VIRGINIA BOARD OF NURSING
Final Agenda

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

Tuesday, November 19, 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
  - **Brandon Jones, MSN, RN, CEN, CEA-BC,** of Roanoke, System Patient Experience Manager at Carilion Clinic, was appointed on October 18, 2019 for an unexpired term beginning on October 24, 2019 and ending on June 30, 2021 to succeed Laura F. Cei, BS, LPN, CCRP

- Staff Update:
  - **Annette Graham, RN, MS, ANP,** started as the Probable Cause Reviewer on October 15, 2019
  - **Randall S. Mangrum, DNP, RN,** started as the Nursing Education Program Inspector on October 15, 2019
  - **Carola Bruflat, LNP,** started on October 30, 2019 as a P-14 LNP/RN probable cause reviewer
  - **Lori Patel, RN,** has accepted the Education Program Inspector. Her starting date is scheduled for November 25, 2019.
  - **Nicole Cutright** has accepted the Discipline Administrative & Office Specialist for CNA Discipline. Her starting date is scheduled for November 25, 2019

A. Upcoming Meetings:

- NCSBN Board of Directors meeting is scheduled for December 9-10, 2019 in Chicago – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, December 4, 2019 at 9:00 am in Board Room 4
- Citizen Advocacy Center (CAC) Annual Meeting is scheduled for December 10-11, 2019 CAC Dupont Circle Office in Washington, DC. The theme for 2019 meeting is *HEALTHCARE REGULATION AND CREDENTIALING IN AN ANTI-REGULATORY ENVIRONMENT* – Mr. Monson will attend

- On April 22, 2020, Board Staff will provide orientation to establish a new education program from 9 am to 12 pm and the program updates from 1 pm to 3 pm

Review of the Agenda: (Except where times are stated, items not completed on November 19, 2019 will be completed on November 20, 2019.)

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

B1 September 16, 2019 Board of Nursing Officer Meeting **–** Ms. Hershkowitz*
B2 September 16, 2019 Formal Hearing Panel – Ms. Phelps*
B3 September 17, 2019 Board of Nursing Business Meeting – Ms. Hershkowitz*
B4 September 18, 2019 Formal Hearing - Panel A – Ms. Hershkowitz *
B5 September 18, 2019 Formal Hearing Panel B – Ms. Phelps*
B6 September 19, 2019 Formal Hearing Panel – Ms. Hershkowitz*
B7 October 29, 2019 Telephone Conference Call – Ms. Hershkowtiz*
C1 Agency Subordinate Tracking Log*
C2 Financial Report**
C3 Board of Nursing Monthly Tracking Log*
C4 The Committee of the Joint Boards of Nursing and Medicine October 16, 2019 DRAFT minutes **– FYI***
C5 Frequently Asked Questions (FAQs) of the Next Generation NCLEX (NGN) examination**
C6 Executive Director Report – Ms. Douglas**

- NCSBN Board of Directors Meeting – September 23-25, 2019
- 2019 Tri-Regulator Symposium – September 26-27
- NCSBN Board of Directors Strategy meeting – October 28-29, 2019

Dialogue with DHP Director – Dr. Brown

B. Disposition of Minutes:

None

C. Reports:

- None

D. Other Matters:

- Board Counsel Update – Charis Mitchell (**verbal report**)
- Board Member Survey – Proposed Improvements - Ms. Hershkowitz/Ms. Douglas
- Selection of Nominating Committee – Ms. Hershkowtiz
- January – June 2020 Informal Conference Schedule

E. Education:

- Education Informal Conference Committee September 10, 2019 Recommendation regarding Medical Learning Center Practical Nursing Program –Dr. Hills (**CONFIDENTIAL**)**

- **E1** Education Informal Conference Committee November 6, 2019 Minutes and Recommendations – Dr. Hills
- Education Staff Report (**verbal report**)

10:00 A.M. - Public Comment

F. Legislation/Regulations – Ms. Yeatts

F1 Status of Regulatory Actions*
F2 Regulatory Action – Prescriptive Authority*
F3 Consideration of Guidance Document 90-53 for Nurse Practitioners*
F4 Recommendation on Conversion Therapy*
F5 Proposed Regulations for Nurse Aide Education Programs**
F6 Memo regarding Periodic Review of Guidance Documents**

- **F6a** 90-8 *Board opinion on delegation of collection of specimens for gonorrhea and chlamydia***
- **F6b** 90-20 *Nursing Employment Practice under Orders of Probation***
- **F6c** 90-26 *Requests by revoked certified nurse aides with prior adverse findings***
- **F6d** 90-43 *Board opinion on attachment of scalp leads for internal fetal monitoring***

G. Consent Orders: (Closed Session)

G1 Jamie Petreece Coalson Landry, LPN*
G2 Jennifer Leigh Jacocks, LPN

12:00 P.M. – Lunch in Board Room 3– Service Recognition for Past Board Members:

Trula E. Minton, MS, RN
Laura F. Cei, BS, LPN, CCRP

H. 1:00 P.M. – Board Member Training

- NCSBN Resources – Ms. Douglas
- International Center for Regulatory Scholarship (ICRS) Overview – Ms. Wilmoth

2:00 P.M. – **Sanctioning Reference Points (SRP) Instruction Manual Training** – Neal Kauder and Kim Small, VisualRearch, Inc

ADJOURNMENT

3:00 P.M. – Probable Cause Case review in **Board Room 2** – all Board Members

(* mailed 11/1) (** mailed 11/8)

B1

Virginia Board of Nursing

Officer Meeting

September 16, 2019 Minutes

Time and Place: The meeting of the Board of Nursing Officer meeting was convened at 8:00 A.M. on September 16, 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. Review of Agenda for September 17 Business meeting

2. New Board Member Appointments

   Ms. Douglas informed the Officers that both Dr. Dorsey and Ms. Smith met with Board Staff on September 5, 2019 for orientation and will be at the September meeting. Ms. Douglas added that Dr. Dorsey will meet with Ms. Hershkowitz and Ms. Douglas for orientation in the afternoon of September 16, 2019.

   Dr. Gleason has been appointed to the Committee of the Joint Boards of Nursing and Medicine to replace Dr. Hahn.

3. Assignment of Board Member Mentors for Dr. Dorsey and Ms. Smith

   Ms. Hershkowitz will make decisions on assignment of mentors and will discuss at the Business meeting rotation of Board members on the Education Committee.

4. Case Adjudication Processes

   Ms. Hershkowitz encouraged Officers who serve as a Chair of Panels for Formal Hearings to examine closely the elements of cases and the procedural history, encouraging Panel Chairs to seek additional information and ask questions. Ms. Phelps and Ms. Gerardo indicated that is their usual practice.

5. November Board Training: NCSBN resources, including ICRS

   The Officers agreed on the training as indicated in #5 and to showcase some of the presentations from the NCSBN Annual Meeting.

Ms. Hershkowitz also recommended to Officers the NCSBN course introduction to Discipline Cases.

Ms. Mitchell, Board Counsel, joined the meeting and advised Officers on the new procedure for formal hearings. Ms. Mitchell said that Findings of Fact and Conclusions of Law will no longer be read into the record at the conclusion of a formal hearing. Ms. Mitchell added that the Board will continue to finalize the Findings of Fact and Conclusions of Law in closed session and the draft copy will be reviewed by Board Counsel for any technical or grammatical errors before Orders are entered

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

B2

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
September 16, 2019

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:17 A.M., on September 16, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Jennifer Phelps, BS, LPN, QMHPA, CSA First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Margaret Friedenberg, Citizen Member
Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Felisa Smith, RN, MSA, MSN/Ed, CNE

STAFF PRESENT:
Robin Hills, DNP, RN, WHNP, Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General, Board Counsel
Senior Nursing Students from Bon Secours Memorial College
PN Students from St. Mary's School of Practical Nursing

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

FORMAL HEARINGS: **Sara L. Berry, LPN** **0002-082054**

Ms. Berry did not appear.

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

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:25 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Berry. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, 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 9:36 A.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing indefinitely suspend the license of Sara L. Berry to practice practical nursing in the Commonwealth of Virginia until she can appear before the Board and prove that she is competent to practice. 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: **Carolyn Chernutan, LPN NC License # 083758 with Multistate Privilege**

Ms. Chernutan did not appear. Richard Hawkins, Ms. Chernutan's legal counsel, appeared and requested a continuance on behalf of Ms. Chernutan.

The Board granted the continuance as requested by Mr. Hawkins.

RECESS: The Board recessed at 9:44 A.M.

RECONVENTION: The Board reconvened at 10:03 A.M.

FORMAL HEARINGS: **Jasmine Sexton, CNA Applicant**

Ms. Sexton did not appear.

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

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:10 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Sexton. Additionally, Mr. Hermansen-Parker moved that Dr. Hills,

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 10:17 A.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing reprimand Jasmine Sexton and approve her application for certification contingent upon successful completion of the NNAAP exam. 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 10:20 A.M.

RECONVENTION: The Board reconvened at 11:08 A.M.

FORMAL HEARINGS: **Marthia Mae Johnson, RMA** **0031-007583**

Ms. Johnson appeared.

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

Marcella Luna, Senior Investigator, Department of Health Professions, and Nichole Overfield, LPN, former Resident Care Coordinator at Magnolias of Chesterfield, were present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:33 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Johnson. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, 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 1:04 P.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing reprimand Marthia Mae Johnson and require her successful completion of refresher continued education courses specific to documentation and medication administration within 90 days from the entry of the Order. 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.

Senior Nursing Students from Bon Secours Memorial College left the meeting.

RECESS: The Board recessed at 1:06 P.M.

RECONVENTION: The Board reconvened at 1:54 P.M.

FORMAL HEARINGS: **Charlene Byrum Warren, RN** **0001-191394**

Ms. Warren appeared and was accompanied by Darryl Warren, her husband.

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

Darryl Warren was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at

3:24 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Warren. Additionally, Mr. Hermansen-Parker moved that Ms. Ridout, 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 3:48 P.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing dismiss the case. 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.

PN Students from St. Mary's School of Practical Nursing left the meeting at 4:00 P.M.

FORMAL HEARINGS: **Tiffany Green, RN Reinstatement 0001-283230**

Ms. Green appeared.

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

Gayle Miller, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:13 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Green. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, 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 4:28 P.M.

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

ACTION: Dr. Gleason moved that the Board of Nursing reinstate the license of Tiffany Green to practice professional nursing license 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.

FORMAL HEARINGS: **Diane A. Elam, RN Reinstatement 0001-284399**

Ms. Elam did not appear.

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

Gayle Miller, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:44 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Elam. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, 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 5:14 P.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing reinstate the license of Diane A. Elam 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.

ADJOURNMENT: The Board adjourned at 5:15 P.M.

Robin Hills, DNP, RN, WHNP
Deputy Executive Director

B3

VIRGINIA BOARD OF NURSING
MINUTES
September 17, 2019

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:10 A.M. on September 17, 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
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE
Cynthia M. Swineford, MSN, RN, CNE

MEMBERS ABSENT: Ethlyn McQueen-Gibson, DNP, MSN, RN, BC

STAFF PRESENT:

Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advance Practice
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Stephanie Willinger; Deputy Executive Director for Licensing
Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager
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
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy – **joined the meeting at 11:06 A.M.**

IN THE AUDIENCE:

Jerry J. Gentile, Department of Planning Budget (DPB)
Kathy Martin, Hancock, Daniel & Johnson, P.C.
Jean M. Chappell, Ed.D, Dean at Piedmont Virginia Community College
Cathy Hanchey, Board of Nursing Staff
Jeffery McCuistion, Board of Nursing Staff

ESTABLISHMENT OF A QUORUM:

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

ANNOUNCEMENTS:

Ms. Hershkowitz highlighted the announcements on the agenda.

- Welcome New Board Members
  - **Yvette Dorsey, DNP, RN**, was appointed on August 16, 2019 for an unexpired term beginning June 29, 2019 and ending on June 30, 2020 to succeed Joyce Hahn, PhD, RN, NEA-BC, FNAP, FAAN.
  - **James Hermansen-Parker, MSN, RN, PCCN-K**, was reappointed on August 16, 2019 for a four year term beginning July 1, 2019 and ending on June 30, 2023
  - **Dixie McElfresh, LPN**, was reappointed on August 16, 2019 for a four year term beginning on July 1, 2019 and ending on June 30, 2023
  - **Felisa Smith, RN, BSN, MSA, MSN/Ed, CNE**, was appointed on August 16, 2019 for a four year term beginning July 1, 2019 and ending on June 30, 2023 to succeed Trula E. Minton, MS, RN

Ms. Hershkowitz noted that Ms. Cei has resigned from the Board of Nursing effective October 23, 2019 due to personal and work commitments.

Ms. Hershkowitz added the recognition lunch is planned for November 19 Board Business meeting for Ms. Cei and Ms. Minton.

- Staff Update:
  - **Patricia Selig, PhD, RN, FNP**, started the P-14 Agency Subordinate/Probable Cause Reviewer position on June 24, 2019
  - **Terri Clinger, DNP, MSN, CPNP-BC**, started the Deputy Executive Director for Advanced Practice position on June 25, 2019
  - **Jay P. Douglas, RN, MSM, CSAC, FRE**, Executive Director for Virginia Board of Nursing, was elected as Area III Director for NCSBN Board of Directors on August 22, 2019
  - **Jeffery McCuistion** started the Criminal Background Check (CBC) Supervisor position on August 25, 2019

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- NCSBN Board of Directors meeting is scheduled for September 23-25, 2019 in Chicago – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III

- 2019 Tri-Regulator Symposium is scheduled for September 26-27, 2019 in Frisco, TX – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III

- CLEAR Training "National Certified Investigator & Inspector Training – Basic" is schedule for October 8-10, 2019 in Richmond, VA – Board Staff will attend

- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, October 16, 2019 at 9:00 am in Board Room 2

- NCSBN Board of Directors Strategy meeting is scheduled for October 28-29, 2019 in Asheville, NC – Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III

- **REMINDER - DHP Board Member all day Training is scheduled from Monday, October 7, 2019**

- Citizen Advocacy Center (CAC) Annual Meeting is scheduled for December 10-11, 2019 CAC Dupont Circle Office in Washington, DC. The theme for 2019 meeting is *HEALTHCARE REGULATION AND CREDENTIALING IN AN ANTI-REGULATORY ENVIRONMENT* – Citizen Members interested in attending, see Ms. Hershkowitz or Ms. Douglas

Ms. Douglas noted that Ms. Power is unable to attend the 2019 NCSBN Leadership and Public Policy Conference that is scheduled for October 2-4, 2019 in Atlanta, GA

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

Ms. Douglas noted the following:

- **D3** Disciplinary Tips - was removed from the Agenda
- **D4** New Special Conference Committee (SCC) Composition and Informal Conference Scheduling for the First Half of 2020 (January – June) and the Remainder of 2019 - has been added to the Agenda

- **E3** 2020 Dates for Education Informal Conferences – has been added to the Agenda
- **G5** Katlynn Marie Rettman, RN - Consent Order has been added to the Agenda
- The formal hearing for Constance Paventy, RN Reinstatement Applicant scheduled for Wednesday, September 18, 2019 on Panel A has been continued
- Possible cancellation of the formal hearing for Michelle Smith Burch Stearnes, RN on Thursday, September 19, 2019 at 9:00 am if the Board accepts the consent order.

CONSENT AGENDA: The Board removed C2 (Financial Report) from the consent agenda for discussion.

Mr. Monson moved to accept the consent agenda as presented. The motion was seconded and carried unanimously.

Consent Agenda

B1	May 20, 2019	Board of Nursing Officer Meeting
B2	May 20, 2019	Panel of the Board Formal Hearings
B3	May 21, 2019	Board of Nursing Business Meeting
B4	May 21, 2019	Possible Summary Suspension Consideration
B5	May 22, 2019	Panel A Formal Hearings
B6	May 22, 2019	Panel B Formal Hearings
B7	June 27, 2019	Telephone Conference Call
B8	July 16, 2019	Recognition of Board Service
B9	July 16, 2019	Panel A Formal Hearings
B10	July 16, 2019	Panel B Formal Hearings
B11	July 17, 2019	Panel A Formal Hearings
B12	July 17, 2019	Panel B Formal Hearings
B13	August 6, 2019	Telephone Conference Call
B14	August 27, 2019	Public Hearing

C1 Agency Subordinate Tracking Log
C3 Board of Nursing Monthly Tracking Log*
C4 Health Practitioners' Monitoring Program Quarterly Report*
C5 Executive Director Report
C6a Ms. Hershkowitz' report regarding NCSBN Annual Meeting**
C6b Ms. Phelps' report regarding NCSBN Annual Meeting**
C6c Dr. Hills' report regarding NCSBN Annual Meeting**

C2 Financial Report – Mr. Monson requested one-page financial summary of any major unexpected differences and/or issues instead of the current detailed report. Ms. Douglas will discuss with Budget Manager. Mr. Monson moved to accept the C2 as presented. The motion was seconded and carried unanimously.

REPORTS:

C7 Massage Therapy Advisory Board May 29, 2019 minutes and Recommendations:

Mr. Monson moved to accept the Massage Therapy Advisory Board May 29, 2019 minutes as presented. The motion was seconded and carried unanimously.

Massage Therapy License Database:

Ms. Hanchey, Board of Nursing Senior Licensing-Discipline Specialist for Massage Therapy License, provided the following regarding Federation of State Massage Therapy Boards (FSMTB):

- Was created in 2005
- Is asking massage therapy state licensing boards to participate in Massage Therapy Licensing Database, which is a comprehensive licensure and discipline database designed to track Licensed Massage Therapy (LMT) practitioners. Currently there are six (6) states participating in the database.

Ms. Hanchey noted that the Database is a useful tool similar to NURSYS, a one-stop verification which will improve efficiency and assist staff in detecting fraud , no cost to the Board.

Ms. Ridout added that this is a new project for FSMTB. Ms. Douglas noted that Virginia is the only Board of Nursing that regulates LMTs.

Ms. Mitchell suggested that staff and Board Counsel review the information and obtain the specific requirements and contract language prior to Board's action.

Mr. Monson moved to accept the concept, to authorize staff to review the terms further, and to present recommendations. The motion was seconded and carried unanimously.

OTHER MATTERS:

D2 Recommendations from the Licensed Massage Therapy Advisory Board Memo:

Ms. Ridout stated that the recommendations for changes to Guidance Documents (GD) are presented for the Board's consideration.

D2a – Guidance Document 90-47 (Guidance on Massage Therapy Practice) – Mr. Monson moved to accept GD 90-47 as recommended. The motion was seconded and carried unanimously.

D2b – Guidance Document 90-58 (By Laws – The Advisory Board on Massage Therapy Virginia Board of Nursing) - Mr. Monson moved to accept GD 90-47 as recommended. The motion was seconded and carried unanimously.

Board Counsel Update:
Pending Appeal - Ms. Mitchell reported that she will represent the Board in the Highland appeal case which is scheduled for October 2, 2019.

Process of Formal Hearing – Ms. Mitchell advised that there will be a formal hearing procedural change. Instead of reading the Findings of Fact and Conclusions of Law into the record, beginning September 17, 2019, the motion will include only the Board's decision. The decision will then be accompanied by an advisory that the basis of the decision will be contained in the Order.

Ms. Douglas reminded Board members that the Findings of Fact and Conclusions of Law are now solely part of the closed session and, therefore, should not be shared with students or other public members.

Press/Media – Ms. Mitchell reminded Board members not to speak with the Press/Media but should direct all inquiries to Board staff. Ms. Douglas noted that Board staff alert the DHP Communications Director as soon as they become aware of the presence of the Press/Media at a proceeding. The Communications Director then serves as the liaison with Board staff throughout the proceeding.

D1 Dates for the 2020 Board Meetings and Formal Hearings –provided for information only.

RECESS: The Board recessed at 9:55 A.M.

RECONVENTION: The Board reconvened at 10:06 A.M.

PUBLIC COMMENT: There was no public comment made.

OTHER MATTERS (cont.): **D4 New Special Conference Committee (SCC) Composition and Informal Conference Scheduling for the First Half of 2020 (January – June) and the Remainder of 2019**:
Ms. Douglas stated that for the remainder of 2019, volunteers/chairs are needed to staff informal conference on December 3 and December 11 due to vacancies of Board Members. She asked Board Members to inform staff if they are available.

Ms. Hershkowitz stated that the SCC Composition effective as of January 1, 2020 and the Informal Conference Schedule Planning sheet for the first half of 2020 are provided. She asked Board Members to choose their available dates and submit by the end of the week to staff.

Board Member Survey Update:
Ms. Hershkowitz reviewed the results of the survey as follow:

1. Is the number of consecutive days you are expected to be at the Board during "Board week" an issue (on odd months)?
   YES *2* NO 10

2. What are your most common obstacles to Formal Hearing and Business Meeting attendance?

   Comments: patient scheduling; coverage; other competing commitments; occasional professional meetings; three day meetings are a burden; when meetings run late, they cause problems with long drive home and having to be at work early in the morning.

3. What issues if any do you have in fulfilling your Informal Conference commitments (on even months)?

   Comments: less of a problem than multi-day meetings; okay with sufficient advance notice; too many days (total) are committed; need time/space between meetings.

4. What influences your decision to volunteer for extra non – disciplinary committees?

   Comments: limited time/other commitments; lack of expertise; need advance notice of dates.

5. Is your employer supportive of your Board service commitment?

   YES 5 NO 2 SOMETIMES 2

6. If employed, do you use leave/vacation time to attend BON meetings?

   YES 5 NO 5

7. Are you required to do so?

   YES 5 NO 0

8. For those whose employer is not always supportive of your Board meeting attendance, is there something that Dr. Brown, Ms. Douglas or the Secretary of the Commonwealth's office could do to assist you? (written acknowledge of appointment letter to employer, etc.)

   Comments: A letter of appreciation outlining the importance of service.

9. What recommendations do you have for alternate scheduling of meetings and hearings?

   Comments: reduce the Business Meeting to a half day with hearings in the afternoon; start earlier; have less Business Meetings, perhaps three/year and distribute more information between; reduce number of IFCs and increase coverage by Agency Subordinates; designate a set week every other month for Board Week, and likewise for IFCs.

10. Anything else you would like us to know

    Comments: "Go Digital" – load documents on laptops and make available to Board members, rather than printing all the cases; it takes considerable time to prepare for hearings; the case load for hearings is too high – it takes too much time to prepare; it would be very helpful to have an orientation to resources available through NCSBN.

Ms. Douglas noted that Staff will review survey results and proposed improvements on items that are within Board control. Report to be given out at the November meeting. Ms. Douglas will share the general concerns to the Secretary of the Commonwealth Office.

Paperless Licensing:

Ms. Douglas reviewed the paperless licensing process noting:

- Licensees will receive an initial license in paper form without an 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 a paper license can do so by paying a duplicate fee.
- This will decrease administrative time and be a huge cost savings.

Ms. Willinger added that licenses of nurse practitioners with autonomous practice designation may be verified on License Lookup within 24 hours of issuance.

POLICY FORUM:

Dr. Elizabeth Carter and Dr. Yetti Shobo presented on the *2017-2018 Nursing Education Program Report* noting that 58 of 59 PN programs and 76 of 78 RN programs responded to the survey. The report will be posted on the *Healthcare Workforce Data Center* (HWDC) webpage.

Mr. Monson asked if information regarding cost of the program to be included in the survey.

Ms. Hershkowitz suggested Board Members develop questions and forward them to Dr. Hills and Ms. Wilmoth.

Ms. Wilmoth reminded Board Members that the annual survey data request goes out to program in October. She suggested that additional questions can be added for the 2020 survey.

RECESS: The Board recessed at 10:59 A.M.

RECONVENTION: The Board reconvened at 11:06 A.M.

Dr. Allison-Bryan joined the meeting at 11:06 A.M.

Dr. Clinger left the meeting at 11:06 A.M.

EDUCATION: Jean M. Chappell, Ed.D, Dean at Piedmont Virginia Community College (PVCC), thanked the Board for the opportunity to advise the Board of PVCC's commitment to addressing non-compliance matters.

E1 Education Informal Conference Committee July 10, 2019 Minutes and Recommendations:
Ms. Phelps moved to accept the Education Informal Conference Committee July 10, 2019 minutes as presented. The motion was seconded and carried unanimously.

E1a Recommendation regarding Piedmont Virginia Community College Practical Nursing (PVCC-PN) Education Program:
Ms. Gerardo moved to accept the Education Informal Conference Committee July 10, 2019 recommendation to place PVCC-PN Education Program on conditional approval with terms and conditions. The motion was seconded and carried unanimously.

