses (APRN) in the Code of Virginia, the interpretation of current regulations suggest that CNS practice is no different than that of the professional nurse. If Virginia does not move

forward with implementing the NCSBNs Consensus Model the Commonwealth it risks losing practitioners to its neighbors who grant CNSs full practice authority. Approximately 36 of the 50 states recognize the full privileges of the CNS preparation and role and, therefore, their citizens benefit from their expertise. I support this petition of the VaCNS to advance full practice authority in the commonwealth.

Kimberly Miller MSN RN AGCNS-BC CDE

Commenter: Lynnette Kirkbride

4/10/19 9:40 am

Petition for Clinical Nurse Specialists

I support the petition to revise the registration of Clinical Nurse Specialists in Virginia. As a CNS, I have been taken back by the fact that we are considered nurses but our education is not recognized. Please consider allowing us to utilize the knowledge and expertise we have to improve patient outcomes, systems, and nursing as a whole.

Commenter: James Pochopien

4/10/19 11:45 am

VA Petition for CNS

Our VA based CNS's are working diligently and tirelessly to improve patient outcomes, across the entire spectrum of healthcare. Legislators must act NOW to acknowledge, reward, and compensate them for saving lives and delivering superior patient care. In large part our CNS's do this and can't even get billable hours- where is the appreciation for their daily contribution? It is legislative malpractice to not do more for our CNS's across Virginia and the entire US. Time for our elected officials to work as hard as our CNS's do everyday!

Commenter: Denise Cox DNP, MSN, FNP-C

4/10/19 12:58 pm

Support CNS role as APRN

I am commenting in favor of the following petition... "*support the Virginia Association of Clinical Nurse Specialists (VaCNS)'s petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. The recommendations are necessary to clarify CNS registration requirements and to differentiate CNS practice from that of the professional nurse. The revisions align with nurse practice acts and regulations in neighboring states, across the nation, as well as the tenets of the Consensus Model for APRN Regulation (2008)*"

The master prepared, certified Clinical Nurse Specialist should be recognized as advanced practice within the medical and nursing professions. The CNS must be allowed to work in their full scope of practice and training so we can best ensure excellence in quality and patient safety within all care areas. It is vital this is both supported and clearly stated in the Virginia regulations as purposed above.

Commenter: Rachel Featherstone, WHNP-BC

4/11/19 2:45 pm

Support CNS acknowledgement as APRN's

Clinical Nurse Specialists are trained in the same basic competencies as nurse practitioners, nurse midwives, and nurse anesthetists. It is the logical course of action to grant them equivalent scope of practice and prescriptive rights.

Commenter: Katie Page CNM Virginia Affiliate of ACNM

4/11/19 3:32 pm

Support CNS regulations

CNS are APRN and need to be recognized as such in Virginia. Like NP, CNM, and CRNA, they are another advanced specialist separate from RN and with more training and expertise than RN. By failing to recognize their skillset and regulating CNS as themselves, Virginia will be less likely to have CNSs move to this state to provide services and limits these professionals' scope of practice.

I write in support of CNS on behalf of the Virginia Affiliate of ACNM as the president-elect, and as an advanced practice provider in Virginia.

Commenter: Sarah Cullen, DNP, ACNS-BC, RN

4/12/19 9:39 am

Support the CNS petition

I support the the Virginia Association of Clinical Nurse Specialists' petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. CNS practice standards are clearly outlined by the National Association of Clinical Nurse Specialists (NACNS). All CNSs should practice according to national standards. CNSs have advanced education and certification as a CNS, and are recognized as billing providers by CMS. However, CNSs in Virginia are not able to practice to these national standards, due to state level restrictions of lack of full practice authority and the lack of licensure. This hinders our ability to practice to our full extent of our education and training. We need to be recognized and treated as advance practice registered nurses (APRNs) – NOT as "professional nurses" as current regulations suggest. We are trained and certified, as APRNs. Similar to nurse practitioners, yet we are treated completely different. As the nation struggles to improve access to care (and specialized care) it is incumbent on the Commonwealth of Virginia State board of nursing to follow those recommendations in line with 17 other states and territories of the US and remove the practice barriers within this state. The revisions align with nurse practice acts and regulations in neighboring states, across the nation, as well as the tenets of the Consensus Model for APRN Regulation (2008) and the National CNS practice standards. I urge the BON to continue to support the nurses within the state (all nurses) and approve the proposed changes.