E2 Education Informal Conference Committee September 10, 2019 Minutes and Recommendations:
Ms. Swineford moved to adopt the minutes and recommendations of the September 10, 2019 Education Informal Conference Committee with the exception of the recommendation for the Medical Learning Center Practical Nursing Program, which has been deferred to the November 19, 2019 meeting.

E3 2020 Dates for Education Informal Conference Committee Meetings:
Ms. Hershkowitz reminded Board Members who are interested in Education Informal Conference Committee work to let Dr. Hills know.

Education Staff Report:

Ms. Wilmoth reported that a Board Member has inquired about how many times a student can take the NCLEX in other states. Ms. Wilmoth provided the following:
The NCSBN Member Board Profile survey had three (3) questions pertaining to the proposed topic:

1. What is the time limit for applicants to pass the NCLEX after graduation? – 33 states/territories have no limit; two (2) states/territories have a one (1) year limit; and six (6) states/territories have a five (5) year limit.
2. What is the total number of times initial applicant can take the NCLEX? – 44 states allow unlimited; seven (7) states allow 3-4 times; and four (4) states allow 5-6 times.
3. Does the Board of Nursing require mediation after a certain number of failed NCLEX attempts? – 31 states: no; 11 states: yes; and 15 states: yes after a certain number of years.

Ms. Wilmoth added that a second survey composed by her and sent to all Boards revealed the same results noting that:

- In Kansas, after five (5) years, the applicant must retake a nursing program in its entirely;
- In Utah, the applicant has five (5) total attempts to pass the NCLEX; and
- In New Hampshire, graduates must pass the NCLEX within three (3) years after which they are not eligible to retest.

Dr. Hills noted that the 2019 revised Nurse Aide Regulations allow applicants three (3) attempts in two years to pass the examination or reenroll and successfully complete another approved nurse aide training program before reapplying.

Dr. Hills introduced Christine Smith who is the inspector for the Nurse Aide Programs. Dr. Hills noted that she works closely with Ms. Smith on Nurse Aide Education Program applications, process, and responding to public inquiries. Dr. Hills added that there is a meeting with all Nurse Aide Inspectors scheduled for October 4, 2019.

Dr. Hills shared that Board staff received an email from Phil Dickerson, NCSBN Chief Officer, Operations & Examinations, referencing the Frequently Asked Questions (FAQs) of the Next Generation NCLEX (NGN) examination. Dr. Hills noted that NCSBN has been involved in the research and development of the NGN in an effort to better measure the clinical judgment ability of entry-level nurses.

Ms. Douglas stated that the FAQs will be distributed to Board Members and will be posted to the Board of Nursing website.

Ms. Cei asked what the Board's stance is on the number of times a student can take the NCLEX. Ms. Douglas replied it is not stated in the regulations.

DIALOGUE WITH DHP DIRECTOR:

Dr. Allison-Bryan reported the following:
Telemedicine - a workgroup led by Dr. Brown to review the practice of medicine taking place where the patients are located.
International Medical Graduates – a workgroup led by Dr. Allison-Bryan to look at how to expedite the licenses of the foreign trained practitioners to increase access in underserved areas. There is no accurate census regarding international medical graduates in Virginia. However, Maryland has about 24% foreign trained practitioners. 80% of international medical graduates passed the United States Medical Licensing Examination (USMLE).
Prescription Monitoring Program (PMP) – the program is inter-operational with 41 jurisdictions, including military treatment facilities.

Dr. Clinger rejoined the meeting at 11:38 A.M.

LEGISLATION/ REGULATION:

F1 Status of Regulatory Action:
Ms. Yeatts reviewed the chart of regulatory actions provided in the agenda as follows:

- The Emergency Regulations regarding the autonomous practice for nurse practitioners are now approved by the Governor
- The legislation regarding the elimination of a separate prescriptive authority license for nurse practitioners will be considered by the Committee of the Joint Boards on Wednesday, October 16, 2019 in Board Room 2
- The Board will consider the regulations for Supervision and Direction of Laser Hair Removal by Nurse Practitioners at its November 19, 2019 meeting

F2 Adoption of Proposed Regulations for Clinical Nurse Specialist (CNS) Registration:
Ms. Yeatts reviewed the proposed regulations and noted that all comments received on the Notice of Intended Regulatory Action (NOIRA) are in support of the proposed regulations.

Ms. Gerardo moved to adopt the proposed regulations as presented in the agenda package. The motion was seconded and carried unanimously.

F3 Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action:
Ms. Yeatts stated that 2019 General Assembly amended the Code (HB2559) to require electronic prescribing of an opioid by July 1, 2020. Ms. Yeatts added that the Enactment clause on HB2559 requires adoption of regulations within 280 days so the Board must amend by an emergency action.

Mr. Monson moved to adopt the emergency regulations and a Notice of Intended Regulatory Action (NOIRA) to replace the emergency regulations. The motion was seconded and carried unanimously.

F4 Consideration of comment on Notice of Intended Regulatory Action (NOIRA) for Nurse Aide Education Program:
Ms. Yeatts stated that Regulations for Nurse Aide Education Programs are under periodic review and noted that the primary concern in the public comments was the increased in the length of the program from 120 to 140 hours.

Ms. Yeatts said no action is needed today and staff will prepare additional documentation for review at the November meeting.

F5 Amendment to Fee for the Returned Check:
Ms. Yeatts said that this is the recommendation of the Auditors from the Office of the Comptroller to change the return check fee from $35 to $50, the amount was based on language in §2.2-614.1 and §2.2-4805. Ms. Yeatts added that the Board regulations will need to be amended to reflect the higher fee by Fast Track action.

Mr. Monson moved to amend all Board of Nursing regulations to reflect the return check fee of $50 by Fast Track action. The motion was seconded and carried unanimously.

Deletion *Virginia Board of Nursing Code of Conduct* as a Guidance Document (GD):
Ms. Yeatts noted that the *Virginia Board of Nursing Code of Conduct* is not a GD since it does not include interpretation of laws and regulations, so it is needed to be removed as GD.

Mr. Hermansen-Parker moved to remove the *Virginia Board of Nursing Code of Conduct* as a GD. The motion was seconded and carried unanimously.

F6 Guidance Document Memo:
Ms. Douglas stated that there are three (3) GDs due for review.

F6a *90-9* (*Guidelines for Prescription Drug Administration Training Program for Child Day Programs*) – to re-adopt with no change.

Mr. Monson moved to re-adopt GD 90-9 with no change. The motion was seconded and carried unanimously.

F6b *90-48* (*Guidance on the Use of Social Media*) – to repeal as content no longer appropriate for GD.

Ms. Douglas added that alternatives to be considered by the Board regarding GD 90-48 would be:

1 Provide link to NCSBN website and information related to the use of media
2 Include specific reference to social media in Board of Nursing regulations related to disciplinary position.

Mr. Monson moved to repeal GD 90-48 as recommended. The motion was seconded and carried unanimously.

F6c *90-54* (*Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions*) – to re-adopt with no change.

Mr. Hermansen-Parker moved to re-adopt the GD 90-54 with no change. The motion was seconded and carried unanimously.

Dr. Allison-Bryan and Ms. Yeatts left the meeting at 11:58 A.M.

CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:59 A.M. for the purpose of considering the Consent Orders. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Ms. Wilmoth, Ms. Power, Ms. Ridout, Ms. Willinger, Ms. Morris, Ms. Dewey, Ms. Tiller, 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 in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:07 P.M.

Mr. Monson 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.

G1 Shari Michelle Lambert, RN 0001-242687
Ms. Gerardo moved to accept the consent order to indefinitely suspend the license of Shari Michelle Lambert to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Lambert's entry into a Contract with the Health Practitioners' Monitoring Program (HPMP), or a program in another State which is deemed by the Board to be substantially equivalent to the HPMP, within 60 days of the date of entry of the Order, and remaining compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

G2 Theresa Jane Watts Toman, RN 0001-156336
Ms. Gerardo moved to accept the consent order to indefinitely suspend the license of Theresa Jane Watts Toman to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G3 Michelle Smith Burch Stearnes, RN 0001-196872
Ms. Gerardo moved to accept the consent order to reprimand Michelle Smith Burch Stearnes and to revoke her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G4 Sonya Young Randall, LPN 0002-034683
Ms. Gerardo moved to accept the consent order to indefinitely suspend the license of Sonya Young Randall to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

G5 Katlynn Marie Rettman, RN 0001-260932
Mr. Monson moved to accept the consent order to place Katlynn Marie Rettman on probation with terms and conditions. The motion was seconded and carried unanimously.

RECESS: The Board recessed at 12:10 A.M.

RECONVENTION: The Board reconvened at 1:04 P.M.

BOARD MEMBER TRAINING:

Overview of Nurse Aide Registry - Ms. Douglas provided the following information in the presentation:

- Federal History
- Key Requirements
- State Responsibilities
- Definition, examples and finding of Abuse
- Definition, examples and finding of Neglect
- Definition, examples and finding of Misappropriation of Resident Property

RECESS: The Board recessed at 1:50 A.M.

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

IFC Chair & Committee Member Roles – Ms. Douglas reviewed the roles of the Chair and Committee Members. Experienced Chairs also shared tips about what has helped them as a Chair during informal conference.

Ms. Hershkowitz recommended Board Members consider taking the online free NCSBN courses.

RECESS: The Board recessed at 3:20 A.M.

RECONVENTION: The Board reconvened at 3:25 P.M.

CONSIDERATION OF CONSENT ORDER:

Caitlin Colleen Poytress, RN **0001-268901**

Ms. Gerardo moved to accept the consent order to indefinitely suspend the license of Caitlin Colleen Poytress to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Ms. Douglas noted that the formal hearing for Poytress in Panel A on Wednesday, September 18, 2019 is cancelled.

MEETING DEBRIEF:

The following were well received by Board Members:

- The meeting is exceptionally efficient
- Board Member Training is helpful and informative
- Board Staff are very helpful and resourceful

The following were recommended by Board Members:

- Consent Agenda items are provided electronically starting with November meeting. Ms. Vu reminded the Board that all public

meeting materials are posted to Nursing website and Townhall. Board Members who wish to receive hard copies for these items can inform Ms. Vu. Ms. Douglas suggested that Board Members should inform Ms. Vu or Ms. Douglas if they would like items removed from Consent Agenda and hard copies will be provided at the meeting.

- Hard copies are still provided for the rest of the meeting's items

ADJOURNMENT: The Board adjourned at 3:37 P.M.

Louise Hershkowitz, CRNA, MSHA
President

B4

VIRGINIA BOARD OF NURSING
MINUTES
September 18, 2019
PANEL A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on September 18, 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 Cei, BS, LPN, CCRP
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSM, RN, PCCN-K
Cynthia Swineford, MSN, RN, CNE

STAFF PRESENT: Jodi Power, RN, JD, Senior Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

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 9:10 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Dr. Gleason moved that Ms. Power, Ms. Ridout, Ms. Graham 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 10:06 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.

#1 – Maria Franerseq Parisi Monahan, RN 0001-158347

Ms. Monahan did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Marie Franerseg Parisi Monahan and to require Ms. Monahan, 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: *Ethics of Nursing Practice and Professional Accountability & Legal Liability for Nurses*. The motion was seconded and carried unanimously.

#10 – Rodney Eugene Evans, LPN 0002-074457

Mr. Evans did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Rodney Eugene Evans and to require Mr. Evans, 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: *Ethics of Nursing Practice and Professional Accountability & Legal Liability for Nurses*. The motion was seconded and carried unanimously.

#3 – Sheena Nester Marshall, RN 0001-245218

Ms. Marshall did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Sheena Nester Marshall to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#5 – Carla Renee Frye, LPN 0002-068551

Ms. Frye did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Carla Renee Frye to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#7 – Jennifer M. Walden, CNA **1401-118574**

Ms. Walden did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Jennifer M. Walden to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#9 – Helen J. Casey, CNA **1401-133530**

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

Ms. Cei moved that the Board of Nursing modify the recommended decision of the agency subordinate to add 54.1-3007(2), 54.1-3007(8) and 18VAC90-25-100(2)(e) to the Findings of Fact and Conclusions of Law; to revoke the certificate of Helen J. Casey to practice as a nurse aide in the Commonwealth of Virginia; and to enter Findings of Neglect and Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

#11 – Catherine Helen Doyle, RN **0001198955**

Ms. Doyle did not appear.

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

#13 – Angela M. Cross, RN **0001-102614**

Ms. Cross did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Angela M. Cross to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#15 – Holly Danielle Manning, RMA **0031-010085**

Ms. Manning did not appear.

Ms. Cei moved that the Board of Nursing modify the recommended decision of the agency subordinate:

- To correct the termination date of employment from April 14, 2018 to August 14, 2018 in #3 of the Findings of Fact and Conclusions of Law;
- To indefinite suspend the right of Holly Danielle Manning to renew her registration to practice as a medication aide in the Commonwealth of Virginia for a period of not less than one year; and
- To add a Finding of Misappropriation of Patient Property

The motion was seconded and carried unanimously.

#17 – Luz Elisa Olivieri, CNA **1401-1156116**

Ms. Olivieriy did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Luz Elisa Olivieri to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#19 – Laqueena Denette Herring, CNA **1401-120739**

Ms. Herring did not appear.

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

#21 – Rachel Darlene Reavis Wells, RN **0001-120537**

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

Ms. Cei moved that the Board of Nursing modify the recommended decision of the agency subordinate:

- To reprimand Rachel Darlene Reavis Wells

- To require Ms. Wells to provide proof of successful completion of five (5) NCSBN courses within 90 days from the date of entry of the Order:
  - *Disciplinary Actions: What Every Nurse Should Know*
  - *Ethics of Nursing Practice*
  - *Professional Accountability & Legal Liability for Nurses*
  - *Righting a Wrong: Ethics & Professionalism in Nursing*
  - *Professional Boundaries in Nursing*

The motion was seconded and carried unanimously.

#23 – Jasmine Jordan, CNA **1401-183005**

Ms. Jordan did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Jasmine Jordan to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#25 – Chevelle Becon, CNA **1401-174471**

Ms. Becon did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the certificate of Chevelle Becon to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year and to enter a Finding of Neglect based on a singular occurrence against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 10:13 A.M.

Charlette Ridout, RN, MS, CNE
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
September 18, 2019
PANEL A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:05 A.M. on September 18, 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 Cei, BS, LPN, CCRP
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSM, RN, PCCN-K
Cynthia Swineford, MSN, RN, CNE

STAFF PRESENT: Jodi Power, RN, JD, Senior Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
PN & RN Students from Fortis College Norfolk
Senior Nursing Students from Hampton University

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

FORMAL HEARINGS: **Ta'Nise A. Vauters, CNA** **1401-134239**

Ms. Vauters 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 Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Dwayne Cromer, Senior Investigator, Department of Health Professions, Sophia Shelton, CNA at Our Lady of Hope Health Center, Shauntil Thompson, CNA formerly at Our Lady of Hope Health Center, Myosha Ross, CNA formerly at Our Lady of Hope Health Center and Maria Colon, LPN , formerly Director of Nursing at Our Lady of Hope Health Center, were present and testified.

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:54 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Vaunters. Additionally, Dr. Dorsey moved that Ms. Power, Ms. Ridout,

Ms. Graham 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 12:16 P.M.

Dr. Dorseyd 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: Mr. Hermansen-Parker moved that the Board of Nursing revoke the certificate of Ta'Nise A. Vauters to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded 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 12:20 P.M.

RECONVENTION: The Board reconvened in open session at 1:17 P.M.

FORMAL HEARINGS: **Amanda R. Adams-Scruggs Hamil, LPN 0002-090089**

Ms. Hamil appeared and was represented by legal counsel, Nicholas Balland.

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

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

Senior Nursing Students from Hampton University left the meeting at 2:33 P.M.

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:33 P.M., for the

purpose of deliberation to reach a decision in the matter of Ms. Hamil. Additionally, Dr. Dorsey moved that Ms. Power, Ms. Ridout, Ms. Graham 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 3:22 P.M.

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

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing deny the application of Amanda R. Adams-Scruggs Hamel for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia and continue her license on indefinite suspension with suspension stayed contingent upon her entry into The Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for a 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 3:25 P.M.

Charlette Ridout, RN, MS, CNE
Deputy Executive Director

B5

VIRGINIA BOARD OF NURSING
MINUTES
September 18, 2019
Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on September 18, 2019 in Board Room 3, 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
Dixie McElfresh, LPN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE

STAFF PRESENT: Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director
Robin L. Hills, D.N.P., R.N., W.H.N.P., Deputy Executive Director
Terri Clinger, D.N.P., R.N., C.P.N.P.-P.C., Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:03 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, 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 9:41 A.M.

Mr. Monson 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.

#2 – Franchon Wilkins, CNA **1401-162117**
Ms. Wilkins did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Franchon Wilkins and assess a monetary penalty of $200 to be paid within 90 days from the date of entry of the Order. The motion was seconded and carried unanimously.

#4 – Katherine Bracey Thompson, RN **0001-083459**
Ms. Thompson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Katherine Thompson to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege to practice professional nursing. The motion was seconded and carried unanimously.

#6 – Shannon Nicholas Hammer, CNA **1401-154697**
Ms. Hammer did not appear.

Mr. Monson moved that the Board of Nursing modify the Recommended Findings of Fact and Conclusions of Law #2 to remove Virginia Code violation §54.1-3007(2) and 18 VAC90-25-100(2)(e) and modify the recommended decision of the agency subordinate to indefinitely suspend the right of Shannon Nicholas Hammer to renew her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#8 – Elizabeth Hope Taylor, RMA **0031-008930**
Ms. Taylor did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to require Ms. Taylor within 90 days from the date of entry of the Order to provide written proof satisfactory to the Board of successful completion of Board – approved courses of at least 2 credit hours each through face-to-face interaction sessions in the subjects of 1) safe administration of medications in the elderly and 2) safe administration of medications in clients with dementia. The motion was seconded and carried unanimously.

#12 – Madeline Marie Grandfield, RN **0001-153482**
Ms. Grandfield did not appear.

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the right of

Madeline Marie Grandfield to renew her license to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#14 – Renata Shavone Hurt, RN **0001-261720**
Ms. Hurt did not appear.

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate to assess a monetary penalty of $100.00 to be paid within 120 days from the date of entry of Order. The motion was seconded and carried unanimously.

#16 – Jashawnda Benton, CNA **1401-145529**
Ms. Benton did not appear.

Ms. Gerardo moved that the Board of Nursing modify Recommended Findings of Fact and Conclusions of Law #2 by deleting a violation of Board of Nursing Regulation 18VAC 90-25-100(h); deleting Recommended Findings of Fact and Conclusions of Law #6 and Finding of Misappropriation of Patient Property; and otherwise accept the recommended decision of the agency subordinate to revoke the certificate of Jashawnda Benton to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#18 – Nancy Gloria Bangura, CNA **1401-150355**
Ms. Bangura did not appear.

Mr. Monson moved that the Board of Nursing modify Recommended Findings of Fact and Conclusions of Law #2 by adding a violation of Virginia Code §54.1-3007(2) to correct a clerical error, and otherwise accept the recommended decision of the agency subordinate to revoke the certificate of Nancy Gloria Bangura to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

#20 – Shawna Diggs, CNA **1401-184561**
Ms. Diggs did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Shawna Diggs to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#22 – Sarah A. Yopp, CNA **1401-139680**
Ms. Yopp did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Sarah A. Yopp to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

#24 – Kennethia Mauliene Harvin, CNA **1401-170793**
Ms. Harvin did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Kennethia Mauliene Harvin to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Misappropriation of Patient Property against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:51 A.M.

Robin L. Hills, D.N.P., R.N., W.H.N.P.
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
September 18, 2019
Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:01 A.M. on September 18, 2019 in Board Room 3, 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
Dixie McElfresh, LPN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE
Kristina E. Page, LMT – **LMT cases only**

STAFF PRESENT: Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director
Robin L. Hills, D.N.P., R.N., W.H.N.P., Deputy Executive Director
Terri Clinger, D.N.P., R.N., C.P.N.P.-P.C., Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

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

FORMAL HEARINGS: **Christopher Sylvester McClure, LMT** **0019-010089**
Mr. McClure did not appear.

Wayne Halbleib, Senior Assistant Attorney General and Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Anna Badgley, Senior Investigator, Department of Health Professions, was present and testified. Client A, accompanied by her attorney, was present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:51 A.M., for the purpose of deliberation to reach a decision in the matter of Christopher Sylvester McClure. Additionally, Ms. Shah moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, 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 11:14 A.M.

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

ACTION: Mr. Monson moved that the Board of Nursing revoke the right of Christopher Sylvester McClure to renew his license to practice as a massage therapist in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. McClure at his address of record. 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 11:15 A.M.

RECONVENTION: The Board reconvened at 11:31 A.M.

FORMAL HEARINGS: **Derek Flem Davis, LMT** **0019-008490**
Mr. Davis appeared.

Grace Stewart, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Tonya James, Compliance Case Manager for the Board of Nursing, was present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:13 P.M., for the purpose of deliberation to reach a decision in the matter of Derek Flem Davis. Additionally, Ms. Shah moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, 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 12:32 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.

ACTION: Ms. Gerardo moved that the Board of Nursing reprimand Derek Flem Davis and suspend the right to renew his license to practice massage therapy in the Commonwealth of Virginia until he completes the terms of his previous Board Order entered May 3, 2017, meets the terms of licensure renewal and pays any applicable fees. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Davis at his address of record. 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 12:33 P.M.

RECONVENTION: The Board reconvened in open session at 1:22 P.M.

FORMAL HEARINGS: **Albert Lee Safewright, LMT** **0019-015801**
Mr. Safewright did not appear.

Grace Stewart, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Brandi Frey, Manager at Massage Envy- Short Pump, was present and testified.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:39 P.M., for the purpose of deliberation to reach a decision in the matter of Albert Lee Safewright. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, 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 1:49 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.

ACTION: Ms. Gerardo moved that the Board of Nursing revoke the license of Albert Lee Safewright to practice massage therapy in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Safewright at his address of record. 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 1:50 P.M.

RECONVENTION: The Board reconvened in open session at 2:01 P.M.

FORMAL HEARINGS: **Rebecca Mary Smith, RN** **0001-173807**
Ms. Smith did not appear.

Grace Stewart, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Katherine Mora, Perianesthesia Nurse Manager at Memorial Regional Medical Center, was present and testified. Ashley Hester, Senior Investigator, Department of Health Professions, was present and testified.

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 2:22 P.M., for the purpose of deliberation to reach a decision in the matter of Rebecca Mary Smith. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, 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 2:35 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.

ACTION: Ms. Gerardo moved that the Board of Nursing indefinitely suspend the license of Rebecca Mary Smith to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year and until such time as she appears before the Board to demonstrate that she is safe and competent to return to the practice of practical nursing. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Smith at her address of record. 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 2:36 P.M.

RECONVENTION: The Board reconvened in open session at 2:48 P.M.

FORMAL HEARINGS: **Casey Carter, LPN** **TN Lic. 083758 with Multistate Privilege**
Ms. Carter did not appear.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Marie Whisenand, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceeding.

Christopher Moore, Senior Investigator, Department of Health Professions, was present and testified.

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 3:06 P.M., for the purpose of deliberation to reach a decision in the matter of Casey Carter. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, 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 3:19 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.

ACTION: Mr. Monson moved that the Board of Nursing indefinitely suspend the privilege of Casey Carter to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Carter at her address of record. 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 3:21 P.M.

Robin L. Hills, D.N.P., R.N., W.H.N.P.
Deputy Executive Director

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VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
September 19, 2019

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:30 A.M. on September 19, 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
Yvette L. Dorsey, DNP, RN
Dixie McElfresh, LPN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Cynthia M. Swineford, RN, MSN, CNE

STAFF PRESENT: Jay Douglas, MSM, RN, CSAC, FRE, Executive Director - **joined at 10:31 A.M.**
Jodi Power, RN, JD, Senior Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC, Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Nurse Aide students and faculty from Park View High School
Nurse Aide students and faculty from Rapp Center for Education
Nurse Aide students and faculty from Louisa County Public Schools - **joined at 10:15 A.M.**

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

FORMAL HEARINGS: **Sharon Patricia-Young Gagnon, RN** **0001-271116**
Ms. Gagnon did not appear.

Holly Walker, 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.

Tonya James, Compliance Case Manager for the Board of Nursing, was present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:54 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Gagnon. Additionally, Ms. Shah moved that Ms. Power, Dr. Clinger, 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 10:15 A.M.

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

ACTION: Mr. Monson moved that the Board of Nursing reprimand Sharon Patricia-Young Gagnon and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from date of Order entry. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Gagnon at her address of record. 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.

Louisa County Public Schools nurse aide students joined the meeting.

RECESS: The Board recessed at 10:17 A.M.

RECONVENTION: The Board reconvened at 10:28 A.M.

Ms. Douglas joined the meeting.