Commenter: Kaye Geaney, MEd, MSN, RN, AGCNS-BC

4/12/19 3:04 pm

Support CNS petition

I support the Virginia Association of Clinical Nurse Specialists' petition to revise regulations related to registration and practice authority for Clinical Nurse Specialists (CNS) in the state. The proposed revisions will decrease and/or eliminate barriers to scope of practice for CNSs in Virginia. The Consensus Model for Advanced Practice Registered Nurses (APRN) (2008) was published by the National Council of State Boards of Nursing (NCSBN) to provide nationally recognized standards of practice and licensure for APRNs in all states. Yet, Virginia has not fully adopted the Consensus Model related to the CNS, thereby creating barriers to scope of practice. These

barriers to scope of practice are depriving citizens of the commonwealth with access to comprehensive medical care and services from this APRN. This is particularly true in rural areas of the state that have limited medical resources and healthcare providers. Additionally, the prevalence of individuals suffering from chronic disease conditions in Virginia makes this petition for CNS full practice authority (i.e., prescriptive authority) a priority to combat the growing epidemic. Those suffering from chronic diseases currently account for the majority of healthcare associated costs in the country. The National Association of Clinical Nurse Specialists (2017) and the Institute of Medicine (2010) support full scope of practice for CNSs to address the growing epidemic of chronic diseases.

CNSs have the education and training, as well as national certification, to practice and be recognized as an APRN. The CNS role is influential within three spheres of the healthcare system – patient, nurse, and organization. The uniqueness of the role's influence and expertise in clinical care make the CNS a valuable asset to healthcare in Virginia. This petition to revise regulations governing CNS practice will add to the role's value and have a positive impact on healthcare throughout the state. I urge your strong support of this petition which will provide a win-win situation for everyone - nurses, APRNs, healthcare organizations, and the citizens of Virginia.

Commenter: Robin McAlpin MSN, RN, ACCNS-AG

4/14/19 8:31 pm

Support of the CNS petition

I support the Virginia Association of Clinical Nurse Specialists' petition to revise regulations governing the practice authority for the Clinical Nurse Specialist (CNS) in the Commonwealth of Virginia. Clinical Nurse Specialists are one of the four categories of advanced practice nurses (APRN) that provide expert advanced care to patients each with different practice characteristics. However, as an advanced practice nurse the goal of the CNS is to meet the health needs of patients, families, populations, and communities. The CNS is differentiated from other APRNs by our overarching competencies directed at enhancement of professional nursing practice and improving patient outcomes. Nevertheless, we are at a standstill due to the current practice limitations. As APRNs, CNSs are an integral member of the healthcare system, which if allowed to practice to the full scope of practice are well suited to meet the ever increasing complex and diverse needs of the patient, family, systems, and communities. Which would also meet the industry and societal directives to evolve nursing practice and improve patient outcomes across the continuum of care. Given the current state of health in the United States it is imperative that we (CNSs) are allowed to practice to the full extent of training to help alleviate the burden of the health crisis within the United States. So, I urge the Virginia Board of Nursing to thoroughly and objectively consider this request which will begin alignment with the tenets of the Consensus Model for APRN Regulation (2008), the National CNS practice standards, and neighboring states but most importantly will prioritize the health outcomes of Virginians.