FORMAL HEARINGS: **Brittany Rae Newberry, CNA** **1401-125364**
Ms. Newberry did not appear.

Holly Walker, 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.

Staff from Southwestern Virginia Mental Health Institute were present and testified: Angela Rough, RN, Unit Coordinator; Jim Lundy, RN, MSN, Unit Nurse Coordinator; Celise Mills, RN; and Danielle Grogan, MSW, SI, Clinical Social Work Supervisor. Robin Carroll, Senior Investigator, Department of Health Professions was also present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:24 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Newberry. Additionally, Ms. Shah moved that Ms. Douglas, Ms. Power, Dr. Clinger, 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 11:42 A.M.

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

ACTION: Dr. Dorsey moved that the Board of Nursing revoke the certificate of Brittany Rae Newberry to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Newberry at her address of record. 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.

Nurse Aide students and faculty from Rapp Center for Education left the meeting

RECESS: The Board recessed at 11:43 A.M.

RECONVENTION: The Board reconvened at 11:56 A.M.

FORMAL HEARINGS: **Da'Vonda Re' Black, RMA Reinstatement Applicant 0031-007983**
Ms. Black appeared.

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.

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

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:48 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Black. Additionally, Ms. Shah moved that Ms. Douglas, Ms. Power, Dr. Clinger, 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.

Nurse Aide students and faculty from Park View High School and Louisa County Public Schools left the meeting.

RECONVENTION: The Board reconvened in open session at 1:16 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.

ACTION: Ms. McElfresh moved that the Board of Nursing deny reinstatement of the registration of Da'Vonda Re' Black to practice as a medication aide in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Black at her address of record. The motion was seconded and passed with six votes in favor of the motion. Dr. Dorsey 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.

RECESS: The Board recessed at 1:18 P.M.

RECONVENTION: The Board reconvened at 2:05 P.M.

FORMAL HEARINGS: **Kristin DeeAnn Starkey, RN Reinstatement Applicant 0001-214237**
Ms. Starkey appeared.

Grace Stewart, 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.

Amber Gray, Senior Investigator, Department of Health Professions was present and testified.

CLOSED MEETING: Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:48 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Starkey. Additionally, Ms. Swineford moved that Ms. Douglas, Ms. Power, Dr. Clinger, 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 3:17 P.M.

Ms. Swineford 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. Cei moved that the Board of Nursing approve the application of Kristin Dee Ann Starkey for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia and place her on probation with period of probation with terms and conditions to run concurrently with the 2019 Texas Board Order. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Starkey at her address of record. 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 3:18 P.M.

RECONVENTION: The Board reconvened at 3:34 P.M.

Ms. Douglas left the meeting.

FORMAL HEARINGS: **Jennifer Allen, LPN Reinstatement Applicant 0002-097785**
Ms. Allen appeared.

Holly Walker, 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.

Alexandra Aloba, Senior Investigator, Department of Health Professions was present and testified.

CLOSED MEETING: Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:44 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Allen. Additionally, Ms. Swineford moved that Ms. Power, Dr. Clinger, 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.

Ms. Douglas re-joined the meeting.

Ms. Swineford 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: Mr. Monson moved that the Board of Nursing approve the application of Jennifer Allen for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia contingent upon receiving written evidence of successful completion of the following NCSBN courses: "*Disciplinary Actions: What Every Nurse Should Know*", "*Professional Accountability & Legal Liability for Nurses*" and "*Sharpening Critical Thinking Skills for Competent Nursing Practice*". The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Allen at her address of record. 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: **Douglas E. Karle, LPN** **0002-089705**
Mr. Karle appeared.

Anne Joseph, 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.

Cheryl Hodgson, Senior Investigator, Department of Health Professions and Chris Bowers, Case Manager, Health Practitioners' Monitoring Program testified by phone.

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 6:14 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Karle. Additionally, Ms. Cei moved that Ms. Douglas, Ms. Power, Dr. Clinger, 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 6:43 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: Mr. Monson moved that the Board of Nursing continue the license of Douglas E. Karle to practice as a practical nurse in the Commonwealth of Virginia on indefinite suspension until such time as he appears before the Board to demonstrate that he is safe and competent to return to the practice of practical nursing. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Karle at his address of record. 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 6:44 P.M.

Jodi Power, RN, JD
Senior Deputy Executive Director

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VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
October 29, 2019

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held October 29, 2019 at 4:31 P.M.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair
Margaret Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
A Tucker Gleason, PhD, Citizen Member
Dixie L. McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark Monson, Citizen Member
Felisa A. Smith, RN, MSA, MSN/Ed, CNE
Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Julia K. Bennett, Assistant Attorney General
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
Jodi Power, RN, JD; Senior Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Lelia Claire Morris, RN, LNHA; Discipline Case Manager
Patricia Dewey, RN, BSN; 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.

Julia Bennett, Assistant Attorney General presented evidence that the continued practice of massage therapy by **Joseff C. Scott Salyers, LMT (0019-015094)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the massage therapy license of **Joseff C. Scott Salyers** pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 4:45 P.M.

Jodi Power, RN, JD
Senior Deputy Executive Director

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	Pend-ing	N/A
Total to Date:	***3130***	***2770***	***88.5%***	***267***	***8.5%***				***95***	***3.0%***				***72***	***79***	***95***	***2***	
CY2019 to Date:	***125***	***112***	***89.6%***	***12***	***8.8%***	***0***	***8***	***2***	***2***	***1.6%***	***2***	***0***	***2***	***0***	***0***	***1***	***N/A***	
Nov-19																		
Sep-19	24	16	66.7%	8	33.3%	0	51	2	0	0.0%								
Jul-19	33	31	93.9%	1	0.0%	0	1	0	2	6.1%	2	0	2	0	0	0	0	
May-19	18	16	89.2%	2	10.8%	0	2	0	0	0.0%	0	0	0	0	0	0	0	
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***	***4***	***2.0%***	***0***	***4***	***0***	***4***	***10***	***7***	N/A	
Total 2017	***230***	***220***	***95.7%***	***8***	***3.5%***	***0***	***5***	***3***	***2***	***0.8%***	***0***	***2***	***0***	***2***	***4***	***6***	N/A	
Total 2016	241	227	94.2%	9	3.7%	0	8	0	5	2.1%	2	4	0	4	8	2	N/A	
Total 2015	240	218	90.8%	14	5.8%	2	12	2	8	3.3%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	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 = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.*

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

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Virginia Department of Health Professions
Cash Balance
As of September 30, 2019

	Nursing	
Board Cash Balance as June 30, 2019	8,978,952	
YTD FY20 Revenue	3,463,647	
Less: YTD FY20 Direct and Allocated Expenditures	3,696,644	*
Board Cash Balance as September 30, 2019	8,745,956	

*** Includes $13,816 deduction for Nurse Scholarship Fund**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	510,950.00	2,308,425.00	1,797,475.00	22.13%
4002406	License & Renewal Fee	2,474,566.00	8,938,645.00	6,464,079.00	27.68%
4002407	Dup. License Certificate Fee	6,705.00	23,750.00	17,045.00	28.23%
4002408	Board Endorsement - In	13,260.00	64,790.00	51,530.00	20.47%
4002409	Board Endorsement - Out	8,235.00	18,270.00	10,035.00	45.07%
4002421	Monetary Penalty & Late Fees	71,425.00	231,415.00	159,990.00	30.86%
4002432	Misc. Fee (Bad Check Fee)	210.00	1,750.00	1,540.00	12.00%
	Total Fee Revenue	3,085,351.00	11,587,045.00	8,501,694.00	26.63%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	465.00	-	(465.00)	0.00%
	Total Sales of Prop. & Commodities	465.00	-	(465.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	4,400.00	26,500.00	22,100.00	16.60%
	Total Other Revenue	4,400.00	26,500.00	22,100.00	16.60%
	Total Revenue	3,090,216.00	11,613,545.00	8,523,329.00	26.61%
5011110	Employer Retirement Contrib.	76,065.06	288,139.00	212,073.94	26.40%
5011120	Fed Old-Age Ins- Sal St Emp	51,490.41	161,624.00	110,133.59	31.86%
5011130	Fed Old-Age Ins- Wage Earners	-	23,562.00	23,562.00	0.00%
5011140	Group Insurance	7,913.87	27,919.00	20,005.13	28.35%
5011150	Medical/Hospitalization Ins.	117,071.00	438,456.00	321,385.00	26.70%
5011160	Retiree Medical/Hospitalizatn	7,068.23	24,936.00	17,867.77	28.35%
5011170	Long term Disability Ins	3,643.69	13,214.00	9,570.31	27.57%
5011190	Employer Retirement Contrib	1,401.05	-	(1,401.05)	0.00%
	Total Employee Benefits	264,653.31	977,850.00	713,196.69	27.06%
5011200	Salaries				
5011220	Salaries, Appointed Officials	16,482.83	-	(16,482.83)	0.00%
5011230	Salaries, Classified	596,322.97	2,131,200.00	1,544,877.03	27.51%
5011250	Salaries, Overtime	11,424.40	-	(11,424.40)	0.00%
	Total Salaries	614,230.20	2,131,200.00	1,516,969.80	28.82%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	2,390.00	16,080.00	13,690.00	14.86%
	Total Special Payments	2,390.00	16,080.00	13,690.00	14.86%
5011400	Wages				
5011410	Wages, General	80,034.30	307,996.00	227,961.70	25.99%
	Total Wages	80,034.30	307,996.00	227,961.70	25.99%
5011530	Short-trm Disability Benefits	3,377.66	-	(3,377.66)	0.00%
	Total Disability Benefits	3,377.66	-	(3,377.66)	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	3,579.62	-	(3,579.62)	0.00%
	Total Terminatn Personal Svce Costs	3,579.62	-	(3,579.62)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Personal Services	968,265.09	3,433,126.00	2,464,860.91	28.20%
5012000	Contractual Svc				
5012100	Communication Services				
5012110	Express Services	-	4,395.00	4,395.00	0.00%
5012120	Outbound Freight Services	972.71	10.00	(962.71)	9727.10%
5012140	Postal Services	57,107.96	85,633.00	28,525.04	66.69%
5012150	Printing Services	11.75	1,322.00	1,310.25	0.89%
5012160	Telecommunications Svcs (VITA)	3,683.21	21,910.00	18,226.79	16.81%
5012170	Telecomm. Svcs (Non-State)	157.50	-	(157.50)	0.00%
5012190	Inbound Freight Services	135.21	17.00	(118.21)	795.35%
	Total Communication Services	62,068.34	113,287.00	51,218.66	54.79%
5012200	Employee Development Services				
5012210	Organization Memberships	6,040.00	8,764.00	2,724.00	68.92%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Trainng/Workshop/Conf	5,905.00	482.00	(5,423.00)	1225.10%
	Total Employee Development Services	11,945.00	9,366.00	(2,579.00)	127.54%
5012300	Health Services				
5012360	X-ray and Laboratory Services	1,009.20	4,232.00	3,222.80	23.85%
	Total Health Services	1,009.20	4,232.00	3,222.80	23.85%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	66,230.03	197,340.00	131,109.97	33.56%
5012440	Management Services	1,499.56	370.00	(1,129.56)	405.29%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	3,230.00	5,616.00	2,386.00	57.51%
	Total Mgmnt and Informational Svcs	70,959.59	203,375.00	132,415.41	34.89%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	100.00	3,001.00	2,901.00	3.33%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	100.00	3,370.00	3,270.00	2.97%
5012600	Support Services				
5012630	Clerical Services	59,766.56	317,088.00	257,321.44	18.85%
5012640	Food & Dietary Services	2,417.63	-	(2,417.63)	0.00%
5012660	Manual Labor Services	9,097.84	38,508.00	29,410.16	23.63%
5012670	Production Services	66,953.07	158,515.00	91,561.93	42.24%
5012680	Skilled Services	221,269.28	1,164,774.00	943,504.72	19.00%
	Total Support Services	359,504.38	1,678,885.00	1,319,380.62	21.41%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,685.14	5,260.00	2,574.86	51.05%
5012830	Travel, Public Carriers	-	1.00	1.00	0.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012860	Travel, Subsistence & Lodging	2,704.90	6,635.00	3,930.10	40.77%
5012880	Trvl, Meal Reimb- Not Rprtble	1,622.50	3,597.00	1,974.50	45.11%
	Total Transportation Services	7,012.54	17,947.00	10,934.46	39.07%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Contractual Svs	512,599.05	2,030,462.00	1,517,862.95	25.25%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	7,035.67	11,696.00	4,660.33	60.15%
5013130	Stationery and Forms	386.78	3,790.00	3,403.22	10.21%
	Total Administrative Supplies	7,422.45	15,486.00	8,063.55	47.93%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	222.69	99.00	(123.69)	224.94%
	Total Manufctrng and Merch Supplies	222.69	99.00	(123.69)	224.94%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	29.00	29.00	0.00%
	Total Repair and Maint. Supplies	-	29.00	29.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	408.00	408.00	0.00%
5013630	Food Service Supplies	55.34	1,108.00	1,052.66	4.99%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
	Total Residential Supplies	55.34	1,538.00	1,482.66	3.60%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	182.00	182.00	0.00%
	Total Specific Use Supplies	-	182.00	182.00	0.00%
	Total Supplies And Materials	7,700.48	17,334.00	9,633.52	44.42%
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	2,401.98	9,014.00	6,612.02	26.65%
5015350	Building Rentals	163.00	-	(163.00)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	50,705.69	218,182.00	167,476.31	23.24%
	Total Operating Lease Payments	53,270.67	227,471.00	174,200.33	23.42%
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	2,149.16	1,897.00	(252.16)	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	56,145.41	230,152.00	174,006.59	24.39%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022170	Other Computer Equipment	3,327.75	-	(3,327.75)	0.00%
5022180	Computer Software Purchases	164.35	-	(164.35)	0.00%
	Total Computer Hrdware & Sftware	3,492.10	-	(3,492.10)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	1,123.00	1,123.00	0.00%
	Total Educational & Cultural Equip	-	1,123.00	1,123.00	0.00%
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	1,835.60	-	(1,835.60)	0.00%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	1,835.60	277.00	(1,558.60)	662.67%
5022700	Specific Use Equipment				
5022710	Household Equipment	88.44	133.00	44.56	66.50%
	Total Specific Use Equipment	88.44	133.00	44.56	66.50%
	Total Equipment	5,416.14	3,199.00	(2,217.14)	169.31%
	Total Expenditures	1,550,126.17	5,714,273.00	4,164,146.83	27.13%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	19,448.16	125,620.31	106,171.15	15.48%
30100	Data Center	428,632.74	1,787,767.70	1,359,134.97	23.98%
30200	Human Resources	14,610.89	91,282.31	76,671.42	16.01%
30300	Finance	197,037.01	899,052.75	702,015.74	21.92%
30400	Director's Office	87,946.07	357,666.55	269,720.48	24.59%
30500	Enforcement	622,283.95	2,654,451.56	2,032,167.61	23.44%
30600	Administrative Proceedings	161,696.50	690,360.37	528,663.87	23.42%
30700	Impaired Practitioners	21,808.43	106,416.81	84,608.38	20.49%
30800	Attorney General	-	189,354.91	189,354.91	0.00%
30900	Board of Health Professions	65,041.37	260,254.66	195,213.29	24.99%
31100	Maintenance and Repairs	-	8,317.10	8,317.10	0.00%
31300	Emp. Recognition Program	33.03	4,130.59	4,097.56	0.80%
31400	Conference Center	154.27	1,993.25	1,838.99	7.74%
31500	Pgm Devlpmnt & Implmentn	40,174.46	153,070.01	112,895.55	26.25%
	Total Allocated Expenditures	1,658,867.87	7,329,738.88	5,670,871.02	22.63%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (118,776.04)	$ (1,430,466.88)	$ (1,311,688.85)	8.30%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011120	Fed Old-Age Ins- Sal St Emp	575.71	-	(575.71)	0.00%
5011130	Fed Old-Age Ins- Wage Earners	-	5,694.00	5,694.00	0.00%
	Total Employee Benefits	575.71	5,694.00	5,118.29	10.11%
5011300	Special Payments				
5011340	Specified Per Diem Payment	3,900.00	24,550.00	20,650.00	15.89%
	Total Special Payments	3,900.00	24,550.00	20,650.00	15.89%
5011400	Wages				
5011410	Wages, General	7,525.74	74,423.00	66,897.26	10.11%
	Total Wages	7,525.74	74,423.00	66,897.26	10.11%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	12,001.45	104,667.00	92,665.55	11.47%
5012000	Contractual Svs				
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	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	5,502.46	16,757.00	11,254.54	32.84%
5012830	Travel, Public Carriers	-	39.00	39.00	0.00%
5012850	Travel, Subsistence & Lodging	3,940.38	13,828.00	9,887.62	28.50%
5012860	Trvl, Meal Reimb- Not Rprtble	2,116.25	6,546.00	4,429.75	32.33%
	Total Transportation Services	11,559.09	37,170.00	25,610.91	31.10%
	Total Contractual Svs	11,559.09	61,878.00	50,318.91	18.68%
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%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	29.99	-	(29.99)	0.00%
	Total Specific Use Supplies	29.99	-	(29.99)	0.00%
	Total Supplies And Materials	29.99	14.00	(15.99)	214.21%
	Total Expenditures	23,590.53	166,559.00	142,968.47	14.16%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	425.00	300.00	(125.00)	141.67%
4002406	License & Renewal Fee	298,960.00	1,174,080.00	875,120.00	25.46%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	245.00	700.00	455.00	35.00%
	Total Fee Revenue	299,630.00	1,175,410.00	875,780.00	25.49%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	73,711.35	541,000.00	467,288.65	13.63%
4003020	Misc. Sales-Dishonored Payments	90.00	-	(90.00)	0.00%
	Total Sales of Prop. & Commodities	73,801.35	541,000.00	467,198.65	13.64%
4009000	Other Revenue				
	Total Revenue	373,431.35	1,716,410.00	1,342,978.65	21.76%
5011110	Employer Retirement Contrib.	1,865.73	9,709.00	7,843.27	19.22%
5011120	Fed Old-Age Ins- Sal St Emp	3,541.55	5,494.00	1,952.45	64.46%
5011130	Fed Old-Age Ins- Wage Earners	-	9,300.00	9,300.00	0.00%
5011140	Group Insurance	194.57	941.00	746.43	20.68%
5011150	Medical/Hospitalization Ins.	3,436.00	16,488.00	13,053.00	20.83%
5011160	Retiree Medical/Hospitalizatn	173.76	841.00	667.24	20.66%
5011170	Long term Disability Ins	92.09	446.00	353.91	20.65%
	Total Employee Benefits	9,302.70	43,219.00	33,916.30	21.52%
5011200	Salaries				
5011230	Salaries, Classified	14,237.13	71,809.00	57,571.87	19.83%
5011250	Salaries, Overtime	55.33	-	(55.33)	0.00%
	Total Salaries	14,292.46	71,809.00	57,516.54	19.90%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	-	960.00	960.00	0.00%
	Total Special Payments	-	960.00	960.00	0.00%
5011400	Wages				
5011410	Wages, General	32,591.25	121,525.00	88,933.75	26.82%
	Total Wages	32,591.25	121,525.00	88,933.75	26.82%
5011600	Terminatn Personal Svce Costs				
5011640	Salaries, Cmp Leave Balances	129.15	-	(129.15)	0.00%
5011660	Defined Contribution Match - Hy	146.99	-	(146.99)	0.00%
	Total Terminatn Personal Svce Costs	276.14	-	(276.14)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	56,462.55	237,513.00	181,050.45	23.77%
5012000	Contractual Svs				
5012100	Communication Services				
5012140	Postal Services	21,551.56	32,117.00	10,565.44	67.10%
5012150	Printing Services	-	276.00	276.00	0.00%
5012160	Telecommunications Svcs (VITA)	79.20	2,500.00	2,420.80	3.17%
	Total Communication Services	21,630.76	34,893.00	13,262.24	61.99%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%
	Total Health Services	-	125.00	125.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	10,042.08	24,920.00	14,877.92	40.30%
5012440	Management Services	265.42	530.00	264.58	50.08%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	10,307.50	25,460.00	15,152.50	40.49%
5012500	Repair and Maintenance Svcs				
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	-	72.00	72.00	0.00%
5012600	Support Services				
5012660	Manual Labor Services	411.96	2,454.00	2,042.04	16.79%
5012670	Production Services	3,225.60	10,300.00	7,074.40	31.32%
5012680	Skilled Services	4,745.89	48,303.00	43,557.11	9.83%
	Total Support Services	8,383.45	61,057.00	52,673.55	13.73%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	871.74	6,893.00	6,021.26	12.65%
5012840	Travel, State Vehicles	433.47	310.00	(123.47)	139.83%
5012850	Travel, Subsistence & Lodging	85.11	912.00	826.89	9.33%
5012880	Trvl, Meal Reimb- Not Rprtble	114.00	528.00	414.00	21.59%
	Total Transportation Services	1,504.32	8,643.00	7,138.68	17.41%
	Total Contractual Svs	41,826.03	130,250.00	88,423.97	32.11%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	780.62	1,092.00	311.38	71.49%
5013130	Stationery and Forms	66.41	1,203.00	1,136.59	5.52%
	Total Administrative Supplies	847.03	2,295.00	1,447.97	36.91%
5013200	Energy Supplies				
5013230	Gasoline	17.42	-	(17.42)	0.00%
	Total Energy Supplies	17.42	-	(17.42)	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%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	864.45	2,621.00	1,756.55	32.98%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	105.98	106.00	0.02	99.98%
	Total Insurance-Fixed Assets	105.98	106.00	0.02	99.98%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	12.51	-	(12.51)	0.00%
5015350	Building Rentals	15.60	-	(15.60)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	7,833.44	33,707.00	25,873.56	23.24%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Operating Lease Payments	7,861.55	33,757.00	25,895.45	23.29%
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	402.84	423.00	20.16	95.23%
	Total Continuous Charges	8,370.37	34,286.00	25,915.63	24.41%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	15.19	-	(15.19)	0.00%
	Total Specific Use Equipment	15.19	-	(15.19)	0.00%
	Total Equipment	15.19	166.00	150.81	9.15%
	Total Expenditures	107,538.59	404,836.00	297,297.41	26.56%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	4,141.37	40,938.69	36,797.32	10.12%
30100	Data Center	37,922.34	240,214.49	202,292.15	15.79%
30200	Human Resources	1,097.55	7,212.81	6,115.26	15.22%
30300	Finance	42,653.87	199,942.97	157,289.09	21.33%
30400	Director's Office	19,045.24	79,542.51	60,497.27	23.94%
30500	Enforcement	208,928.21	703,099.88	494,171.67	29.72%
30600	Administrative Proceedings	29,191.45	199,814.69	170,623.25	14.61%
30700	Impaired Practitioners	498.12	2,209.13	1,711.00	22.55%
30800	Attorney General	-	2,221.02	2,221.02	0.00%
30900	Board of Health Professions	14,089.53	57,878.79	43,789.27	24.34%
31100	Maintenance and Repairs	-	1,482.16	1,482.16	0.00%
31300	Emp. Recognition Program	2.54	326.38	323.84	0.78%
31400	Conference Center	27.49	355.21	327.72	7.74%
31500	Pgm Devlpmnt & Implmentn	8,697.18	34,041.69	25,344.51	25.55%
	Total Allocated Expenditures	366,294.90	1,569,280.41	1,202,985.51	23.34%
	Net Revenue In Excess (Shortfall) of Expenditures	$ (100,402.14)	$ (257,706.41)	$ (157,304.27)	38.96%

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	8,111	8,207	8,310	8,306	8,420	8,466			
Massage Therapy	8,674	8 617	8,715	8,610	8,597	8 633	8,621	8,560	8 575	8,605			
Medication Aide	6,460	6,522	6,589	6,431	6,485	6 544	6,624	6,538	6,595	6,619			
Clinical Nurse Spec	415	414	418	415	415	417	419	419	422	423			
Nurse Practitioner	11,087	11,189	11,331	11,320	11,379	11,502	11,701	11,700	11,852	11,932			
Autonomous Practice				226	322	384	422	480	512	564			
Practical Nurse	28,735	28,727	28,777	28,632	28,608	28,482	28,579	28,451	28,551	28,573			
Registered Nurse	109,275	109,454	110,067	109,711	109,592	109,617	110,759	110,521	110,776	110,925			
Total for Nursing	**172,550**	**172,898**	**173,969**	**173,404**	**173,509**	**173,786**	**175,435**	**174,975**	**175,703**	**176,107**	**0**	**0**	**0**
Nurse Aide	**52,171**	**52,533**	**52,878**	**52,405**	**52,361**	**53,058**	**53,258**	**52,849**	**52,998**	**53,183**			
Advanced Nurse Aide	52	49	51	47	45	44	43	42	42	43			
Total for Nurse Aide	**52,223**	**52,582**	**52,929**	**52,452**	**52,406**	**53,102**	**53,301**	**52,891**	**53,040**	**53,226**	**0**	**0**	**0**
License Count Grand Total	**224,773**	**225,480**	**226,898**	**225,856**	**225,915**	**226,888**	**228,736**	**227,866**	**228,743**	**229,333**	0	0	**0**

Open Cases Count													
Nursing	1202	1236	1213	1221	1240	1214	1198	1225	1300	1373			
Nurse Aide	246	247	269	289	315	352	327	318	349	393			
Open Cases Total	**1,448**	**1,483**	**1,482**	**1,510**	**1,555**	**1,566**	**1,525**	**1,543**	**1,649**	**1,766**	0	**0**	**0**

Case Count by Occupation														*Total*
Rec'd RN	54	75	68	65	63	75	68	87	87	87				*729*
Rec'd PN	25	32	41	45	36	48	44	45	56	49				*421*
Rec'd NP, AP, CNS	26	25	36	47	50	38	30	21	44	30				*347*
Rec'd LMT	6	2	13	2	3	7	13	6	4	6				*62*
Rec'd RMA	6	4	4	8	13	16	8	19	19	10				*107*
Rec'd Edu Program	2	3	0	1	3	5	3	4	3	1				*25*
Total Received Nursing	**119**	**141**	**162**	**168**	**168**	**189**	**166**	**182**	**213**	**183**	0	0	**0**	*1,691*
Closed RN	55	33	100	73	72	77	105	83	57	44				*699*
Closed PN	35	25	49	34	33	47	57	57	27	22				*386*
Closed NP, AP, CNS	30	32	29	35	31	54	40	18	9	9				*287*
Closed LMT	8	6	3	3	3	4	3	12	3	5				*50*
Closed RMA	19	19	13	5	8	8	20	9	7	9				*117*
Closed Edu Program	2	0	1	0	10	3	4	4	3	0				*27*
Total Closed Nursing	**149**	**115**	**195**	**150**	**157**	**193**	**229**	**183**	**106**	**89**	0	0	**0**	*1,566*

Case Count - Nurse Aides														*Total*
Received	38	40	47	64	78	80	65	77	70	57				*616*
Rec'd Edu Program	0	0	0	1	1	0	1	0	0	0				*3*
Total Received CNA	**38**	**40**	**47**	**65**	**79**	**80**	**66**	**77**	**70**	**57**	0	**0**	**0**	*619*
Closed	86	43	56	34	42	58	67	106	55	11				*558*
Closed Edu Program	0	0	0	0	1	3	0	0	0	0				*4*
Total Closed CNA	**86**	**43**	**56**	**34**	**43**	**61**	**67**	**106**	**55**	**11**	**0**	**0**	**0**	*562*

All Cases Closed	**235**	**158**	**251**	**184**	**200**	**254**	**296**	**289**	**161**	**100**	**0**	0	**0**	*2,128*
All Cases Received	**157**	**181**	**209**	**233**	**247**	**269**	**232**	**259**	**283**	**240**	**0**	0	**0**	*2,310*
Difference	**78**	**-23**	**42**	**-49**	**-47**	**-15**	**64**	**30**	**-122**	**-140**	**0**	**0**	**0**	*-182*

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VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
October 16, 2019

TIME AND PLACE:	The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:05 A.M., October 16, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
MEMBERS PRESENT:	Marie Gerardo, MS, RN, ANP-BC; Chair Louise Hershkowitz, CRNA, MSHA Ann Tucker Gleason, PhD Kevin O'Connor, MD Kenneth Walker, MD
MEMBERS ABSENT:	Lori Conklin, MD
ADVISORY COMMITTEE MEMBERS PRESENT:	Kevin E. Brigle, RN, NP Mark Coles, RN, BA, MSN, NP-C Wendy Dotson, CNM, MSN David Alan Ellington, MD Sarah E. Hobgood, MD Thokozeni Lipato, MD Stuart F. Mackler, MD Janet L. Setnor, CRNA
STAFF PRESENT:	Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice; Board of Nursing Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education; Board of Nursing Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing Huong Vu, Executive Assistant; Board of Nursing
OTHERS PRESENT:	Erin Barrett, Assistant Attorney General; Board Counsel David E. Brown, DO; Department of Health Professions Director Elaine Yeatts, Senior Policy Analyst, Department of Health Professions William L. Harp, MD, Executive Director; Board of Medicine
IN THE AUDIENCE:	Ben Traynham, Hancock & Daniel Jonathan Yost, Community Care Network of Virginia (CCNV) Kassie Schroth, McGuireWoods Consulting LLC (MWC) Richard Grossman, Virginia Council of Nurse Practitioners (VCNP) Annette Graham, Board of Nursing Staff

PUBLIC HEARING –
at 9:05 A.M. To receive comments on Proposed Regulations relating to Autonomous Practice for Nurse Practitioners.

No public comments were received.

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

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

ANNOUNCMENT: Ms. Gerardo noted the announcement as presented in the Agenda: Terri Clinger, DNP, MSN, CPNP-PC, started the Deputy Executive Director for Advanced Practice position on June 25, 2019

Ms. Gerardo added that this will be Dr. O'Connor's last meeting. He is replaced by Dr. Nathaniel Ray Tuck, Jr., DC, who is the current President for the Board of Medicine. Ms. Gerardo thanked Dr. O'Connor for his service on the Committee.

REVIEW OF MINUTES: The minutes of the February 13, 2019 Business Meeting and Formal Hearing and the April 10, 2019 Formal Hearing were reviewed. Dr. O'Connor moved to accept the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT: No public comments were received.

DIALOGUE WITH AGENCY DIRECTOR: Dr. Brown reported the following:

- DHP has implemented more stringent security measures at the Perimeter Center:
  - All employees will be required to wear their state issued identification badge while in the building
  - Public visitors will receive temporary visitor badge and will be required to wear the badge while in the building
  - A metal detector, bag scan screening machine, and wand are on order and will be installed upon receipt
  - Panic buttons will be installed in hearing rooms
- DHP continues to implement a new and improved website to address the needs of applicants. The Board of Nursing was the first Board to implement the new website.

LEGISLATION/
REGULATIONS:

B1 Regulatory Update:

Ms. Yeatts reviewed the chart of regulatory actions as of October 3, 2019 provided in the Agenda.

B2 Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action – Nurse Practitioners

Ms. Yeatts reported that the legislation, HB2559, passed in 2018 and was amended this year to require electronic prescribing of an opioid by July 1, 2020. Ms. Yeatts added that the enactment clause on HB2559 requires adoption of regulations within 280 days so the Board must amend by an emergency action by the end of 2019. Ms. Yeatts noted that the Executive Committee adopted identical language for prescribers licensed by the Board of Medicine and the Board of Nursing adopted these amendments for nurse practitioners on September 17, 2019.

Ms. Hershkowitz moved to recommend adoption of proposed regulations to the Boards of Medicine and Nursing as presented and to issue a Notice of Intended Regulatory Action (NOIRA). The motion was seconded and passed unanimously.

B3 Regulatory Action – Prescriptive Authority

Ms. Yeatts stated that the comment period on this regulatory action ended September 20, 2019, and there were no public comments received. Ms. Yeatts added that the Board of Nursing will adopt the final at its November meeting.

Ms. Douglas noted that nurse practitioners with prescriptive authority licenses will receive one nurse practitioner license with the prescriptive authority designation on it. Ms. Douglas added that Ms. Willinger has started working with IT staff on this matter. Ms. Douglas stated that this will reduce the burden on the Board and practitioners.

Ms. Hershkowitz asked if nurse practitioners with prescriptive authority licenses have to do anything prior to this change. Ms. Douglas replied that no action is needed from current nurse practitioners with prescriptive authority licensure. Ms. Douglas added that staff plan to inform the Drug Enforcement Agency (DEA) of this change.

Ms. Hershkowitz moved to recommend the proposed amendments as final for adoption by the Boards of Nursing and Medicine.

NEW BUSINESS:

C1 Reconsideration of Guidance Document (GD) 90-53: Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases

Ms. Yeatts stated that the Committee of the Joint Boards of Nursing and Medicine reviewed and reaffirmed GD 90-53 on February 13, 2019. The

GD was approved by the Board of Medicine, but has not been considered by the Board of Nursing due to subsequent questions raised by the Certified Nurse Midwives (CNM) in the Virginia Chapter of the Association of Certified Nurse Midwives as noted in the email dated March 6, 2019 provided in the Agenda.

Ms. Yeatts presented the revised GD with the addition of CNM for the Committee's consideration.

Dr. Hills reminded the Committee that the patient populations of the Women Health Nurse Practitioner (WHNP) and CNM are gender specific to women. Dr. Hills stated that the WHNP scope of practice includes providing care for male patients regarding STD status because the health of their female patients is directly affected by. Dr. Hills believe this GD originated at the request of the Virginia Department of Health (VDH) as VDH clinics offer Family Planning, Perinatal, and STD care throughout Virginia. Dr. Hills said that it would be appropriate for CNMs be included in this GD.

Dr. Ellington questioned the need for this GD as these competencies are included in the educational preparation and certification of WHNP and CNM scopes of practice.

Ms. Hershkowitz moved to recommend that the Boards repeal GD 90-53. The motion was seconded and carried with four votes in favor of the motion. Dr. Walker opposed the motion.

Board of Nursing Executive Director Report:

- **NCSBN APRN Roundtable on April 9, 2019** – Ms. Douglas said that topics discussed at the meeting included:
  - CNS demonstration project related to APRN Education
  - Global trends as social demographics are changing and an increasing number of providers needed
  - Update on Licensure, Accreditation Certification and Education (LACE)
  - Competency evaluations
- **NCSBN APRN Consensus Forum on April 10, 2019** – Ms. Douglas and Ms. Hershkowitz attended the Forum. There was much discussion but no changes were recommended. Ms. Douglas noted that the Model was put together in 2008 but not by the NCSBN.
- **NCSBN APRN Compact Update** – Ms. Douglas said that three states have passed legislation regarding the APRN Compact but have not implemented. She added that the NCSBN Board of Directors established a task force to review the APRN Compact due to conflicting state laws with compact language. Ms. Douglas

noted that the Delegates at the NCSBN Assembly did not vote on the changes recommended as more work is needed.

HB793 – Workforce Data Collection Planning Discussion:
Ms. Douglas said that HB793 requires DHP to submit a report the process by which nurse practitioners with autonomous practice licenses may be included in the online Practitioner Profile maintained by DHP by November 1, 2020 to the General Assembly.

Ms. Douglas added that HB793 also requires the Boards of Medicine and Nursing to report the number of NPs who have autonomous practice licenses accompanied by the geographic and specialty areas in which these NPs are practicing 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, 2020.

Ms. Douglas noted that Board of Nursing staff has started to collect this data in the autonomous licensure application profile.

Autonomous Practice Application Status:
Ms. Willinger reported that as of October 4, 2019, the Board received 621 applications and 556 licenses were issued. Ms. Willinger added that the geographic data indicates a state wide distribution with the majority in the category of family. Ms. Willinger noted that there have been no application denials to date.

Ms. Douglas stated that one applicant requested a hearing regarding her application and the Committee of the Joint Boards of Nursing and Medicine is scheduled to hear the case.

Review of Terms of Members of Advisory Committee:
Ms. Douglas reviewed the regulations of the Advisory Committee composition and noted that Dr. Hobgood and Ms. Dotson have completed their first term and are eligible for reappointment.

Ms. Dotson stated that she was previously reappointed for the second term after her first term ended. Ms. Douglas said that staff will check record for confirmation.

Dr. Walker moved to reappointed Dr. Hobgood on the Advisory Committee. The motion was seconded and carried unanimously.

C2 2020 Meeting Dates:
Ms. Gerardo stated that this is provide for information only.

Environmental Scan:
Ms. Gerardo asked for the updates from the Advisory Committee Members.

Mr. Cole stated that although some practices have been opened by nurse practitioners with autonomous practice licenses, the autonomous practice designation has decreased the hardship caused by the 6:1 physician to NP ratio contributed to NP professional satisfaction and removed the barrier to volunteer work by NPs.

Dr. Ellington said that Federally Qualified Health Center (FQHC) has expanded in Lexington areas, but there is still shortage of primary care providers. Dr. Ellington added that he has not seen nurse practitioners with autonomous practice licenses open clinics yet.

Ms. Dotson reported that maternal mortality rate data is being collected; the CNMs and the public have benefited from CNMs being able to obtain the Substance Abuse and Mental Health Service Administration (SAMHSA) waiver; and the Virginia Chapter of the ACNM is promoting vaccination for women of childbearing age.

RECESS: The Committee recessed at 10:05 A.M.

The Member of the Advisory Committee, Dr. Brown, and Ms. Yeatts left the meeting at 10:05 A.M.

RECONVENTION; The Committee reconvened at 10:20 A.M.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

Leeann Lisbeth Wobeter Hill, LNP **0024-172805**
Prescriptive Authority **0017-142311**

Ms. Hill provided written response.

CLOSED MEETING: Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:22 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Willinger, Ms. Vu and Ms. Barrett, 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 10:28 A.M.

Ms. Hershkowitz 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.

Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to require LeeAnn Lisbeth Wobeter Hill within six months from the date of entry of the Order to provide written proof satisfactory to the Board of Nursing successful completion of at least eight hours on the subject of prescribing practice, a review of Drug Control Act of the Code of Virginia, *§54.1-3400 et seq*, and a review of the Regulations Governing the Licensure of Nurse Practitioners, *18VAC90-30-10 et seq*. The motion was seconded and carried unanimously.

Nicole Renee Cofer, LNP	0024-168324
Prescriptive Authority	0017-139420

Ms. Cofer did not appear.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to reprimand Nicole Renee Cofer and to continue her license to practice as a nurse practitioner on indefinite suspension with suspension stayed contingent upon Ms. Cofer's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 10:29 A.M.

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

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COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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Virginia Board of Nursing
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Executive Director

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MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN
Nursing Education Program Manager

Date: November 4, 2019

Subject: Next Generation NCLEX (NGN)

From July 2017 to December 2018, 357,000 nursing graduates took NCLEX-RN; of those 304,000 participated in NGN research by completing pilot questions. While data collection is still underway, over 2.5 million data points have already been collected. Thus far, there has been a positive correlation in those who performed well on NCLEX and their performance on NGN items.

With a target date of Spring 2023 (earliest projected date), there are many resources that are coming soon from NCSBN to assist educators. Current research is focusing on the impact of NGN on the NCLEX exam. Clinical judgement will be one section of the exam, with a projection of 2 to 5 case studies on each exam.

In addition to resources for educators, FAQs for candidates are also available on the NSCBN website.

Attached to this memo are FAQs provided by NCSBN that were also shared with our Virginia nursing programs in September.

NCSBN
Leading Regulatory Excellence

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Next Generation NCLEX (NGN) Frequently Asked Questions

Contents

Why is NCSBN changing the NCLEX?

The NCLEX measures the foundational knowledge and skills needed for safe nursing practice for entry-level nurses, regardless of academic background. Every three years NCSBN conducts a practice analysis to evaluate the knowledge, skills, and abilities needed for entry-level nurses and to evaluate the validity of the test plan that guides content distribution of the licensure examination. The practice analyses have highlighted changes in healthcare including an increase in acutely ill clients. Nurses are responsible for a significant proportion of the judgments and decisions made in healthcare and newly licensed nurses are required to make progressively more complex decisions about patients.

In 2009, NCSBN reviewed several research reports and engaged in professional discussions with nursing experts on the importance of clinical judgment in the nursing profession. This led to funding a thorough literature review on the subject and culminated in a comprehensive white paper (Muntean, 2012; www.ncsbn.org/11507.htm). The report provided an overview of the current nursing theories and models of clinical decision-making, along with empirical research on factors that affect decision-making in nursing. Specifically, the report found that 50% of entry-level nurses were involved in practice errors (Smith & Crawford 2002) and a subsequent study by Brennan et al. (2004) found that 65% of entry-level nurse errors were related to poor clinical decision-making. In addition, Saintsing et al. (2011) reported that only 20% of employers were satisfied with decision-making abilities of entry-level nurses.

Between 2012 and 2014 NCSBN collaborated on two studies as part of a strategic job analysis (www.ncsbn.org/11995.htm). The fundamental conclusions from these studies provided further evidence of the importance of clinical judgment in entry-level nursing. One major finding was that clinical judgment was one of the top five required skills needed upon entry into the field. Interestingly, two other high priority skills in the top five were problem solving and critical thinking skills, which themselves are vital to clinical judgment. The other two were related to professional communication and active listening.

The RN Nursing Knowledge Survey from 2017 (www.ncsbn.org/12254.htm) provided additional evidence of the importance of clinical judgment. The overall importance of clinical judgment was rated between 'important' and 'critically important' by newly licensed RNs, RN educators, and RN supervisors. It was also similarly rated across the facility categories of hospital, long-term care, community-based care, and other. The overall result is consistent with previous research showing that clinical judgment is essential to the safe practice of nursing at the entry level.

A panel of subject matter experts consisting of PN Educators, PN Clinicians, and Nurse regulators was convened to compare the activity statements included in the 2018 LPN/VN Practice Analysis (www.ncsbn.org/13443.htm) to the elements of the NCSBN Clinical Judgment Measurement Model (NCJMM). The findings indicated that the entry-level PN was expected to provide care using the nursing process framework and make the necessary clinical judgments within their scope of practice. The NCJMM elements that were most often cited as essential to the practice of the entry-level PN were recognize cues, analyze cues and take action. The element least associated with the entry-level PN activities was prioritize hypotheses. Given these findings, the Next Generation NCLEX item types and NCJMM represent a valid and reliable measurement of PN competence and will be incorporated into the NCLEX-PN examination.

What standards does NCSBN use when developing a new test?

NCSBN has conducted and continues to conduct multi-year studies to support the development of a Next Generation NCLEX (NGN). Research studies analyze current items and document the validity of the items to measure clinical judgment. Validity evidence includes 1) the extent to which clinical judgment can be measured, 2) numerous item writing panels comprised of nurse faculty to write items aligned with the

clinical judgment measurement model, 3) nursing experts (nursing faculty, clinical educators, clinicians, and numerous committees made up of experienced nursing experts) reviewing items to ensure the measurement and content is accurate and correctly classified (see the following publication for more information: www.ncsbn.org/13724.htm), and 4) ensuring that items are statistically sound and reflect contemporary practice.

Standards used in the development of all aspects of the NGN project included:

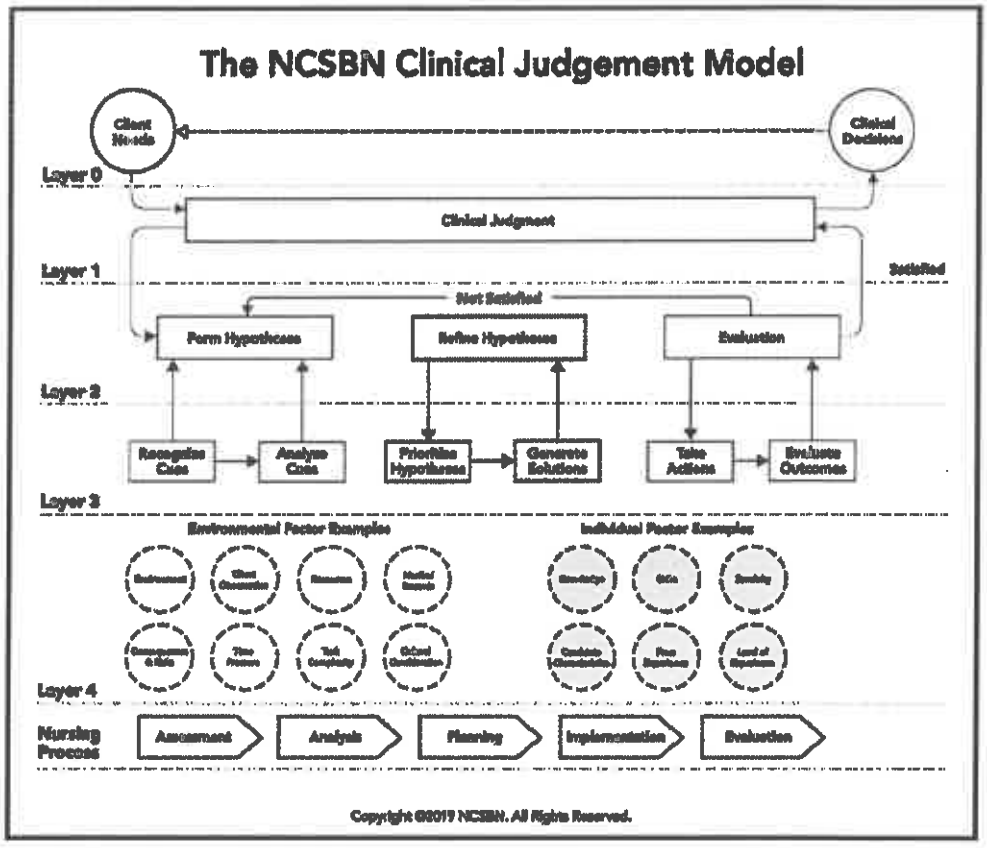
- AERA, APA and NCME Standards for Educational and Psychological Testing (2014).
- International Guidelines on Computer-Based and Internet-Delivered Testing (2010).
- ETS Standards for Quality and Fairness (2014).
- A White Paper & Portfolio, Association of Test Publishers (ATP) and the Institute for Credentialing Excellence (ICE) (2017).

How is NCSBN defining Clinical Judgment for purposes of a Next Generation NCLEX (NGN)?

In order to develop a valid and reliable means of measuring clinical judgment, NCSBN conducted extensive reviews of the literature in nursing, decision theory, and testing. The result was the assessment framework referred to as the NCSBN Clinical Judgment Measurement Model (NCJMM).

It is important to note that the NCJMM is a framework designed for and specific to testing and should not be construed as a replacement for other evidence-based theories of nursing theory or practice. In particular, the NCJMM does not compete with the Nursing Process or specific pedagogical or andragogical models around the teaching of clinical judgment. Rather, it provides a systematic, evidence-based framework for measuring whether nurse licensure candidates demonstrate at least minimal competence with respect to clinical judgment and decision making.

For the purposes of the NCLEX, Layers 3 and 4 of the NCJMM guide item writers in the development of NGN content; Layer 3 elements provide the primary measurement focus for items and the Layer 4 elements provide context. Each of the Layer 3 and Layer 4 elements are defined in more detail in the publications on the NGN resource page (www.ncsbn.org/ngn-resources.htm).



Does the clinical judgment measurement model replace the need for the nursing process?

No. The NCSBN Clinical Judgment Measurement Model (NCJMM) is a framework designed for and specific to testing and should not be construed as a replacement for the nursing process or other evidence-based nursing theories or practice. In particular, the NCJMM does not compete with the Nursing Process or specific pedagogical models around the teaching of clinical judgment. Rather, it provides a systematic, evidence-based framework for measuring whether nurse licensure candidates demonstrate at least minimal competence with respect to clinical judgment and decision making.

What is the impact of the Clinical Judgment Measurement Model to nursing education?

The clinical judgment measurement model can help educators evaluate clinical judgment at the student or classroom level. Most of the items NCSBN has developed using the clinical judgment measurement model are similar to contextual unfolding case studies that are utilized within nursing education already. The clinical judgment measurement model is a flexible model that expresses the complexities associated with decision making in a simplified manner to enable better measurement of clinical judgment (see www.ncsbn.org/ngn-resources.htm for additional resources on this).

For more information on how the NCSBN Clinical Judgment Measurement Model (NCJMM) supports existing theoretical educational frameworks used in nursing education, see doi.org/10.3928/01484834-20190122-03. Specific models addressed include the Intuitive-Humanistic Model (Benner, 1984; Tanner, 2006), Dual Process Reasoning Theory (Croskerry, 2009; Pelaccia, Tardif, Triby, & Charlin, 2011), and the Information Processing Model (Oppenheimer & Kelso, 2015).

Does NCSBN require clinical educators to teach the clinical judgment measurement model?

No. The clinical judgment measurement model is an assessment model that is used for developing items and could be utilized by nursing educators to measure student learning but does not necessitate any changes in teaching. Any evidence-based curriculum that teaches clinical judgment effectively will provide students with preparation necessary for the new components of the exam.

What role did nurses play in NGN research?

Nursing professionals serve as the pillars and foundation on which the NGN research, and the NCLEX as a whole, is built upon. This includes hundreds of nurses participating in various research studies, thousands of nurses providing feedback after formal NGN presentations, and over 250,000 aspiring nurses taking the NGN research section. Clinicians, clinical educators, and nurse faculty have played a pivotal role and have been consulted on every stage of the NGN research project.