Commenter: Virginia Carpinelli RN BSN OCN

4/14/19 9:31 pm

Support CNS petition

Commenter: Theresa Crowder, DNP, RN, CNS, ACNS-BC

4/15/19 10:51 am

Support CNS Regulations

As a CNS for over 13 years, I support the proposed changes to the current Virginia CNS regulations. The CNS is one of 4 recognized Advanced Practice RNs, but in the state of Virginia the CNS practice is limited. The CNS practice needs to be differentiated from that of an RN. Revisions to the current regulations will provide for licensure and full practice authority is needed in Virginia.

Commenter: Jessica Jordan, CNM, MSN

4/15/19 11:40 am

Support CNS regulation as APRN's.

The CNS is an APRN and needs to be recognized as such in Virginia. Like the NP, CNM, and CRNA credentials, they are another advanced specialist separate from RN and with more training and expertise than RNs. By failing to recognize their skill set and regulating CNS as nurses only, Virginia will be less likely to have CNSs move to this state to provide services by limiting these professionals' scope of practice.

I write in support of CNS after many years as legislative chair of the VA affiliate of the ACNM, with extensive examination of the regulations in Virginia.

Thank you, Jessica Jordan, CNM, MSN

Commenter: Keysha A. Pochopien, MSN, RN, ACNS-BC, CHFNP Sentara Healthcare

4/16/19 9:16 am

Support revision of CNS regulations governing registration and practice

I support the petition to revise the regulations governing Clinical Nurse Specialist (CNS) registration and practice. The recommendations are necessary to clarify CNS registration requirements and to differentiate CNS practice from that of the professional nurse.

Commenter: Rickie T Simpson PHD APRN-CNS,BCPCC, C-IAYT

4/16/19 9:05 pm

Supporting the change in the CNS scope of practice

I fully support the Virginia Association of Clinical Nurse Specialists' petition to revise regulations related to the registration and practice authority for Clinical Nurse Specialists (CNS) in the Commonwealth. The proposed revisions will decrease and/or eliminate artificial barriers to the scope of practice for the CNS. It is confusing and artificial to restrict my practice when my training is comparable to that of an NP. The Consensus Model for Advanced Practice Registered Nurses (APRN) (2008) was published by the National Council of State Boards of Nursing (NCSBN) to provide nationally recognized standards of practice and licensure for APRNs in all states. Virginia has not fully adopted the Consensus Model related to the CNS, thereby creating barriers to scope of practice and essentially making three levels of nursing practice in the Commonwealth—RN, CNS and NP. These barriers to scope of practice are depriving citizens of the Commonwealth with access to comprehensive medical care and services especially in my area of expertise—psychiatric care. This is particularly true in rural areas of the Commonwealth that have limited mental healthcare providers and soaring mental health wait lists. Additionally, the prevalence of individuals suffering from chronic mental health disorders in Virginia makes this petition for CNS full practice authority (i.e., prescriptive authority) urgent.

CNSs have the education and training, as well as national certification, to practice and be recognized as an APRN in many other states. The uniqueness of the role's influence and expertise in clinical care make the CNS a valuable asset to healthcare in Virginia. I urge your strong support of this petition which will provide a cost-effective and ready resource to the citizens of Virginia who can least speak for themselves.

Commenter: Bob May

4/16/19 11:25 pm

Support for CNS Change of Scope

I totally support the Virginia Association of Clinical Nurse Specialists' petition to revise regulations related to the registration and practice authority for Clinical Nurse Specialists (CNS) in the Commonwealth. A CNS has the same amount of education as NPs and should be allowed to practice with full authority of other Advanced Practice Nurses. I believe this change will grant greater access to health care and totally benefit the Commonwealth and patient access.

Commenter: Leslie M Evers RN MSN CS LMFT PMHCNS-BC

4/16/19 11:41 pm

Registration of Clinical Nurse Specialists

I support full practice authority for Clinical Nurse Specialists

Commenter: Leslie M Evers RN MSN CS LMFT PMHCNS-BC

4/16/19 11:42 pm

Support Full Practice Authority for Clinical Nurse Specialists

I support full practice authority for Clinical Nurse Specialists

Part IV. Clinical Nurse Specialists

18VAC90-19-210. Clinical Nurse Specialist Registration.

A. Initial registration. An applicant for initial registration as a clinical nurse specialist shall:

1. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;
2. Submit evidence of current national clinical nurse specialist certification as required by § 54.1-3018.1 of the Code of Virginia or have an exception available from March 1, 1990, to July 1, 1990; and
3. Submit the required application and fee.

B. Renewal of registration.

1. Registration as a clinical nurse specialist shall be renewed biennially at the same time the registered nurse license is renewed. If registered as a clinical nurse specialist with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in an even-numbered year shall renew his license by the last day of the birth month in even-numbered years and a licensee born in an odd-numbered year shall renew his license by the last day of the birth month in odd-numbered years.
2. The clinical nurse specialist shall complete the renewal form and submit it with the required fee. An attestation of current national certification as a clinical nurse specialist is required unless registered in accordance with an exception.
3. Registration as a clinical nurse specialist shall lapse if the registered nurse license is not renewed or the multistate licensure privilege is lapsed and may be reinstated upon:
 - a. Reinstatement of RN license or multistate licensure privilege;
 - b. Payment of reinstatement and current renewal fees; and
 - c. Submission of evidence of continued national certification as a clinical nurse specialist unless registered in accordance with an exception.

18VAC90-19-220. Clinical Nurse Specialist Practice.

A. The practice of a clinical nurse specialist shall be consistent with the education and experience required for clinical nurse specialist certification.

B. The clinical nurse specialist shall provide those advanced nursing services that are consistent with the standards of specialist practice as established by a national certifying organization for clinical nurse specialists and in accordance with the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia.

C. Advanced practice as a clinical nurse specialist shall include performance as an expert clinician to:

1. Provide direct care and counsel to individuals and groups;
2. Plan, evaluate, and direct care given by others; and
3. Improve care by consultation, collaboration, teaching, and the conduct of research.

§ 54.1-3017.1. Registered nurse provisional license.

The Board may issue a provisional license to an applicant for licensure as a registered nurse who has met the educational and examination requirements for licensure, in order to allow the applicant to obtain clinical experience, as specified by the Board in regulation. A person practicing under a provisional license shall only practice under the supervision of a licensed registered nurse, in accordance with regulations established by the Board.

2011, c. 712.

§ 54.1-3018. Registered nurse's license by endorsement.

A. The Board may issue a license by endorsement to an applicant to practice professional nursing if the applicant has been licensed as a professional or registered nurse under the laws of another state, the District of Columbia, or a United States possession or territory, and, in the opinion of the Board, the applicant meets the qualifications required of registered nurses in this Commonwealth.

B. The Board shall also endorse for licensure nurses who hold an unrestricted license in Canada and whose training was obtained in a nursing school in Canada where English was the primary language and who have passed the Canadian Registered Nurses Examination (CRNE).

Code 1950, § 54-350; 1970, c. 116; 1982, c. 598, § 54-367.14; 1988, c. 765; 2002, c. 713.

§ 54.1-3018.1. Registration of clinical nurse specialists.

The Board may register an applicant as a clinical nurse specialist if the applicant:

1. Holds a valid license to practice professional nursing pursuant to this article; and
2. Has successfully completed a graduate-level clinical nurse specialist program within a regionally accredited college or university that meets all educational qualifications and standards established by national certification guidelines and holds a national clinical nurse specialist certification that prepares the professional nurse to deliver advanced nursing services.

Code of Virginia
Title 54.1. Professions and Occupations
Chapter 30. Nursing

§ 54.1-3000. Definitions.

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

"Advanced practice registered nurse" means a registered nurse who has completed an advanced graduate-level education program in a specialty category of nursing and has passed a national certifying examination for that specialty.