The current NCLEX item development process was used in the development of NGN items. All NGN items were written by a panel of nursing faculty that have diverse backgrounds and experiences. All NGN items then go through multiple review processes. There is an initial review of items by internal Master's level nursing subject matter experts with a wide variety of clinical experience. The items are reviewed again by a panel of clinical nurses currently working in the field to ensure the items are appropriate for entry-level nurses, accurate, high-fidelity, coded correctly to the clinical judgment measurement model, and represent current practice. Only items meeting these high standards are selected for further research. For more information about the item writing and review process see the following publication: www.ncsbn.org/13724.htm

What is the composition of NGN item writing and review panels?

The item writing and item review panels are generally a group of 6-10 nursing professionals who are representative of all the U.S. regions and Canadian provinces that use the NCLEX for licensure. Additionally, these educators and clinicians each have a distinct expertise area to ensure a broad range of nursing experience and context. You can read more about NGN item development panels in the Summer 2018 edition of the NGN Newsletter (www.ncsbn.org/12720.htm).

How are the new items types on the research section tested?

Development of the item types seen in the research section began in 2012 under an on-going learning paradigm. This research framework comprised of many iterations of usability studies, cognitive labs, semi-structured interviews, and group discussions all of which involved nurses (nursing students, nurse educators, clinical educators and clinicians). After each iteration, feedback from these studies were incorporated into developing the new item types and then carried through to future research studies for further validation.

The usability studies explored how users interacted with the item features (tabs, charts, unfolding case studies, etc.) and response formats. This ensured that interaction with an item was intuitive and the new response formats did not introduce any difficulty in answering an item. The goal of these studies was to provide evidence that each new item type did not inhibit individuals from answering correctly.

The cognitive labs explored how users think while engaging with the items. The studies used both real-time and retrospective procedures to validate the items' intentions. In the think-aloud protocol, users

freely discussed their thought process while engaging with the item. In the retrospective analysis, users first answered the items and then described their thought process. The goal of the cognitive labs was to provide converging evidence that validate the measurement intentions of items.

The semi-structured interviews and group discussions explored the appropriateness of the content. These studies focused on fidelity, realism, and entry-level nursing appropriateness. The goal was to ensure the item content fit well within current practice standards for entry-level nurses.

These studies provided data required to develop items that measure clinical judgment without introducing unwanted artifacts. By 2016, these iterative studies helped identify a set of diverse item types for use in a formal usability study with actual nursing students. All item types NCLEX candidates see on the research section today were thoroughly tested and passed the usability study objectives to ensure they did not introduce any construct irrelevant variance for examinees. This process served as the precursor to all subsequent research.

What is the reason for the new research section on the NCLEX exam?

Before items are placed on the research section, the content is evaluated extensively on several important dimensions (accuracy, entry-level appropriateness, authenticity, etc.; see www.ncsbn.org/13724.htm for more information on the writing and review process). Putting the items onto a research section allows for empirical validation of the statistical properties of the items. For example, this research helps identify NGN items that are at the appropriate difficulty level for entry-level nurses; items that are neither too difficult nor too easy. The research section also helps gather data related to the time required to respond to the new NGN items. Validating both the content and the measurement properties of items is essential to developing a standard-leading assessment of clinical judgment.

How will NGN impact the passing rate of the candidates?

Passing rates depend on a host of complex issues and research is on-going. One thing that will not change is the rigor of the new exam. The new exam will continue maintaining a high-level of reliability and accuracy that is expected of the NCLEX with its standard of excellence in the regulation of nursing practice with a focus on public safety and health care needs.

Does the new research section count towards the results of the NCLEX?

The results from the new research section do not count towards NCLEX candidates' pass/fail decisions. There are no negative effects for declining to participate in the optional research section. The responses to items in the research section are purely for research purposes and do not count towards passing or failing the exam.

How are NCLEX candidates informed about the participation in the research section?

NCLEX candidates are provided with the following information in three separate emails (Authorization to Test, Confirmation of NCLEX Examination Appointment, and Reminder of NCLEX Examination Appointment) confirming that the section is voluntary and will not count towards results.

"SPECIAL RESEARCH SECTION

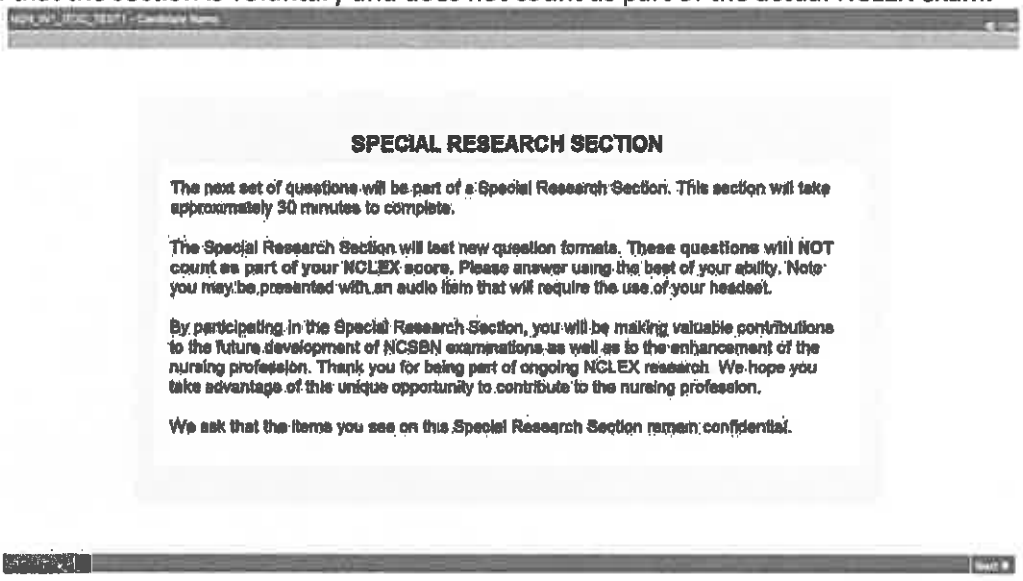
NCSBN will present a Special Research Section as part of the NCLEX-RN administration. By participating in the Special Research Section, candidates will be making valuable contributions to the future development of NCSBN examinations as well as to the enhancement of the nursing profession

The Special Research Section will be given to select candidates taking the NCLEX-RN and will take approximately 30 minutes to complete. This section will be administered following the regular exam and will not count as part of the NCLEX score.

If selected to participate, an introductory screen will indicate the beginning of the Special Research Section. This section will also continue to be numbered in accordance with the completed exam – for example, if your exam ended with question 153, the first question on the Special Research Section will be numbered 154. Despite the consecutive numbering, these new questions will have no impact on your NCLEX scoring or results.

Candidates may take the entire allotted 6 hours to complete the NCLEX. All questions on the NCLEX-RN examination and the Special Research Section are confidential"

In addition, this same information is provided on the NCLEX landing page (https://portal.ncsbn.org/). Furthermore, when the NCLEX exam portion has been completed, the candidate is provided with an introductory screen that indicates they have reached the optional special research section and continues to explain that the section is voluntary and does not count as part of the actual NCLEX exam:



The bottom left hand side of the screen is an 'End Exam' button. This button is found on all items in the special research section and it allows the candidate to end the research section at any time. Those candidates that do not want to participate in the research section can simply select the 'End Exam' button to skip the section.

Are there any repercussions from not participating in the research section?

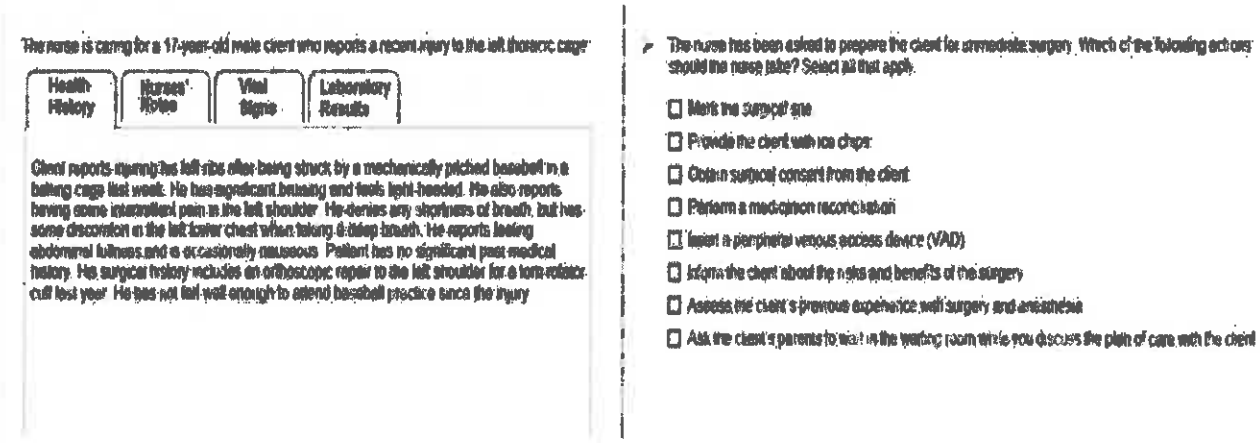
No. There is ample documentation (three emails to the candidates, the landing web page for the NCLEX exams, and an introductory screen before the research section) that states participation is NOT mandatory and will NOT affect the person's NCLEX results. It is completely voluntary. It would be unethical to tell the

candidates that the results did not count and then use those results in a way that did count towards the NCLEX results.

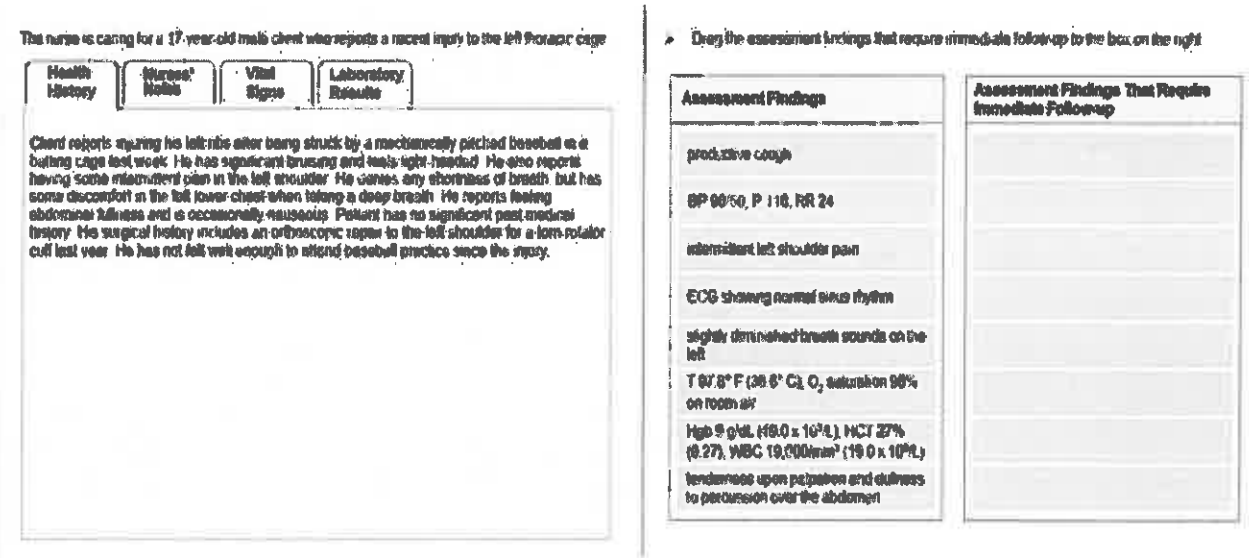
What types of items were approved for the Next Generation NCLEX?

Based on psychometric analysis of these item prototypes' performance, NCSBN has approved five new item types that measure nursing clinical judgment. The following provides the names, descriptions and examples of the five item types.

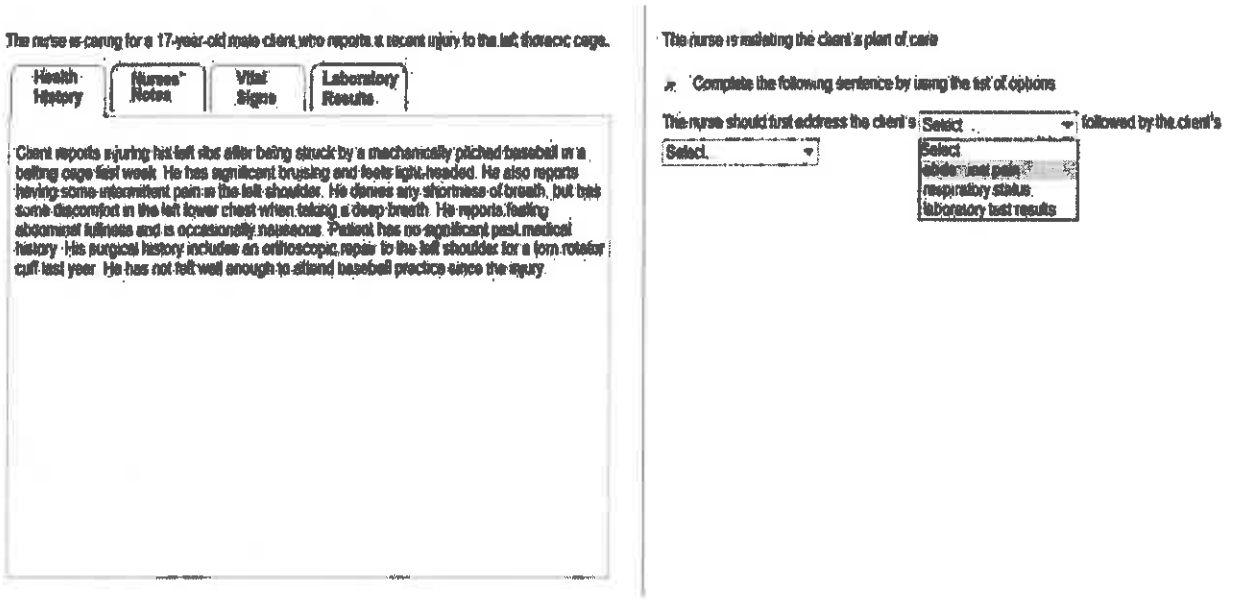
1. Extended Multiple Response: Extended Multiple Response items allow candidates to select one or more answer options at a time. This item type is similar to the current NCLEX multiple response items but with more options and using partial credit scoring.



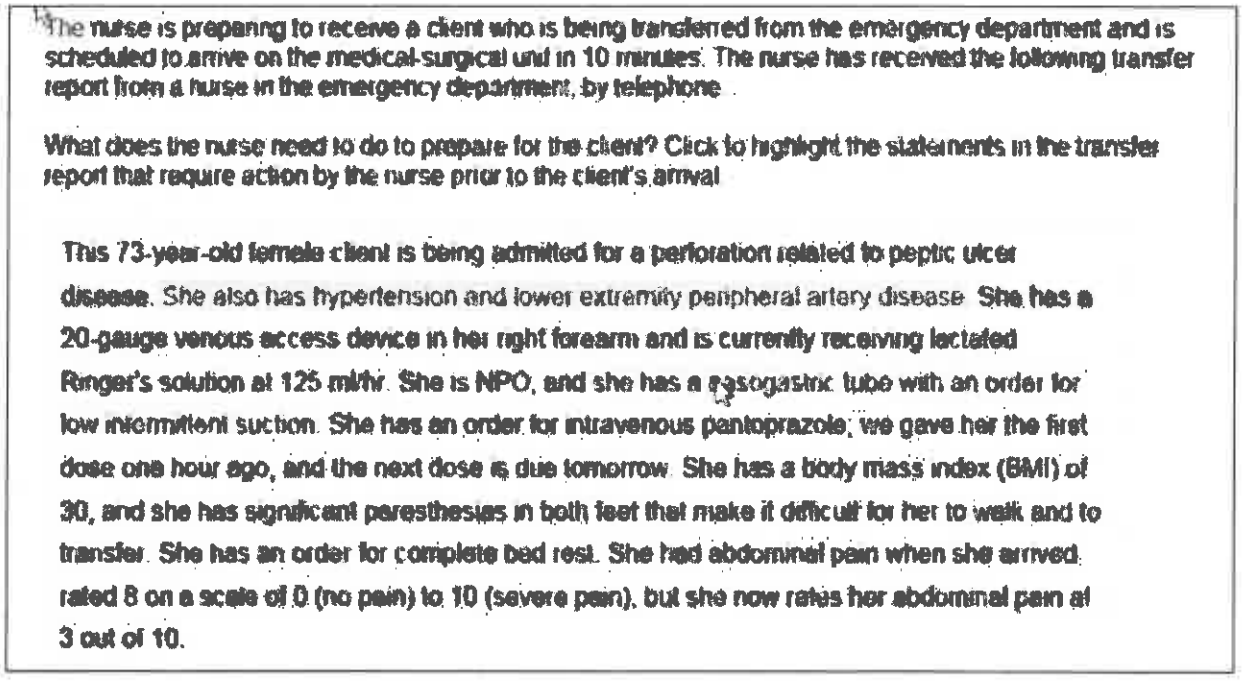
2. Extended Drag and Drop: Extended Drag and Drop items allow candidates to move or place response options into answer spaces. This item type is like the current NCLEX ordered response items but not all of the response options may be required to answer the item. In some items, there may be more response options than answers spaces.



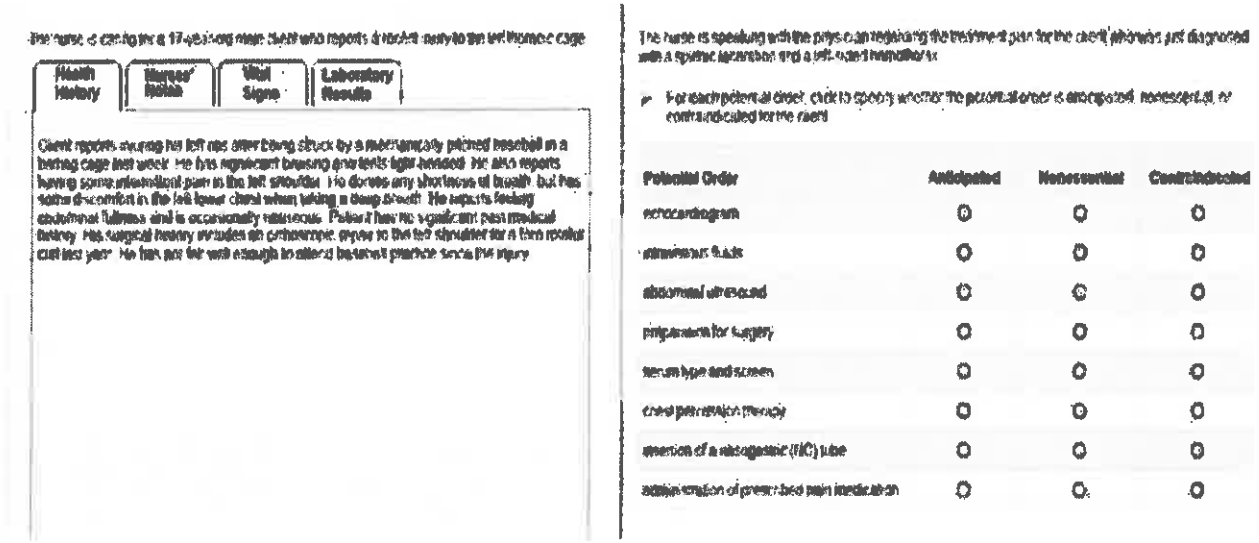
3. Cloze (Drop – Down): Cloze (Drop-Down) items allow candidates to select one option from a drop-down list. There can be more than one drop-down list in a cloze item. These drop-down lists can be used as words or phrases within a sentence, within tables and charts.



4. Enhanced Hot Spot (Highlighting): Enhanced Hot Spot items allow candidates to select their answer by highlighting pre-defined words or phrases. Candidates can select and deselect the highlighted parts by clicking on the words or phrases. These types of items allow an individual to read a portion of a client medical record, (e.g., a nursing note, medical history, lab values, medication record, etc.) and then select the words or phrases that answer the item.



5. Matrix/Grid: Matrix/Grid items allow the candidate to select one or more answer options for each row and/or column. This item type can be useful in measuring multiple aspects of the clinical scenario with a single item. In the example below, each of the eight rows will need to have one of the three answer choices selected.



Where can I get more information on the NGN project and research?

You can visit the following website, www.ncsbn.org/next-generation-nclex.htm, for more information. The website has a number of useful areas to explore. There are FAQs that help to answer common questions from candidates and educators. A resource section that has NGN News updates generally published once a quarter along with important publications that discuss the clinical judgment measurement model in-depth. There are also some NGN Presentations & Talks that provide videos with overview information about different aspects of the project. Finally, NCSBN provides information about the NGN project at NCLEX regional conferences and other seminars scheduled at the request of nursing regulatory bodies as well as multiple conferences each year.

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Virginia Board of Nursing

Executive Director Report

November 19, 2019

Meetings/Speaking Engagements

- Jay P. Douglas, Executive Director for the Board of Nursing, attended **the NCSBN Board of Directors meeting** on September 23-24, 2019, in Chicago as Area III Director for Virginia and surrounding states. Topics discussed were Education Content, APRN Compact Revision, Outcomes of SUD Monitoring Program, and The United States National Patient Safety Study (see attached post board meeting update letter from the President).

- Jay P. Douglas, Executive Director for the Board of Nursing, attended the **2019 Tri-Regulatory Symposium** on September 25-26, 2019, in Frisco, TX as Area III Director on behalf of NCSBN Board of Directors. This joint meeting of the National Associations of Boards of Pharmacy, Medicine and Nursing was relevant and thought provoking. The theme was Proactive Regulation as a Team Based Collaborative and included presentations to include the use of Artificial Intelligence in healthcare, Effective Acquisition and use of licensing and disciplinary data and the current status of risk based regulation in the US, Panel discussions regarding the use of disciplinary history to project high risk individuals and regulators response as it relates to public protection was informative and could serve the basis for future discussions at DHP.

- Jacqueline Wilmoth, Nursing Education Program Manager for the Board of Nursing, held a meeting on October 3, 2019 with the nursing education on site inspectors to plan for 2020 and to review the new education application process.

- Robin Hills, Deputy Executive Director of Nursing Education for the Board of Nursing, held a training on October 4, 2019 for the Nurse Aide Education Programs Inspectors to plan for 2020 and to review the new education application process.

- Several Board of Nursing staff attended the Council on Licensure, Enforcement & Regulation (CLEAR) Training on October 8-10, 2019. The focus was on basic hands-on training and certification in investigation and inspection techniques and procedures.

- On October 17, 2019, Jay P. Douglas, Executive Director for the Board of Nursing, attended the Virginia Nurses Foundation **(VNF) Workforce/Practice meeting** with the Virginia Nurses Association (VNA). Topics of discussion included how to expand nursing workforce, pipeline issues, roles of CNA's and LPN's, review of DHP HCWFDC reports and increased collaboration between Education, Practice and Regulation.

- On October 17, 2019, Robin Hills, Deputy Executive Director, and Jacquelyn Wilmoth, Nursing Education Program Manager, for the Board of Nursing met with Judy Smith with CHIP of Virginia and discussed community nursing clinical as part of nursing education programs as well as the role of the Board of Nursing.

- On October 18, 2019, Jay P. Douglas, Executive Director for the Board of Nursing, attended the **VNF Mental Health Roundtable** with the VNA. Topics of discussion included how to better prepare the

workforce for the current population, Megan Healey's overview of Virginia's workforce plan, and Presentation from HPMP. Participants also discussed barriers to nurses seeking mental health treatment, stigma and mandatory reporting being significant factors.

- On October 24, 2019, Stephanie Willinger, Deputy Executive Director for Licensing, and three Board of Nursing Supervisors attended the screening of the Black Angels, A Nurse's Story, short documentary film, at the VCU College of Health Professions. The presentation and discussion related to Tuberculosis Nurses.

  Historical note → in June 1931 Board of Nursing recognized Certified Tuberculosis Nurses (CTN) without changing the law.

  1936 → Board position "Certified Tuberculosis Nurses may qualify for examination entitling them to become registered nurses by securing 12 months training in an accredited school of nursing approved by the Board and connected with a general hospital."

  1970 → Certified Tuberculosis Nurses removed from definitions in the Code and provision made to continue the licenses of CTN on July 1, 1970

- On October 24, 2019, Jacquelyn Wilmoth, with the assistance of three education program inspectors, conducted sessions on *Establishing a Nursing Education Program and Program Update*. Program Directors from across the state were in attendance for both meetings.