"Board" means the Board of Nursing.

"Certified nurse aide" means a person who meets the qualifications specified in this article and who is currently certified by the Board.

"Clinical nurse specialist" means an advanced practice registered nurse who meets the requirements set forth in § 54.1-3018.1 and who is currently registered by the Board. Such a person shall be recognized as being able to provide advanced services according to the specialized training received from a program satisfactory to the Board, but shall not be entitled to perform any act that is not within the scope of practice of professional nursing.

"Massage therapist" means a person who meets the qualifications specified in this chapter and who is currently licensed by the Board.

"Massage therapy" means the treatment of soft tissues for therapeutic purposes by the application of massage and bodywork techniques based on the manipulation or application of pressure to the muscular structure or soft tissues of the human body. The term "massage therapy" does not include the diagnosis or treatment of illness or disease or any service or procedure for which a license to practice medicine, nursing, midwifery, chiropractic, physical therapy, occupational therapy, acupuncture, athletic training, or podiatry is required by law or any service described in subdivision A 18 of § 54.1-3001.

"Massage therapy" shall not include manipulation of the spine or joints.

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

"Practical nurse" or "licensed practical nurse" means a person who is licensed or holds a multistate licensure privilege under the provisions of this chapter to practice practical nursing as defined in this section. Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation "L.P.N." shall stand for such terms.

"Practical nursing" or "licensed practical nursing" means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations as the Board may promulgate, in the teaching of those who

are or will be nurse aides. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.

"Practice of a nurse aide" or "nurse aide practice" means the performance of services requiring the education, training, and skills specified in this chapter for certification as a nurse aide. Such services are performed under the supervision of a dentist, physician, podiatrist, professional nurse, licensed practical nurse, or other licensed health care professional acting within the scope of the requirements of his profession.

"Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed or holds a multistate licensure privilege under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation "R.N." shall stand for such terms.

"Professional nursing," "registered nursing" or "registered professional nursing" means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the Board; or in the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and application of principles from the biological, physical, social, behavioral and nursing sciences.

Code 1950, § 54-326; 1970, c. 116, § 54-367.2; 1988, cc. 580, 765; 1989, cc. 7, 278; 1990, c. 104; 1996, c. 166; 1998, c. 458; 2004, c. 49; 2012, c. 213; 2016, cc. 83, 93, 324.

Overview of Regulation and Scope of Clinical Nurse Specialist (CNS) Practice Nationally and in Virginia:

Background Information Only

1. Are one of the 4 categories of Advanced Practice Registered Nurses (Clinical Nurse Specialist, Nurse Practitioners, Certified Nurse Midwife, Certified Registered Nurse Anesthetist).
2. CNS was the first Advanced Practice Registered Nurse category established with the implementation of the first CNS Masters Level education preparation in the early 1950's. (Psych CNS).
3. CNS is educated in a CNS master's level program or at the doctoral level to provided advanced nursing care in a specific specialty. Certification is achieved via successful completion of specialty national CNS certification exams.
4. CNS legislated full scope of practice including prescriptive authority in 41 states; regulation by single Board (BON) in majority of states.
5. Federal regulations: Enacted in the 1990's Medicare and Medicaid reimbursement for CNS's for their services if the CNS is authorized to furnish the service in accordance with state law. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (2016) was amended to include CNS authority to prescribe buprenorphine until 2023 in accordance with act and state law. 2017 Department of Veterans Affairs grants full practice authority to CNS's working within the scope of their VA employment.