- On October 25, 2019, Jay P. Douglas, Executive Director for the Board of Nursing, represented NCSBN at the 75th Anniversary Gala of the United States Public Health Service. Rear Admiral Susan Orsega presented to the Virginia Board of Nursing in 2015 related to global nursing issues.

- On October 31, 2019, Jay P. Douglas, Executive Director for the Board of Nursing, was a guest lecturer for CNL students at the UVA School of Nursing in Charlottesville. An overview of the Board of Nursing and scope of practice issues were discussed.

- On November 6, 2019, Jay P. Douglas, Executive Director, Charlette Ridout, Deputy Executive Director, for the Board of Nursing, and Elaine Yeatts, DHP Policy Analyst, , met with a representative of the Virginia Health Care Association (VHCA) regarding medication aide scope of practice, curriculum issues and long term care workforce issues.

New Issues

- The Board of Nursing has received notification that the Federation of State Massage Therapy Boards (FSMTB) invalidated the MBLEx testing results for 10 current active Licensed Massage Therapist (LMT), one current applicant, one expired applicant and two expired licensees. These licensure files are under review for further action by the Board of Nursing. The Massage Therapy Advisory Board will discuss issues emerged with applicants related to fraud, English proficiency an practice environments.

NCSBN

Letter from the President

POST-BOARD MEETING UPDATE

Oct. 16, 2019

Fall Greetings to all of you—

Your Board of Directors (BOD) met in Chicago on Sept. 23–24.

We began with a half-day board orientation with consultant Mark Engle. The BOD always begins the year with a governance education session with a focus on governance principles, duties of BOD members and healthy board practices. It sets the tone for a productive partnership with a focus on the mission and vision of the organization.

Our BOD meetings usually begin with an environmental scan. Some themes or trends we heard from members and staff included:

- APRN legislative efforts/plans
- Legislation exempting military spouses from licensure fees
- Unfunded mandates for nursing regulatory bodies (NRBs)
- States sweeping funds from NRBs and asking for budget reductions
- Continued occupational licensing board reform
- Continued legislative attempts to address aspects of the opioid crisis

Maryann Alexander introduced Michelle Buck, who has joined the NCSBN staff to focus on APRN issues. She fills the position formerly held by Maureen Cahill. Michelle is a clinical nurse specialist and graduate of the University of Illinois and Rush University. We welcome Michelle and look forward to all of you meeting her soon.

The BOD approved a grant request from the Indiana State Board of Nursing to support implementation of the Nurse Licensure Compact (NLC). Congratulations to Indiana on passing the NLC legislation!

The BOD met with members of the Executive Committee of the NLC to discuss our respective strategic plans and identify areas of alignment, where we can work to support one another. This was a very productive meeting and one that we plan to continue.

Congratulations to Peggy Benson, executive officer of the Alabama Board of Nursing, as recipient of the Council on Licensure Enforcement and Regulation (CLEAR) 2019 Individual Regulatory Excellence Award. Well deserved, Peggy!

The BOD reviewed the financial statements, audit plan and proposed budget for FY20. The organization continues to be in a strong financial position and the budget is aligned with our strategic initiatives and objectives.

Nancy Spector gave a very nice overview of the Nursing Education Outcomes and Metrics Committee study of education programs. The findings will be reviewed by an expert panel, with further reporting to the BOD in December.

Research staff have some very exciting plans for future projects. The BOD heard about plans to conduct a patient safety study, designed to help us better understand practice breakdown and contributing systemic factors.

The BOD focused on the important issues of how to proceed with reviewing and analyzing the proposed changes to the APRN Compact. This item was removed from the business slate at Delegate Assembly after hearing a range of concerns with the proposed revisions. Our plan is to solicit additional input from members, stakeholders, government entities and nongovernment organizations. Our intent is to get a broad perspective on the pros and cons of the proposed revisions. We hope to be able to bring a proposal back to the Delegate Assembly in 2020.

Please let me know if you have any questions about this report. As always, it is an honor to serve you as president.

All my Best,

Julia George, MSN, RN, FRE
President
919.782.3211 ext. 250
Julie@ncbon.com

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of October 28, 2019

F1

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Registration of clinical nurse specialists [Action 5306] Proposed - *DPB Review in progress* [Stage 8765]
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Handling fee for returned checks [Action 5385] Fast-Track - *DPB Review in progress* [Stage 8760]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	Implementing Result of Periodic Review [Action 5157] NOIRA - *Register Date: 5/13/19* *Board to adopt proposed regulations: 11/19/19*
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Use of simulation [Action 5402] NOIRA - *At Secretary's Office for 6 days*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Autonomous practice [Action 5132] Proposed - *Register Date: 9/30/19* *Public hearing: 10/16/19* *Comment closes: 11/29/19*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Handling fee [Action 5414] Fast-Track - *AT Attorney General's Office* [Stage 8799]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Emergency/NOIRA - *AT Attorney General's Office* [Stage 8798]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Elimination of separate license for prescriptive authority [Action 4958] Proposed - *Register Date: 7/22/19* *Board of Medicine adopted final regulation: 10/17/19* *Board of Nursing to adopt final regulation: 11/19/19*

F2

Agenda Item: **Regulatory Action – Prescriptive Authority**

Staff note:

The comment period on this regulatory action ended on 9/20/19. There were no public comments. There are no changes to the proposed regulation recommended by staff.

Included in agenda package:

Copy of Notice on Regulatory Townhall

Copy of proposed amendments

Board action:

To adopt the proposed amendments as a final action.
(Board of Medicine adopted the final amendments at its October meeting)

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations for Prescriptive Authority for Nurse Practitioners [18 VAC 90 - 40]**

Action: Elimination of separate license for prescriptive authority

Proposed Stage

Action 4958 / Stage 8458

Edit Stage | Withdraw Stage | Go to RIS Project

Documents

Proposed Text	7/11/2019 8:45 am	Sync Text with RIS
Agency Statement	11/2/2018 (modified 1/17/2019)	Upload / Replace
Attorney General Certification	12/3/2018	
DPB Economic Impact Analysis	1/11/2019	
Agency Response to EIA	1/18/2019	Upload / Replace
Governor's Review Memo	6/14/2019	
Registrar Transmittal	6/27/2019	

Status

Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 11/2/2018 Review Completed: 12/3/2018 Result: Certified
DPB Review	Submitted on 12/3/2018 Economist: Larry Getzler Policy Analyst: Jeannine Rose Review Completed: 1/17/2019 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 3/27/2019
Governor's Review	Review Completed: 6/14/2019 Result: Approved
Virginia Registrar	Submitted on 6/27/2019 The Virginia Register of Regulations Publication Date: 7/22/2019 Volume: 35 Issue: 24
Public Hearings	08/27/2019 8:30 AM

Comment Period	Ended 9/20/2019 0 comments

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This stage was created by Elaine J. Yeatts on 11/02/2018
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Project 5352 - Proposed

BOARD OF NURSING

Elimination of separate license for prescriptive authority

18VAC90-40-20. Authority and administration of regulations.

A. The statutory authority for this chapter is found in §§ 54.1-2957.01, 54.1-3303, 54.1-3401, and 54.1-3408 of the Code of Virginia.

B. Joint boards of nursing and medicine.

1. The Committee of the Joint Boards of Nursing and Medicine shall be appointed to administer this chapter governing prescriptive authority.

2. The boards hereby delegate to the Executive Director of the Virginia Board of Nursing the authority to issue the initial authorization ~~and biennial renewal~~ to those persons who meet the requirements set forth in this chapter and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-40-55. Questions of eligibility shall be referred to the committee.

3. All records and files related to prescriptive authority for nurse practitioners shall be maintained in the office of the Board of Nursing.

18VAC90-40-50. ~~Renewal of prescriptive authority.~~ (Repealed.)

~~An applicant for renewal of prescriptive authority shall:~~

~~1. Renew biennially at the same time as the renewal of licensure to practice as a nurse practitioner in Virginia.~~

~~2. Submit a completed renewal form attesting to compliance with continuing competency requirements set forth in 18VAC90-40-55 and the renewal fee as prescribed in 18VAC90-40-70.~~

18VAC90-40-55. Continuing competency requirements.

A. ~~In order to renew prescriptive authority, a~~ A licensee with prescriptive authority shall meet continuing competency requirements for biennial renewal as a licensed nurse practitioner. Such requirements shall address issues such as ethical practice, an appropriate standard of care, patient safety, and appropriate communication with patients.

B. A nurse practitioner with prescriptive authority shall obtain a total of eight hours of continuing education in pharmacology or pharmacotherapeutics for each biennium in addition to the minimal requirements for compliance with subsection B of 18VAC90-30-105.

C. The nurse practitioner with prescriptive authority shall retain evidence of compliance and all supporting documentation for a period of four years following the renewal period for which the records apply.

D. The boards shall periodically conduct a random audit of ~~its~~ their licensees to determine compliance. The nurse practitioners selected for the audit shall provide the evidence of compliance and supporting documentation within 30 days of receiving notification of the audit.

E. The boards may delegate to the committee the authority to grant an extension or an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC90-40-60. ~~Reinstatement of prescriptive authority.~~ (Repealed.)

~~A. A nurse practitioner whose prescriptive authority has lapsed may reinstate within one renewal period by payment of the current renewal fee and the late renewal fee.~~

~~B. A nurse practitioner who is applying for reinstatement of lapsed prescriptive authority after one renewal period shall:~~

~~1. File the required application;~~

~~2. Provide evidence of a current, unrestricted license to practice as a nurse practitioner in Virginia;~~

~~3. Pay the fee required for reinstatement of a lapsed authorization as prescribed in 18VAC90-40-70; and~~

~~4. If the authorization has lapsed for a period of two or more years, the applicant shall provide proof of:~~

~~a. Continued practice as a licensed nurse practitioner with prescriptive authority in another state; or~~

~~b. Continuing education, in addition to the minimal requirements for current professional certification, consisting of four contact hours in pharmacology or pharmacotherapeutics for each year in which the prescriptive authority has been lapsed in the Commonwealth, not to exceed a total of 16 hours.~~

~~C. An applicant for reinstatement of suspended or revoked authorization shall:~~

~~1. Petition for reinstatement and pay the fee for reinstatement of a suspended or revoked authorization as prescribed in 18VAC90-40-70;~~

~~2. Present evidence of competence to resume practice as a nurse practitioner with prescriptive authority; and~~

~~3. Meet the qualifications and resubmit the application required for initial authorization in 18VAC90-40-40.~~

18VAC90-40-70. Fees for prescriptive authority.

~~A.~~ The following fees have been established by the boards:

1. Initial issuance of prescriptive authority	~~$75~~ $35
~~2. Biennial renewal~~	~~$35~~
~~3. Late renewal~~	~~$15~~
~~4. Reinstatement of lapsed authorization~~	~~$90~~
~~5. Reinstatement of suspended or revoked authorization~~	~~$85~~
~~6. Duplicate of authorization~~	~~$15~~
~~7.~~ 2. Return check charge	$35

~~B. For renewal of licensure from July 1, 2017, through June 30, 2019, the following fee shall be in effect:~~

~~Biennial renewal $26~~

18VAC90-40-110. Disclosure.

A. The nurse practitioner shall include on each prescription ~~written~~ issued or dispensed his signature and the Drug Enforcement Administration (DEA) number, when applicable. If ~~his~~ the nurse practitioner's practice agreement authorizes prescribing of only Schedule VI drugs and the nurse practitioner does not have a DEA number, he shall include the prescriptive authority number as issued by the boards.

B. The nurse practitioner shall disclose to patients at the initial encounter that he is a licensed nurse practitioner. Such disclosure may be included on a prescription pad or may be given in writing to the patient.

C. The nurse practitioner shall disclose, upon request of a patient or a patient's legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

F3

Agenda Item: Consideration of Guidance Document for Nurse Practitioners

Included in the agenda package:

Guidance Document 90-53 – Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases

Staff Note:

- The Committee of the Joint Boards reviewed and recommended its deletion.
- The Board of Medicine approved repeal at its meeting on October 17th.

Action: Repeal of 90-53 as recommended by the Committee of the Joint Boards and adopted by the Board of Medicine

Guidance document: 90-53

Repealed: Board of Nursing - Board of Medicine – 10/17/19

VIRGINIA BOARDS OF NURSING AND MEDICINE

Treatment of Male Clients for Sexually Transmitted Diseases by Women's Health Nurse Practitioners

The Committee of the Joint Boards of Nursing and Medicine determined that the management and treatment of sexually transmitted diseases by Women's Health Nurse Practitioners may include treatment of male partners or male clients as an extension of care of female clients under the requirements of 18 VAC 90-30-120 (B), Regulations Governing the Practice of Nurse Practitioners.

Women's Health Nurse Practitioners who treat male clients for sexually transmitted diseases must have authorization for and have received specific training in such practice, as documented in the written or electronic practice agreement between the nurse practitioner and the collaborating patient care team physician. In addition, any prescription written for sexually transmitted diseases shall be issued for a medicinal therapeutic purpose to a person with whom the practitioner has a bona fide practitioner-patient relationship, in accordance with § 54.1-3303 of the Code of Virginia.

F4

Agenda Item: Recommendation on Conversion Therapy

Included in your agenda package:

- Copy of minutes of Workgroup convened by the Department on October 5, 2018 – included representatives from Medicine, Nursing, Psychology, Counseling and Social Work
- Copies of statements from American Academy of Nursing and the American Nursing Association
- Copy of Executive summary of 2015 report from SAMSHA
- Draft of guidance document

Staff note:

- The 2018 Workgroup heard testimony from the public, reviewed relevant documents, and discuss the issues thoroughly. It was determined that it would be up to each regulatory boards to decide whether to develop a guidance document and/or promulgate regulations addressing the issue of conversion therapy.
- The Boards of Medicine, Counseling, Psychology and Social Work have adopted guidance documents and initiated rulemaking by issuance of a Notice of Intended Regulatory Action.

Board options:

1) Take no action;
2) Adopt a guidance document and initiate rulemaking; or
3) Adopt only guidance.

DHP Conversion Therapy Workgroup

Friday, October 5, 2018
Perimeter Center, 2nd Floor Conference Center, Board Room 2
Henrico, Virginia

MEETING MINUTES

In Attendance:

Workgroup Convener

David E. Brown, DC
Director, Department of Health Professions

Workgroup Members

Jamie Clancey, LCSW
Member, Board of Social Work

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

Kevin Doyle, EdD, LPC, LSATP
Chairperson, Board of Counseling

William Harp, MD
Executive Director, Board of Medicine

Patrick A. Hope
Delegate, Virginia General Assembly

Jaime Hoyle
Executive Director, Boards of Counseling, Psychology and Social Work

Trula Minton
Member, Board of Nursing

Jennifer Morgan, PsyD

Kevin O'Connor, MD
President, Board of Medicine

Jennifer Phelps, BS, LPN, QMHPA
First Vice President, Board of Nursing

Jane Probst, LCSW

Herb Stewart, PhD
Chairperson, Board of Psychology

Terry Tinsley, PhD, LPC, LMFT, NCC, CSOTP
Member, Board of Counseling

Elaine Yeatts
Senior Policy Analyst, Department of Health Professions

Staff

Laura Z. Rothrock
Executive Assistant to Director David E. Brown, DC, Department of Health Professions

Opening Remarks and Approval of Agenda:

At 10:00am, prior to calling the meeting to order, Dr. Brown asked the workgroup members to take some time to review the documents that were not sent to them previously:

- Letter dated October 4, 2018 from Senator Scott Surovell re: Adding Conversion Therapy to the Standards of Practice; Unprofessional Conduct
- American Counseling Association (ACA) Resolution on Reparative Therapy/Conversion Therapy/Sexual Orientation Change Efforts (SOCE) as a Significant and Serious Violation of the ACA Code of Ethics.
- Letter dated October 4, 2018 from Alliance Defending Freedom re: Proposed Regulation to Limit Counseling and Therapeutic Freedom

NOTE: Prior to the meeting, the workgroup had been provided with a letter dated October 1, 2018 from the National Task Force for Therapy Equality.

Dr. Brown called the meeting to order at 10:07am. He welcomed everyone, provided emergency egress information, and asked the workgroup members to introduce themselves. He also provided background of events leading to formation of the workgroup and what he hopes to accomplish during the meeting.

During the 2018 General Assembly session, Delegate Hope introduced HB 363 which would prohibit a person licensed by a health regulatory board from engaging in sexual orientation change efforts with a person under 18 years of age. During discussion before a subcommittee of the House, the question arose as to why licensing boards had not addressed this issue in regulation. Subsequently, Dr. Herb Stewart, President of the Board of Psychology, made the recommendation to Dr. Brown to convene a workgroup to discuss the issue. The workgroup will discuss the big picture and will not have authority to do anything but make a recommendation to the boards (i.e., Counseling, Medicine, Nursing, Psychology, and Social Work). Each board would have to make the decision whether to promulgate regulation. The process would take approximately 1½ to 2 years to go through all of the regulatory process steps, and there will be more than one opportunity for public comment during the process. Dr. Brown emphasized that this meeting is an initial step in the process.

Call for Public Comment:

Dr. Brown indicated that he will try to enforce a three minute time limit per speaker. Twenty-eight (28) people (24 signed-up plus and an additional 4 people) provided comment, including Senator Amanda Chase. Senator Chase spoke to the events during the 2018 General Assembly session where both the House and Senate (SB 245 - Surovell) bills were passed by indefinitely, indicated that regulations should conform to the actions of the General Assembly, and told the attendees that it was important to have a constructive and respectful conversion.

The comments from the public included personal experiences of how conversion therapy either helped the individual or did more harm (e.g., feelings of helplessness, fear and low-self-esteem) that took years of healing to overcome. One individual told the workgroup that no one should have to go through therapy because of therapy. One individual noted that as far back as 1973 the APA (American Psychiatric Association) indicated that homosexuality was not to be classified as a mental disorder.

Some comments expressed concerns about potential regulations in areas such as "fluidity," freedom of speech of counselors, access to treatment, parental rights, minors' rights to treatment, religious freedom rights, suicide/suicidal thoughts among LGBTQ youths. Other comments noted issues such as science versus morals, conversion therapy is not evidence-based treatment, and need for regulations to protect a vulnerable population.

Dr. Brown thanked Senator Chase for setting a respectful tone and thanked all of the speakers for coming forward with their comments. He indicated that some comments were outside the scope of the workgroup (e.g., legislative intent, constitutionality) and the boards would have legal counsel to advise them before moving forward. He also indicated that the need to regulate would not be determined by vote in the meeting but by consensus, if there was one.

Dr. Brown announced a 10 minute break before continuing. The meeting resumed at 11:49am.

Discussion of Public Comment and Agenda Packet Materials:

Dr. Brown asked the workgroup members to provide their thoughts on what they had heard from the public.

Delegate Hope thanked Dr. Brown for convening the workgroup and indicated he wanted to clarify three items: 1) In regards to the General Assembly, the committee votes do not represent the whole General Assembly because of the makeup of the committees. 2) He has brought a bill forward in each of the past 4 years. 3) The scope of the legislation is limited to children under 18 years of age and only deals with licensed professionals. He feels the government's role is to protect children and asked the workgroup to give the following questions thought: Do these therapies work? Do they cause harm? What does science/evidence suggest?

The workgroup members found the public comment to be compelling and emotional on both sides and indicated that youths and adults need therapies that are not harmful. Dr. Stewart put together the chart of policy and position statements in the agenda packet (pages 103 – 105) and asked for regulations to be considered. Dr. O'Connor felt that it is important to separate science from emotion. Dr. Doyle asked if the regulations currently offer adequate protection.

Several of the board representatives concurred with the need to regulate, as the mission of the boards is to protect the public; and they also reported that they do not recall receiving any complaints related to conversion therapy. Ms. Clancey felt that the public may need to be educated about filing complaints and suggested reevaluating accessibility to the public possibly through use of social media. Ms. Yeatts stated the expectation of getting complaints from a child/youth is unrealistic.

Dr. Tinsley brought up concern with the title "conversion" which could bring up issues and deflect from options parents have in seeking treatment. Other common terms were discussed by the workgroup: reparative therapy and Sexual Orientation Change Efforts (SOCE). Ms. Yeatts indicated that the legislation defines what conversion therapy is and is not and that the workgroup should look at the total definition.

Dr. Stewart discussed a recent Williams Institute Study based on a national survey which showed that more than 20,000 LGBT youths will receive conversion therapy from a licensed health care professional in 41 states that don't ban the practice. He asked that this information be included with the meeting materials.

Ms. Phelps spoke to the freedom of speech issue and indicated that conversion therapy is only one side of freedom of speech. Ethics practices say to put religious beliefs aside in professional practice. Other workgroup members indicated that conversion therapy may be done by non-licensed therapists.

Prior to breaking for lunch, Dr. Brown invited Senator Chase to make further comments. Senator Chase indicated the Senate committee did not advance the legislation, and no floor vote was taken. The workgroup heard from the public as to where conversion therapy went wrong, and she agrees that the general public needs a reporting mechanism for complaints. She indicated there could be unintended consequences to a regulatory ban on conversion therapy in that parents may not take their children to professionals for help. She feels that more options need to be allowed for children.

The workgroup broke for lunch at 12:38pm and resumed at 1:11pm.

Dr. Brown asked for any further comments from the workgroup on the need to regulate and the ability of conversion therapy to occur under current regulations. Discussion took place as to the fact that minors would not report complaints for themselves and concerning treatment plans, consent and a child's right to confidentiality.

There was not a complete consensus among the workgroup members. Most saw the need to regulate in regards to conversion therapy, but existing regulations may be adequate; and some felt there may be some negative connotations as to the term "conversion therapy."

Review of Potential Regulatory Language:

Dr. Brown asked Ms. Yeatts to review the regulatory language that she drafted (page 107 of the agenda packet). Ms. Yeatts indicated that the draft is identical to what is in the legislation on pages 1 and 3. She referred to lines 17 – 20 in both HB 363 and SB 245. Different terms were used (HB 363 used "sexual orientation change efforts," and SB 245 used "conversion therapy"), but the rest of the language is the same.

It was noted that licensees sometimes read things differently than intended, so whatever language is used should be clearly stated.

The draft language on page 107 has three parts: 1) the first sentence related to the practitioners specified in the regulation; 2) the definition of conversion therapy; and 3) what conversion therapy does not include.

Some felt that the term used (i.e., conversion therapy) is not important, but rather describe the behavior because practitioners could call it by a different name. The wording "this practice" or something similar could be used. Others felt that a label was needed, and it was pointed out that the media uses "conversion therapy."

Another item of discussion in the draft was the word "seeks" on the third line. Patients have a right to explore, and the draft indicates in the third part that conversion therapy does not include identity exploration. Ms. Yeatts suggested using "that is aimed at changing" instead of "seeks to change."

Dr. Brown indicated that Ms. Yeatts will work on the language that will be presented to the boards.

Closing Comments:

Dr. Brown discussed the next steps. There will be a report to the boards and interested stakeholders concerning the workgroup's discussions with alternate proposed regulatory language. The boards can elect to promulgate regulations or not.

Delegate Hope thanked Dr. Brown for allowing him to be part of the process. He expressed his appreciation for everyone's diligence and indicated there was discussion that was missing from previous discussions on the topic.

Dr. Brown informed the public that the boards will post agendas for upcoming meetings on their websites.

Adjourn:

With no further business to discuss, Dr. Brown adjourned the meeting at 2:09pm.

American Academy of Nursing on Policy

American Academy of Nursing position statement on reparative therapy

Reparative therapies, sometimes called conversion therapies or sexual orientation change interventions, have been widely discredited by most major health care professional organizations for their lack of scientific justification, failure to achieve intended results, questionable clinical practices, disregard and lack of respect for normal human differences, and inherently harmful effects on mental and physical health of individuals being pressured to change (APA, 2009; AMA, 2014). The American Psychological Association's Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) carried out a systematic review of the literature and "concluded that efforts to change sexual orientation are unlikely to be successful and involve some risk of harm..." (pg. v).

Aversive techniques used in reparative therapies have included electric shock, physical violence, administration of emetics, and personal degradation and humiliation. Many lesbian and gay people have been coerced or forced into receiving reparative therapies, with minors being especially vulnerable. In violation of individual human rights, physical isolation and deprivation of liberty have also been used to facilitate "treatment" (Pan American Health Organization, 2012). Although several states have passed laws banning the use of reparative or conversion therapy, the practice continues in many parts of the United States.