Clinical Nurse Specialist (CNS) Nationally	Clinical Nurse Specialist (CNS) Virginia
Areas of Specialization	
a. Population based (ex. pediatrics) b. Type of problem (ex. pain) c. Setting (ex. ICU) d. Type of care (ex. psychiatric) e. Disease (ex. diabetes)	YES
CNS Scope/Spheres of Practice	
Direct Delivery of advanced expert specialty nursing care and ongoing management for complex patients-including diagnosis, treatment plan development and treatment including prescribing pharmacological/non pharmacological evidenced based interventions	Exceptions: diagnosis and treatment including prescribing pharmacological/non pharmacological evidenced based interventions (ex. prescribing medications, ordering durable medical equipment)
Consultant to nursing and the health care teams in the management of complex health care problems.	YES
Collaboration at patient, family, organization/systems and population level to improve patient outcomes	YES
Role Model/Mentorship/Coaching to RN's in the delivery of specialty nursing care utilizing evidenced based interventions	YES
Change Agent and clinical researcher and leader to improve health care outcomes at population and macro level	YES
Educator-patient and populations, students and staff within area of specialty.	YES
Advocacy and facilitating ethical decision making at the micro and macro level	YES

The Clinical Nurse Specialist (CNS) In Virginia

1. Regulated solely by the Board of Nursing- different than the other 3 APRN groups (Nurse Practitioners, Certified Nurse Midwives, Certified Nurse Anesthetists) who are under the joint boards of Nursing and Medicine
2. First CNS regulatory and legislative actions enacted in Virginia in 1990
 - f. Initial definition of CNS in Code of VA,
 - g. Established VABON as the sole regulator of CNS practice in Virginia
 - h. Established process and requirements for CNS credentialing and registration in the Commonwealth.
 - i. Modification of Insurance statute to establish Pysch/MH CNS as "providers" eligible to directly bill insurance companies for delivery of mental health care services (ex. psychotherapy)
3. Subsequent CNS regulatory and statutory actions enacted 2016
 - a. Further clarified CNS definition as advanced practice nurse
 - b. Modified and clarified VABON process of CNS credentialing and registration
4. Excerpts from the current Code of Virginia related to Clinical Nurse Specialists:
 - a. § 54.1-3000 "Clinical nurse specialist" means an advanced practice registered nurse who meets the requirements set forth in § 54.1-3018.1 and who is currently registered by the Board. Such a person shall be recognized as being able to provide advanced services according to the specialized training received from a program satisfactory to the Board, but shall not be entitled to perform any act that is not within the scope of practice of professional nursing.
 - b. § 54.1-3018.1. Registration of clinical nurse specialists.

The Board may register an applicant as a clinical nurse specialist if the applicant:

 1. Holds a valid license to practice professional nursing pursuant to this article; and
 2. Has successfully completed a graduate-level clinical nurse specialist program within a regionally accredited college or university that meets all educational qualifications and standards established by national certification guidelines and holds a national clinical nurse specialist certification that prepares the professional nurse to deliver advanced nursing services.
5. Current Virginia statutory authority and regulation is inconsistent with other states as identified in the literature. (refer to table page 1).
6. Emerging Workforce Issue: The US nursing workforce is mobile. CNS's from other states where there is full scope of practice/autonomy are unwilling to consider Virginia for relocation due to current restrictions based upon regulation. Virginia CNS's are prime targets for recruitment to other states where there is more favorable practice climate.
7. Total current Clinical Nurse Specialists registered in the Commonwealth: 415
8. Workforce Impact on Patient and Healthcare outcomes: Loss of valuable resources to improve access to care, patient outcomes and health care costs.

Resources for Additional Background Information:

<https://www.aacnnursing.org/News-Information/Position-Statements-White-Papers/CNS>

<https://nacns.org/about-us/what-is-a-cns/>

<http://nacns.org/professional-resources/practice-and-cns-role/cns-competencies/core-competencies/>

<https://www.nap.edu/read/12956/chapter/1#xiii> (IOM Future of Nursing report)

<https://www.ncsbn.org/apm-consensus.htm>

<https://www.nursingworld.org/practice-policy/workforce/what-is-nursing/apm/>

<https://vacns.nursingnetwork.com/>