The American Academy of Nursing strongly supports the position of the Pan American Health Organization (2012) and those of various other professional bodies such as the American Psychiatric Association (2013), American Psychoanalytic Association (2012), American Psychological Association (1975), Anton (2010), International Society of Psychiatric-Mental Health Nurses (2008), National Association of Social Workers (2000), American Medical Association (2014) and the Association of American Medical Colleges (2014) that same-sex sexual relationships between consenting adults are a form of healthy human sexual behavior. The Academy concludes that reparative therapies aimed at "curing" or changing same-sex orientation to heterosexual orientation are pseudoscientific, ineffective, unethical, abusive and harmful practices that pose serious threats to the dignity, autonomy and human rights as well as to the physical and mental health of individuals exposed to them. Based on sound scientific evidence, its commitment to human rights and dignity, and its mission of promoting positive health outcomes for lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals, the Academy concludes that efforts to "repair" homosexuality, by any means, constitute health hazards to be avoided and are to be condemned as unethical assaults on human rights and individual identity, autonomy, and dignity.

Acknowledgments

The position statement was prepared by the Expert Panel on LGBTQ on behalf of the American Academy of Nursing.

REFERENCES

American Medical Association (AMA). (2014). *AMA policies on LGBT issues*, H-160.991c. Retrieved from http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glbt-advisory-committee/ama-policy-regarding-sexual-orientation.page?.

American Psychiatric Association. (2013). *Position statement on issues related to homosexuality*. Retrieved from http://www.psychiatry.org/File%20Library/Learn/Archives/Position-2013-Homosexuality.pdf.

American Psychoanalytic Association. (2012). *Position statement on sexual orientation, gender identity, and civil rights*. Retrieved from http://www.apsa.org/content/2012-position-statement-sexual-orientation-gender-identity-and-civil-rights.

American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (APA). (2009). *Report of the task force on appropriate therapeutic responses to sexual orientation*. Washington, DC: American Psychological Association. Retrieved from http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf.

American Psychological Association (1975). Discrimination against homosexuals (policy statement). From Conger, J. J. (1975). Proceedings of the American Psychological Association, Incorporated, for the year 1974: Minutes of the annual meeting of the Council of Representatives. *American Psychologist*, 30, 633. doi:10.1037/h0078455.

Anton, B. S. (2010). Proceedings of the American Psychological Association for the legislative year 2009: Minutes of the annual

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0029-6554/$ - see front matter.
http://dx.doi.org/10.1016/j.outlook.2015.03.003

meeting of the Council of Representatives and minutes of the meetings of the Board of Directors. *American Psychologist, 65*, 385–475. http://dx.doi.org/10.1037/a0019553.

Association of American Medical Colleges. (2014). *Implementing curricular and institutional climate changes to improve health care for individuals who are LGBT, gender nonconforming, or born with DSD.* Retrieved from https://www.aamc.org/initiatives/diversity/portfolios/330894/lgbt-patientcare-project.html.

International Society of Psychiatric-Mental Health Nurses. (2008). *Position statement on reparative therapy.* Retrieved from http://www.ispn-psych.org/docs/PS-ReparativeTherapy.pdf.

National Association of Social Workers, National Committee on Lesbian, Gay, and Bisexual Issues. (2000). *"Reparative" and "conversion" therapies for lesbian and gay men.* Retrieved from http://www.naswdc.org/diversity/lgb/reparative.asp.

Pan American Health Organization. (2012). *"Cures" for an illness that does not exist. Purported therapies aimed at changing sexual orientation lack medical justification and are ethically unacceptable.* Retrieved from http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=17703.

POSITION STATEMENT

ANA
AMERICAN NURSES ASSOCIATION

Nursing Advocacy for LGBTQ+ Populations

Effective Date: 2018
Status: Position Statement
Written by: ANA Center for Ethics and Human Rights
Adopted by: ANA Board of Directors

Purpose

The purpose of this position statement is to reinforce the American Nurses Association's (ANA) recognition that nurses must deliver culturally congruent care and advocate for lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) populations. The "+" designation in this position statement is used for inclusivity, to encompass other sexual and gender minorities not captured within the acronym LGBTQ. ANA is committed to the elimination of health disparities and discrimination based on sexual orientation, gender identity, and/or expression within health care. LGBTQ+ populations face significant obstacles accessing care such as stigma, discrimination, inequity in health insurance, and denial of care because of an individual's sexual orientation or gender identity (Kates, Ranji, Beamesderfer, Salganicoff & Dawson, 2017).

In the United States, adults who identify as lesbian, gay, bisexual, transgender, questioning, or queer make up about 4.1% of the general population, which is an estimated 10 million adults (Gates, 2017). The Centers for Disease Control and Prevention estimated that there are 1.7 million youth of high school age who identify as LGBTQ+ (Kann et al., 2016). Because many individuals within LGBTQ+ populations have confronted intolerance from providers, many avoid treatment or delay care due to experiences of bias and/or bigotry. The lack of knowledge and understanding of the unique needs of this population contributes to ongoing health disparities and discrimination. The nursing profession must consider the needs of LGBTQ+ populations in the areas of policy, practice, education, and research (Keepnews, 2011).

Statement of ANA Position

American Nurses Association condemns discrimination based on sexual orientation, gender identity, and/or expression in health care and recognizes that it continues to be an issue despite the increasing recognition and acceptance of LGBTQ+ populations. Many LGBTQ+ individuals have reported experiencing some form of discrimination or bias when accessing health care services. Persistent societal stigma, ongoing discrimination, and denial of civil and human rights impede individuals self-determination and access to needed health care services, leading to negative health outcomes including increased morbidity and mortality. Nurses must deliver culturally congruent, safe care and advocate for LGBTQ+ populations.

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Code of Ethics for Nurses with Interpretive Statements

Provision 1 of the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) asserts: "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person" (p. 1). The interpretive statements that accompany this provision affirm that "the need for and right to health care is universal, transcending all individual differences" (p. 1) and that "nurses consider the needs and respect the values of each person in every professional relationship and setting" (p. 1). Nurses are expected to lead in the development, dissemination, and implementation of changes in public and health policies that support protection against discrimination due to sexual orientation, gender identity, and/or expression. The relationship that nurses create with their patients should be one of trust and compassion. Nurses should first identify and then set aside any bias or prejudice in the provision of nursing care. Interpretive Statement 1.2 instructs nurses to consider "factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation, or gender expression, and primary language when planning individual [patient], family and population-centered care" (ANA, 2015a, p. 1). However, these factors must not be used to discriminate or prohibit access to compassionate and high-quality care.

The nurse-patient relationship is at the core of health care. Nurses practice with compassion and respect for the human rights of all individuals regardless of sexual orientation, gender identity, and/or expression. As expressed in *Nursing: Scope and Standards of Practice* (ANA, 2015b), nurses are expected to provide culturally congruent, competent, safe, and ethical care to all patients across all settings. Culturally congruent practice is the application of evidence-informed nursing that is in agreement with the cultural values, beliefs, worldview, and practices of patients and other stakeholders (ANA, 2015b). To demonstrate cultural congruence and safe practice, nurses must advocate for patient centered treatment, equal access, equal services, and equal resources for all populations that may be adversely affected by bias or prejudice. Nurses have an ethical duty to honor and respect the identities, beliefs, values, and decisions of all patients (ANA, 2015a).

Background

The Vision of *Healthy People 2030* is "a society in which all people achieve their full potential for health and well-being across the lifespan" (Office of Disease Prevention and Health Promotion, 2017, p. 3). This includes the goal of eradicating health disparities and achieving health equity. To reduce the health disparities experienced by LGBTQ+ individuals, there is a need for research on the specific health care needs of unique groups within LGBTQ+ populations. Nurses have investigated best practices in the care of LGBTQ+ elders and created guidelines and policies for chief nursing officers, which supports appropriate culturally congruent care in maternity transgender clients, and knowledge levels of best practices care and curricular inclusion of LGBTQ+ populations in nursing faculty and nursing curricula (Echezona-Johnson, 2017; Lim, Brown & Kim, 2014; Lim, Johnson & Eliason, 2015; Klotzbaugh & Spencer, 2015; Strong & Folse, 2015; Zelle & Arms, 2015).

The U.S. National Library of Medicine (2018) defines health care disparities as the differences in access to or availability of facilities and services. Researchers have demonstrated that health care disparities are prevalent for those in LGBTQ+ populations: lack of knowledge on the part of providers in delivering care to this population, marginalization isolation, and stigma are some of the reasons that access remains an issue for many LGBTQ+ clients (Lim, Brown & Kim, 2014). Health status disparities refer to the variation in rates of disease occurrence and disabilities between defined population groups. Numerous disparities within LGBTQ+ populations exist in relation to disease patterns and behaviors affecting health (Schenck-Gustafsson, DeCola, Pfaff & Pisetsky, 2012). For example, LGBTQ+ youth are two to three times more likely to attempt suicide and are more likely to be homeless than their heterosexual peers (National LGBT Health Education Center, n.d.). They are also at higher risk for acquiring HIV and other sexually transmitted diseases

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(STDs) and are more likely to be bullied (National LGBT, n.d.). Gay men and other men who have sex with men (MSM) are at higher risk of contracting HIV and STDs, especially among communities of color (National LGBT, n.d.). LGBTQ+ individuals are more likely to smoke; they also have higher rates of alcohol or other substance use, depression, and anxiety (National LGBT, n.d.). Elderly LGBTQ+ individuals face additional barriers to health care because of isolation, diminished family support, and reduced availability of social services (National LGBT, n.d.). Of approximately 8% of LGBTQ+ individuals surveyed, nearly 27% of transgender and gender-nonconforming individuals, and almost 20% of HIV-positive individuals, reported being denied necessary health care (National Women's Law Center, 2014). Thus, disparities are not caused by one's sexual identity; rather, sexual orientation-related health discrimination and disadvantages create health disparities (Cochran, Björkenstam, & Mays, 2016). The Institute of Medicine has found these health disparities to be one of the main gaps in health disparities research (Institute of Medicine of the National Academies, 2011).

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Recommendations

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4. ANA condemns any discrimination based on sexual orientation, gender identity, and/or gender expression in access to or provision of health care.
5. ANA advocates for:
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    - Patient information assessment, forms, and other ways of collecting patient demographics (e.g., electronic health records) that use best practice means of collecting sexual orientation and gender identity patient data so that appropriate clinical and culturally sensitive care is provided and preferred pronouns are used. It is understood that sexual orientation and gender identity patient information should be considered private patient information shared on a need-to-know basis.
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References

American Academy of Nursing (n.d.). Expert Panel on LGBTQ Health. Retrieved from http://www.aannet.org/expert-panels/ep-lgbtq-health

American Nurses Association. (1988). *Personal Heroism, Professional Activism: Nursing and the Battle Against AIDS*. Kansas City, MO: ANA.

American Nurses Association. (1992a). *Compendium of HIV/AIDS Position Statements, Policies, and Documents*. Washington, DC: ANA.

American Nurses Association. (1992b). *Discrimination Against Gays and Lesbians by Military*. Washington, DC: ANA.

American Nurses Association. (2010). *ANA applauds House action to repeal 'Don't Ask, Don't Tell.'* [Press release].

American Nurses Association. (2015a). *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: http://nursingworld.org/Code-of-ethics

American Nurses Association. (2015b). *Nursing: Scope and Standards of Practice 3rd ed*. Silver Spring, MD: Nursesbooks.org.

American Nurses Association. (2017, July 28). *Statement in support of equality and human rights for the LGBTQ community*. [Press release]. Retrieved from https://www.nursingworld.org/news/news-releases/2017-news-releases/statement-in-support-of-equality-and-human-rights-for-the-lgbtq-community

American Nurses Association Convention '78. (1978). *American Journal of Nursing, 78*(7), 1231-1246.

American Nurses Association Convention '80. (1980). *American Journal of Nursing, 80*(7), 1317-1332.

Centers for Medicare & Medicaid Services. (Sept. 8, 2011). *Medicare steps up enforcement of equal visitation and representation rights in hospitals*. Retrieved from https://www.cms.gov/newsroom/mediareleasedatabase/press-releases/2011-press-releases-items/2011-09-08.html

8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910
www.nursingworld.org

Cochran, S. D., Björkenstam, C., & Mays, V. M. (2016). Sexual orientation and all-cause mortality among US adults aged 18 to 59 Years, 2001–2011. *American Journal of Public Health, 106*(5), 918-920.

Department of Health and Human Services. (2016). *Advancing LGBT Health and Well-being: 2016 Report of the HHS LGBT Policy Coordinating Committee*. Retrieved from https://www.hhs.gov/sites/default/files/2016-report-with-cover.pdf

Echezona-Johnson, C. (2017). Evaluation of lesbian, gay, bisexual, and transgender knowledge in basic obstetrical nursing education. *Nursing Education Perspectives, 38*(3), 138-142.

Expert Panel on LGBTQ Health. (2015a). American Academy of Nursing. Position statement: Employment discrimination based on sexual orientation and gender identity. *Nursing Outlook, 63*(3), 366. doi: https://doi.org/10.1016/j.outlook.2015.02.005

Expert Panel on LGBTQ Health. (2015b). American Academy of Nursing position statement on reparative therapy. *Nursing Outlook, 63*(3), 368. doi: https://doi.org/10.1016/j.outlook.2015.03.003

Expert Panel on LGBTQ Health. (2015c). American Academy of Nursing. Same-sex partnership rights: Health care decision making and hospital visitation. *Nursing Outlook, 63*(1), 95. doi: https://doi.org/10.1016/j.outlook.2014.12.016

The Fenway Institute. (n.d.). *The National LGBT health Education Center*. Retrieved from http://fenwayhealth.org/the-fenway-institute/education/the-national-lgbt-health-education-center

Gates, G. (2017). *In US, more adults identifying as LGBT. Gallup*. Retrieved from http://www.gallup.com/poll/201731/lgbt-identification-rises.aspx?g_source=lgbt&g_medium=search&g_campaign=tiles

Healthy People 2020. (2014). Lesbian, Gay, Bisexual, and Transgender Health. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

Institute of Medicine of the National Academies. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Retrieved from http://nationalacademies.org/hmd/reports/2011/the-health-of-lesbian-gay-bisexual-and-transgender-people.aspx

International Society of Psychiatric-Mental Health Nurses. (2010). *Position Statement on Reparative Therapy*. Retrieved from http://www.ispn-psych.org/assets/docs/ps-reparativetherapy.pdf

The Joint Commission. (2011). *Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) Community: A Field Guide*. Oakbrook Terrace, IL: The Joint Commission. Retrieved from https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

Kann, L., Olsen, E., McManus, T., Harris, W., Shanklin, S., Flint, K.,...Zaza, S. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12—United States and Selected Sites, 2015. *MMWR Surveillance Summaries, 65*(2-81).

Kates, J., Ranji, U., Beamesder, A., Salganicoff, A., & Dawson, L. (August 2017). *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.* (Issue brief). Kaiser Family Foundation. Retrieved from http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US

Keepnews, D.M. (2011). Lesbian, gay, bisexual, and transgender health issues and nursing: Moving toward an agenda. *Advances in Nursing Science, 34*(2), 163-170.

Klotzbaugh, R., & Spencer, G. (2015). Cues-to-Action in Initiating Lesbian, Gay, Bisexual, and Transgender-Related Policies Among Magnet Hospital Chief Nursing Officers: A Demographic Assessment. *Advances in Nursing Science, 38*(2), 110-120.

Lim, F. A., Brown Jr., D. V., & Kim, S. M. J. (2014). CE: Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. *AJN The American Journal of Nursing, 114*(6), 24-34.

8515 Georgia Avenue, Suite 400
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www.nursingworld.org

Lim, F., Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual, and transgender health in baccalaureate nursing programs. *Nursing Education Perspectives, 36*(3), 144-152.

National Association of School Nurses (2017). LGBTQ students: The role of the school nurse. *NASN School Nurse, 32*(2), 129-131. doi:10.1177/1942602X17691482.

National LGBT Health Education Center, a program of the Fenway Institute. (n.d.). *Providing inclusive services and care for LGBT people: A guide for healthcare staff.* Retrieved from https://www.lgbthealtheducation.org/publication/learning-guide/

National Student Nurses Association. (2016). *Improving Professional Support and Advocacy for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA) Nurses*. Retrieved from https://lavenderhealth.files.wordpress.com/2016/04/2016-nsna-resolution-lgbtqia.pdf

National Women's Law Center. (2014, May 21). *Health care refusals harm patients: The threat to LGBT people and individuals living with HIV/AIDS.* Retrieved from http://nwlc.org/resources/health-care-refusals-harm-patients-threat-lgbt-people-and-individuals-living-hivaids

Office of Disease Prevention and Health Promotion. (April, 27, 2017). *Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030: Recommendations for an Approach to Healthy People 2030*. Retrieved from https://www.healthypeople.gov/sites/default/files/Full%20Committee%20Report%20to%20Secretary%205-9-2017_1.pdf

Schenck-Gustafsson, K., DeCola, P. R., Pfaff, D. W., & Pisetsky, D. S. (2012). *Handbook of Clinical Gender Medicine*. Basel, Switzerland: Karger.

Strong, K. L., & Folse, V. N. (2015). Assessing undergraduate nursing students' knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. *Journal of Nursing Education, 54*(1), 45-49.

U.S. National Library of Medicine. (2018). Health services research information central: Health disparities. Retrieved from https://www.nlm.nih.gov/hsrinfo/disparities.html#1095Search%20Queries%20Using%20NLM%20Resources:%20Health%20Disparities

Zelle, A., & Arms, T. (2015). Psychosocial effects of health disparities of lesbian, gay, bisexual, and transgender older adults. *Journal of Psychosocial Nursing & Mental Health Services, 53*(7), 25-30.

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POSITION STATEMENT

ANA
AMERICAN NURSES ASSOCIATION

Nursing Advocacy for LGBTQ+ Populations

Effective Date: 2018
Status: Position Statement
Written by: ANA Center for Ethics and Human Rights
Adopted by: ANA Board of Directors

Purpose

The purpose of this position statement is to reinforce the American Nurses Association's (ANA) recognition that nurses must deliver culturally congruent care and advocate for lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) populations. The "+" designation in this position statement is used for inclusivity, to encompass other sexual and gender minorities not captured within the acronym LGBTQ. ANA is committed to the elimination of health disparities and discrimination based on sexual orientation, gender identity, and/or expression within health care. LGBTQ+ populations face significant obstacles accessing care such as stigma, discrimination, inequity in health insurance, and denial of care because of an individual's sexual orientation or gender identity (Kates, Ranji, Beamesderfer, Salganicoff & Dawson, 2017).

In the United States, adults who identify as lesbian, gay, bisexual, transgender, questioning, or queer make up about 4.1% of the general population, which is an estimated 10 million adults (Gates, 2017). The Centers for Disease Control and Prevention estimated that there are 1.7 million youth of high school age who identify as LGBTQ+ (Kann et al., 2016). Because many individuals within LGBTQ+ populations have confronted intolerance from providers, many avoid treatment or delay care due to experiences of bias and/or bigotry. The lack of knowledge and understanding of the unique needs of this population contributes to ongoing health disparities and discrimination. The nursing profession must consider the needs of LGBTQ+ populations in the areas of policy, practice, education, and research (Keepnews, 2011).

Statement of ANA Position

American Nurses Association condemns discrimination based on sexual orientation, gender identity, and/or expression in health care and recognizes that it continues to be an issue despite the increasing recognition and acceptance of LGBTQ+ populations. Many LGBTQ+ individuals have reported experiencing some form of discrimination or bias when accessing health care services. Persistent societal stigma, ongoing discrimination, and denial of civil and human rights impede individuals self-determination and access to needed health care services, leading to negative health outcomes including increased morbidity and mortality. Nurses must deliver culturally congruent, safe care and advocate for LGBTQ+ populations.

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Code of Ethics for Nurses with Interpretive Statements

Provision 1 of the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) asserts: "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person" (p. 1). The interpretive statements that accompany this provision affirm that "the need for and right to health care is universal, transcending all individual differences" (p. 1) and that "nurses consider the needs and respect the values of each person in every professional relationship and setting" (p. 1). Nurses are expected to lead in the development, dissemination, and implementation of changes in public and health policies that support protection against discrimination due to sexual orientation, gender identity, and/or expression. The relationship that nurses create with their patients should be one of trust and compassion. Nurses should first identify and then set aside any bias or prejudice in the provision of nursing care. Interpretive Statement 1.2 instructs nurses to consider "factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation, or gender expression, and primary language when planning individual [patient], family and population-centered care" (ANA, 2015a, p. 1). However, these factors must not be used to discriminate or prohibit access to compassionate and high-quality care.

The nurse-patient relationship is at the core of health care. Nurses practice with compassion and respect for the human rights of all individuals regardless of sexual orientation, gender identity, and/or expression. As expressed in *Nursing: Scope and Standards of Practice* (ANA, 2015b), nurses are expected to provide culturally congruent, competent, safe, and ethical care to all patients across all settings. Culturally congruent practice is the application of evidence-informed nursing that is in agreement with the cultural values, beliefs, worldview, and practices of patients and other stakeholders (ANA, 2015b). To demonstrate cultural congruence and safe practice, nurses must advocate for patient centered treatment, equal access, equal services, and equal resources for all populations that may be adversely affected by bias or prejudice. Nurses have an ethical duty to honor and respect the identities, beliefs, values, and decisions of all patients (ANA, 2015a).

Background

The Vision of *Healthy People 2030* is "a society in which all people achieve their full potential for health and well-being across the lifespan" (Office of Disease Prevention and Health Promotion, 2017, p. 3). This includes the goal of eradicating health disparities and achieving health equity. To reduce the health disparities experienced by LGBTQ+ individuals, there is a need for research on the specific health care needs of unique groups within LGBTQ+ populations. Nurses have investigated best practices in the care of LGBTQ+ elders and created guidelines and policies for chief nursing officers, which supports appropriate culturally congruent care in maternity transgender clients, and knowledge levels of best practices care and curricular inclusion of LGBTQ+ populations in nursing faculty and nursing curricula (Echezona-Johnson, 2017; Lim, Brown & Kim, 2014; Lim, Johnson & Eliason, 2015; Klotzbaugh & Spencer, 2015; Strong & Folse, 2015; Zelle & Arms, 2015).

The U.S. National Library of Medicine (2018) defines health care disparities as the differences in access to or availability of facilities and services. Researchers have demonstrated that health care disparities are prevalent for those in LGBTQ+ populations: lack of knowledge on the part of providers in delivering care to this population, marginalization isolation, and stigma are some of the reasons that access remains an issue for many LGBTQ+ clients (Lim, Brown & Kim, 2014). Health status disparities refer to the variation in rates of disease occurrence and disabilities between defined population groups. Numerous disparities within LGBTQ+ populations exist in relation to disease patterns and behaviors affecting health (Schenck-Gustafsson, DeCola, Pfaff & Pisetsky, 2012). For example, LGBTQ+ youth are two to three times more likely to attempt suicide and are more likely to be homeless than their heterosexual peers (National LGBT Health Education Center, n.d.). They are also at higher risk for acquiring HIV and other sexually transmitted diseases

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References

American Academy of Nursing (n.d.). Expert Panel on LGBTQ Health. Retrieved from http://www.aannet.org/expert-panels/ep-lgbtq-health

American Nurses Association. (1988). *Personal Heroism, Professional Activism: Nursing and the Battle Against AIDS*. Kansas City, MO: ANA.

American Nurses Association. (1992a). *Compendium of HIV/AIDS Position Statements, Policies, and Documents*. Washington, DC: ANA.

American Nurses Association. (1992b). *Discrimination Against Gays and Lesbians by Military*. Washington, DC: ANA.

American Nurses Association. (2010). *ANA applauds House action to repeal 'Don't Ask, Don't Tell.'* [Press release].

American Nurses Association. (2015a). *Code of Ethics for Nurses with Interpretive Statements*. Silver Spring, MD: http://nursingworld.org/Code-of-ethics

American Nurses Association. (2015b). *Nursing: Scope and Standards of Practice 3rd ed*. Silver Spring, MD: Nursesbooks.org.

American Nurses Association. (2017, July 28). *Statement in support of equality and human rights for the LGBTQ community*. [Press release]. Retrieved from https://www.nursingworld.org/news/news-releases/2017-news-releases/statement-in-support-of-equality-and-human-rights-for-the-lgbtq-community

American Nurses Association Convention '78. (1978). *American Journal of Nursing, 78*(7), 1231-1246.

American Nurses Association Convention '80. (1980). *American Journal of Nursing, 80*(7), 1317-1332.

Centers for Medicare & Medicaid Services. (Sept. 8, 2011). *Medicare steps up enforcement of equal visitation and representation rights in hospitals*. Retrieved from https://www.cms.gov/newsroom/mediareleasedatabase/press-releases/2011-press-releases-items/2011-09-08.html

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Cochran, S. D., Björkenstam, C., & Mays, V. M. (2016). Sexual orientation and all-cause mortality among US adults aged 18 to 59 Years, 2001–2011. *American Journal of Public Health, 106*(5), 918-920.

Department of Health and Human Services. (2016). *Advancing LGBT Health and Well-being: 2016 Report of the HHS LGBT Policy Coordinating Committee*. Retrieved from https://www.hhs.gov/sites/default/files/2016-report-with-cover.pdf

Echezona-Johnson, C. (2017). Evaluation of lesbian, gay, bisexual, and transgender knowledge in basic obstetrical nursing education. *Nursing Education Perspectives, 38*(3), 138-142.

Expert Panel on LGBTQ Health. (2015a). American Academy of Nursing. Position statement: Employment discrimination based on sexual orientation and gender identity. *Nursing Outlook, 63*(3), 366. doi: https://doi.org/10.1016/j.outlook.2015.02.005

Expert Panel on LGBTQ Health. (2015b). American Academy of Nursing position statement on reparative therapy. *Nursing Outlook, 63*(3), 368. doi: https://doi.org/10.1016/j.outlook.2015.03.003

Expert Panel on LGBTQ Health. (2015c). American Academy of Nursing. Same-sex partnership rights: Health care decision making and hospital visitation. *Nursing Outlook, 63*(1), 95. doi: https://doi.org/10.1016/j.outlook.2014.12.016

The Fenway Institute. (n.d.). *The National LGBT health Education Center*. Retrieved from http://fenwayhealth.org/the-fenway-institute/education/the-national-lgbt-health-education-center

Gates, G. (2017). *In US, more adults identifying as LGBT. Gallup*. Retrieved from http://www.gallup.com/poll/201731/lgbt-identification-rises.aspx?g_source=lgbt&g_medium=search&g_campaign=tiles

Healthy People 2020. (2014). Lesbian, Gay, Bisexual, and Transgender Health. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

Institute of Medicine of the National Academies. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Retrieved from http://nationalacademies.org/hmd/reports/2011/the-health-of-lesbian-gay-bisexual-and-transgender-people.aspx

International Society of Psychiatric-Mental Health Nurses. (2010). *Position Statement on Reparative Therapy*. Retrieved from http://www.ispn-psych.org/assets/docs/ps-reparativetherapy.pdf

The Joint Commission. (2011). *Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual, and transgender (LGBT) Community: A Field Guide*. Oakbrook Terrace, IL: The Joint Commission. Retrieved from https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

Kann, L., Olsen, E., McManus, T., Harris, W., Shanklin, S., Flint, K.,...Zaza, S. (2016). Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12—United States and Selected Sites, 2015. *MMWR Surveillance Summaries, 65*(2-81).

Kates, J., Ranji, U., Beamesder, A., Salganicoff, A., & Dawson, L. (August 2017). *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.* (Issue brief). Kaiser Family Foundation. Retrieved from http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US

Keepnews, D.M. (2011). Lesbian, gay, bisexual, and transgender health issues and nursing: Moving toward an agenda. *Advances in Nursing Science, 34*(2), 163-170.

Klotzbaugh, R., & Spencer, G. (2015). Cues-to-Action in Initiating Lesbian, Gay, Bisexual, and Transgender-Related Policies Among Magnet Hospital Chief Nursing Officers: A Demographic Assessment. *Advances in Nursing Science, 38*(2), 110-120.

Lim, F. A., Brown Jr., D. V., & Kim, S. M. J. (2014). CE: Addressing health care disparities in the lesbian, gay, bisexual, and transgender population: A review of best practices. *AJN The American Journal of Nursing, 114*(6), 24-34.

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Silver Spring, MD 20910
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Lim, F., Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual, and transgender health in baccalaureate nursing programs. *Nursing Education Perspectives, 36*(3), 144-152.

National Association of School Nurses (2017). LGBTQ students: The role of the school nurse. *NASN School Nurse, 32*(2), 129-131. doi:10.1177/1942602X17691482.

National LGBT Health Education Center, a program of the Fenway Institute. (n.d.). *Providing inclusive services and care for LGBT people: A guide for healthcare staff.* Retrieved from https://www.lgbthealtheducation.org/publication/learning-guide/

National Student Nurses Association. (2016). *Improving Professional Support and Advocacy for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA) Nurses*. Retrieved from https://lavenderhealth.files.wordpress.com/2016/04/2016-nsna-resolution-lgbtqia.pdf

National Women's Law Center. (2014, May 21). *Health care refusals harm patients: The threat to LGBT people and individuals living with HIV/AIDS.* Retrieved from http://nwlc.org/resources/health-care-refusals-harm-patients-threat-lgbt-people-and-individuals-living-hivaids

Office of Disease Prevention and Health Promotion. (April, 27, 2017). *Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030: Recommendations for an Approach to Healthy People 2030.* Retrieved from https://www.healthypeople.gov/sites/default/files/Full%20Committee%20Report%20to%20Secretary%205-9-2017_1.pdf

Schenck-Gustafsson, K., DeCola, P. R., Pfaff, D. W., & Pisetsky, D. S. (2012). *Handbook of Clinical Gender Medicine*. Basel, Switzerland: Karger.

Strong, K. L., & Folse, V. N. (2015). Assessing undergraduate nursing students' knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. *Journal of Nursing Education, 54*(1), 45-49.

U.S. National Library of Medicine. (2018). Health services research information central: Health disparities. Retrieved from https://www.nlm.nih.gov/hsrinfo/disparities.html#10955earch%20Queries%20Using%20NLM%20Resources:%20Health%20Disparities

Zelle, A., & Arms, T. (2015). Psychosocial effects of health disparities of lesbian, gay, bisexual, and transgender older adults. *Journal of Psychosocial Nursing & Mental Health Services, 53*(7), 25-30.

ANA acknowledges Ethics Advisory Board members Elizabeth Swanson, DNP, MPH, APRN-BC and Linda Olson, PhD, MBA, MSN, RN, NEA-BC, FAAN; and American Academy of Nursing Fellow David Keepnews, PhD, JD, RN, NEA-BC, FAAN, who contributed to the drafting of this document on behalf of the ANA Ethics Advisory Board.

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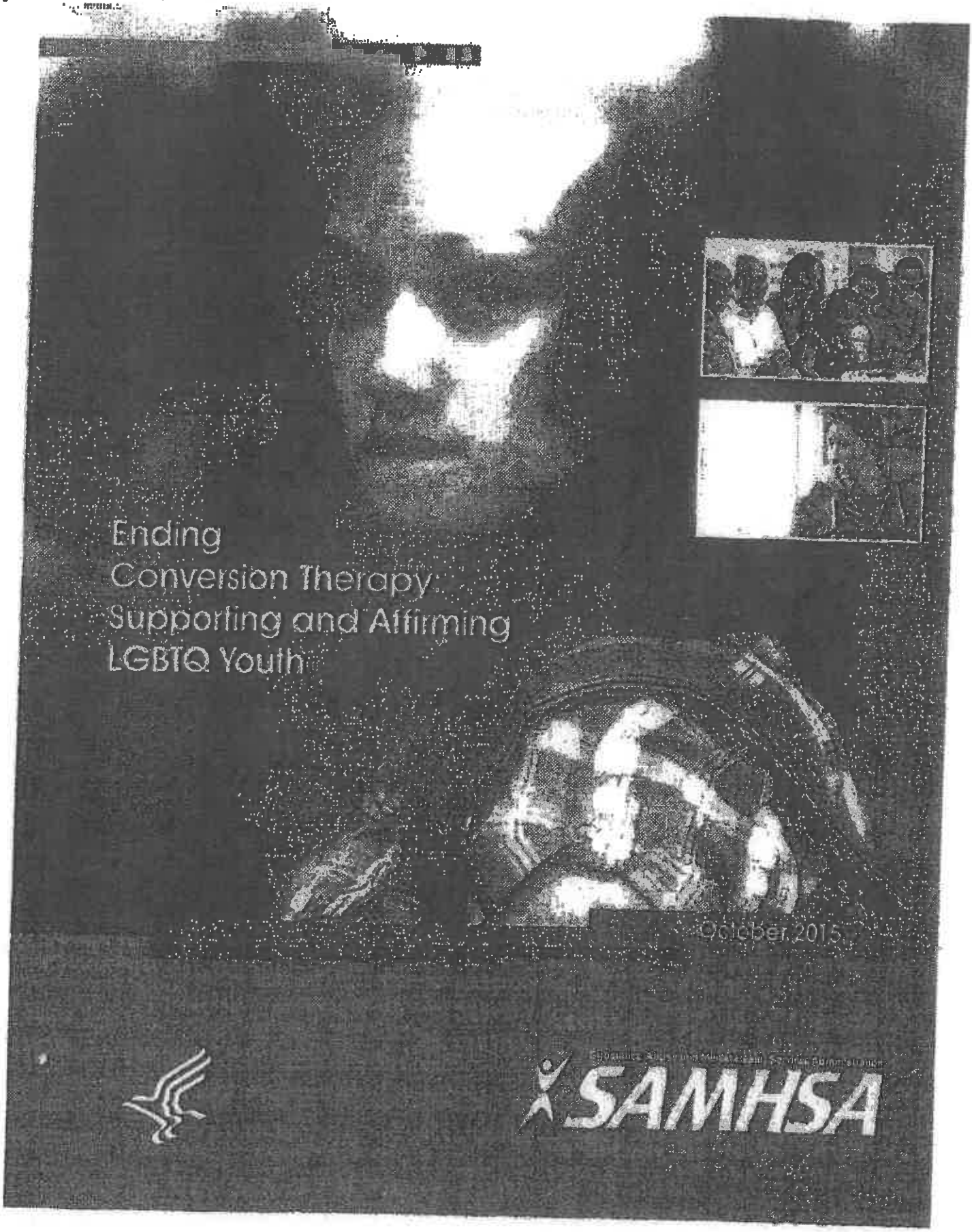

Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth

October 2015

SAMHSA

Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth

October 2015

Executive Summary

Lesbian, gay, bisexual, and *transgender* youth, and those who are *questioning* their sexual orientation or gender identity (*LGBTQ* youth) experience significant health and behavioral health disparities. Negative social attitudes and discrimination related to an individual's LGBTQ identity can contribute to these disparities, and may result in institutional, interpersonal, and individual stressors that affect mental health and well-being. (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Meyer, 2003). This stress, as well as limited opportunities for support, are encountered by *sexual and gender minority* youth in their families, communities, and school settings. Additionally, some transgender youth experience gender dysphoria – psychological distress due to the incongruence between one's body and gender identity (Coleman et al., 2012).

SAMHSA is committed to eliminating health disparities facing vulnerable communities, including sexual and gender minority communities. One key factor to preventing these adverse outcomes is positive family (including guardians and caregivers) and community engagement and appropriate interventions by medical and behavioral health care providers. Supporting optimal development of children and adolescents with regard to sexual orientation, gender identity, and gender expression is vital to ensuring their health and well-being.

The purpose of this report, *Ending Conversion Therapy: Supporting and Affirming LGBTQ youth*, is to provide mental health professionals and families with accurate information about effective and ineffective therapeutic practices related to children's and adolescent's sexual orientation and gender identity. Specifically, this report addresses the issue of conversion therapy for minors. The conclusions in this report are based on professional consensus statements arrived at by experts in the field. Specifically, conversion therapy—efforts to change an individual's sexual orientation, gender identity, or gender expression[2]—is a practice that is not supported by credible evidence and has been disavowed by behavioral health experts and associations. Conversion therapy perpetuates outdated views of gender roles and identities as well as the negative stereotype that being a sexual or gender minority or identifying as LGBTQ is an abnormal aspect of human development. Most importantly, it may put young people at risk of serious harm.

Key Findings

This report and its recommendations are based on consensus statements developed by experts in the field after a careful review of existing research, professional health association reports and summaries, and expert clinical guidance. The consensus statements highlight areas of the ethical and scientific foundations most relevant to the practice of conversion therapy with minors. A full list of the consensus statements is found in the body of this report; key statements that form the underpinnings of the guidance in this report are provided here.

- Same-gender sexual orientation (including identity, behavior, and attraction) and variations in gender identity and gender expression are a part of the normal spectrum of human diversity and do not constitute a mental disorder.
- There is limited research on conversion therapy efforts among children and adolescents; however, none of the existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation.
- Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment. (American Psychiatric Association, 2013b; American Psychological Association, 2010; National Association of Social Workers, 2008).

Understanding Sexual Orientation and Gender Identity in Children and Youth

Behavioral health providers, parents, schools, and communities can best provide support to children, adolescents, and their families when they have access to the most current information about sexual orientation, gender identity, and gender expression in youth. The following overview presents the best current evidence regarding understandings of child and adolescent sexual orientation, gender identity, and gender expression.

Sexuality occurs across a continuum; same-gender attraction and relationships are normal variations of human sexuality (Diamond, 2015; Vrangalova & Savin-Williams, 2012). Similarly, a gender identity that is incongruent with assigned sex at birth, as well as a gender expression that diverges from stereotypical cultural norms for a particular gender, are normal variations of human gender (American Psychological Association, 2015a; Knudson, De Cuypere, & Bockting, 2010). Being a sexual or gender minority, or identifying as LGBTQ, is not pathological (American Psychological Association, 2015a; APA Task Force on Gender Identity and Gender Variance, 2009; Coleman et al., 2012).

There is not a single developmental trajectory for either sexual minority or gender minority youth. Compared to the 20th century, in the 21st century, youth started realizing and disclosing a minority sexual orientation and/or identifying as lesbian, gay, or bisexual at younger ages than in previous generations (Diamond & Savin-Williams, 2000; Floyd & Bakeman, 2006; Grov, Bimbi, Nanin, & Parsons, 2006; R. C. Savin-Williams, 2001). Though aspects of sexuality are displayed beginning in infancy, little is known about sexual orientation among pre-pubertal children (Adelson & American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI), 2012). Children are rarely if ever distressed about their current or future sexual orientation; more commonly, parents and guardians are distressed about a child's perceived current or future sexual orientation and seek the assistance of behavioral health providers (American Psychological Association, 2009). Sexual minority adolescents face the same developmental tasks that accompany adolescence for all youth, including sexual orientation identity development. Unlike those with a heterosexual orientation, however, adolescents with a minority sexual orientation must navigate awareness and acceptance of a socially marginalized sexual identity; potentially without family, community, or societal support. In comparison with their heterosexual counterparts, sexual minority adolescents are at increased risk for psychological distress and substance use behaviors, including depressive symptoms, increased rates of substance use and abuse, suicidal ideation and attempts, as well as increased likelihood of experiencing victimization, violence, and homelessness (Corliss et al., 2010; Friedman et al., 2011; Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014; Hatzenbuehler, 2011; Institute of Medicine, 2011; Kann et al., 2011; Marshal et al., 2011; Russell, 2003). Supportive families, peers, and school and community environments are associated with improved psychosocial outcomes for sexual minority youth (Bouris et al., 2010; Kosciw, Greytak, Palmer, & Boesen, 2014; Lease, Horne, & Noffsinger-Frazier, 2005).

Gender development begins in infancy and continues progressively throughout childhood. Gender diversity or signs of gender dysphoria may emerge as early as a child's preschool years, or as late as adolescence (Cohen-Kettenis, 2005). For many gender minority children, gender dysphoria will not persist, and they will develop a *cisgender* identity in adolescence or adulthood; a majority of these children will identify as lesbian, gay, or bisexual in adulthood (Bailey & Zucker, 1995; Drescher, 2014; Leibowitz & Spack, 2011; Wallien & Cohen-Kettenis, 2008). Whether or not these individuals continue to have a diverse gender expression is unknown. For other gender minority children, gender dysphoria will persist and usually worsen with the physical changes of adolescence; these youth generally identify as transgender (or another gender identity that differs from their assigned sex at birth) in adolescence and adulthood

(Byne et al., 2012; Coleman, et al., 2012). For still another group, gender dysphoria emerges in post-puberty without any childhood history of gender dysphoria gender diversity (Edwards-Leeper & Spack, 2012). Gender dysphoria that worsens with the onset of puberty is unlikely to remit later in adolescence or adulthood, especially among youth with a childhood onset, and long-term identification as transgender is likely (American Psychological Association, 2015a; American Psychological Association, 2008; Byne, et al., 2012).

While most adolescents with gender dysphoria score within normal ranges on psychological tests (Cohen-Kettenis & van Goozen, 1997; de Vries, Doreleijers, Steensma, & Cohen-Kettenis, 2011; Smith, van Goozen, & Cohen-Kettenis, 2001), some gender minority children and adolescents have elevated risk of depression, anxiety, and behavioral issues. These psychosocial issues are likely related to if not caused by negative social attitudes or rejection (Vance, Ehrensaft, & Rosenthal, 2014). As with sexual minority adolescents, other issues of clinical relevance for gender minority adolescents include increased risk of experiencing victimization and violence, suicidal ideation and attempts, and homelessness (Coleman, et al., 2012; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Institute of Medicine, 2011; Mustanski, Garofalo, & Emerson, 2010; Simons, Leibowitz, & Hidalgo, 2014). Improved psychosocial outcomes are seen among youth when social supports are put in place to recognize and affirm gender minority youth's gender identities (Vance, et al., 2014).

Therapeutic Efforts with Sexual and Gender Minority Youth[4]

Given the professional consensus that conversion therapy efforts are inappropriate, the following behavioral health approaches are consistent with the expert consensus statements and current research, and are recommended by professional associations (American Psychological Association, 2015a; APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009; Byne, et al., 2012). When providing services to children, adolescents, and families, appropriate therapeutic approaches include: providing accurate information on the development of sexual orientation and gender identity and expression; increasing family and school support; and reducing family, community, and social rejection of sexual and gender minority children and adolescents. Approaches should be client-centered and developmentally-appropriate with the goal of treatment being the best possible level of psychological functioning, rather than any specific gender identity, gender expression, or sexual orientation. Appropriate therapeutic approaches with sexual and gender minority youth should include a comprehensive evaluation and focus on identity development and exploration that allows the child or adolescent the freedom of self-discovery within a context of acceptance and support. It is important to identify the sources of any distress experienced by sexual and gender minority youth and their families, and work to reduce this distress. Working with parents and guardians is important as parental behaviors and attitudes have a significant effect on the mental health and well-being of sexual and gender minority children and adolescents. School and community interventions may also be necessary and appropriate.

In addition to the appropriate therapeutic approaches described above – comprehensive evaluation, support in identity exploration and development without an *a priori* goal of any particular gender identity or expression, and facilitation of family and community support – social transition and medical intervention are therapeutic approaches that are appropriate for some gender minority youth. Careful evaluation and developmentally-appropriate informed consent of youth and their families, including a weighing of potential risks and benefits are vital when considering medical intervention with gender minority youth.

Eliminating the practice of conversion therapy with sexual and gender minority minors is an important step, but it will not alleviate the myriad of stressors they experience as a result of interpersonal, institutional, and societal bias and discrimination against sexual and gender minorities.

LGBTQ youth still need additional support to promote positive development in the face of such stressors. Supportive family, community, school, and health care environments have been shown to have great positive impacts on both the short- and long-term health and well-being of LGBTQ youth. Families and others working with LGBTQ children and adolescents can benefit from guidance and resources to increase support for sexual and gender minority minors and to help facilitate the best possible outcomes for these youth.

Ending the Use of Conversion Therapy for Minors

Given that conversion therapy is not an appropriate therapeutic intervention; efforts should be taken to end the practice of conversion therapy. Efforts to end the practice have included policy efforts to reduce the negative attitudes and discrimination directed at LGBTQ individuals and families; affirmative public information about LGBTQ individuals, particularly directed at families and youth; resolutions and guidelines by professional associations to inform providers that conversion efforts are inappropriate and to provide guidance on appropriate interventions; and, state and federal legislation and legal action to end the practice of conversion therapy. Future efforts may include improved provider training, federal regulatory action, advancement of legislation at the state and federal level, and additional activities by the Administration, which issued a public statement supporting efforts to ban the use of conversion therapy for minors in the spring of 2015.

Guidance document:

Adopted:
Effective:

Virginia Board of Nursing

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender. "Conversion therapy" does not include counseling or therapy that provides assistance to a person undergoing gender transition or counseling or therapy that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling or therapy does not seek to change an individual's sexual orientation or gender identity in any direction.

In § 54.1-3007 of the Code of Virginia, the Board of Nursing is authorized to discipline a licensee for certain acts of unprofessional conduct, including:

> *5. Practicing in a manner contrary to the standards of ethics or in such a manner as to make his practice a danger to the health and welfare of patients or to the public;*

Leading professional medical and mental health associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that the use of conversion therapy has not been shown to be effective or safe, may be harmful to a patient, and is considered to be unethical practice.

The 2015 position statement from the American Academy of Nursing stated its support for the numerous professional bodies that have stated opposition to conversion therapy or sexual orientation change interventions. The Academy concluded that "reparative therapies aimed at "curing" or changing same-sex orientation to heterosexual orientation are pseudoscientific, ineffective, unethical, abusive and harmful practices that pose serious threats to the dignity, autonomy and human rights as well as to the physical and mental health of individuals exposed to them. Based on sound scientific evidence, its commitment to human rights and dignity, and its mission of promoting positive health outcomes for lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals, the Academy concludes that efforts to "repair" homosexuality, by any means, constitute health hazards to be avoided and are to be condemned as unethical assaults on human rights and individual identity, autonomy, and dignity."

F5

Agenda Item: Proposed regulations for nurse aide education programs

Included in you agenda package:

Copy of comments on the Notice of Intended Regulatory Action (NOIRA)

Copy of DRAFT proposed regulations

Copy of additional information and analysis

Staff note:

On October 4, 2019, inspectors for the nurse aide education programs discussed the proposed changes to regulations and the comments on the Notice of Intended Regulatory Action. There was concurrence on the draft regulations presented to the Board.

Subsequently, there has been further analysis of the number of hours in nurse aide education programs and of passage rates on the nurse aide examination. The Board will need to consider that analysis in its discussion of a proposed increase in the total hours required for approval of a nurse aide education program.

Action:

Board discussion of comments and adoption of proposed regulations

Virginia.gov Agencies | Governor

Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations for Nurse Aide Education Programs [18 VAC 90 - 26]**

Action	**Implementing Result of Periodic Review**
Stage	**NOIRA**
Comment Period	Ends 6/12/2019

8 comments

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Shanon Griffin 5/13/19 11:16 am

Primary Instructor having no other duties

I believe the proposed regulation that the primary instructor while instructing students, should assume no other duties is desperately needed. In many schools in Virginia, the instructor also doubles as the school nurse and therefore is pulled away from his/her classroom. This will lead to students being unsupervised while the instructor is treating their patient, and to lost instructional time. The loss of instructional time will now become a bigger issue as we are proposing adding additional hours needed to the program as a whole. I believe it is of utmost importance to pass the proposed regulation that primary instructors may not have other duties assigned to them while they are instructing their students.

Commenter: Patty Wiesenhofer, Va Adult Care Edu, Train the Trainer for Nurse Aide 5/14/19 9:47 am

Hours requirement for TTT/NA class and refresher class

I recommend the 2 day required TTT/NA class be 10 hours over 2 days and the refresher class be 5 hours in one day. (It is listed as 12 hr and 6 hr). In my experience over the last 6 years, the content can be covered in this amount of time. Keeping the class "user friendly" is important for those that commute an hour or two to fulfill this requirement. Thank You!

Commenter: Northern Virginia Community College 5/14/19 5:31 pm

Associate Director, Allied Health Programs

An increase in 20 hours is quite a substantial increase that we will need to pay faculty. Tuition will need to increase in turn. Unfortunately, I fear that we will need to close our program, the program costs and tuition are already unsustainable, for the school and the student.

Commenter: Karen Grove`

5/15/19 10:52 am

Requiring refresher course

The refresher course should be hosted by the Board of Nursing in conjunction with the testing agency. The VBON Nurse Aide training program courses I have attended in the past have been very beneficial. I would attend annually if they were offered.

Commenter: Karen Grove`

5/15/19 11:00 am

Changing program length to 140 hours

I agree with the comment from NOVA. Adding 20 hours is a sticky wicket for community colleges, who charge by the credit. It would increase tuition, increase the pay needed for faculty, and require increased time in the lab, for which we already compete with the PN and RN programs.

Any program that feels that their pass rate on the NNAAP is too low or that the students are not demonstrating competency in skills is free to increase the number of hours spent practicing in the lab, independent of a directive from the Board of Nursing.

Commenter: Johanna Carlos

5/15/19 12:42 pm

Increase in Hours

If the impetus for increased 20 hours in skills training is truly based off of NNAAP results, perhaps the BON could also require a 20 hour mandatory Nurse Evaluator Training for Credentia; at the state level. The standards and inconsistancies amoungst Virginia evaluators is troubling .....you may see skills scores go up without increasing class hours.

Commenter: JoAnna Collins, PVCC

5/15/19 5:47 pm

TTT/Refresher triennial requirement

While I believe it is imperative for instructional staff to have to have current relevant continuing education, I believe the current TTT offerings need to be re-evaluated. Training similar to state evaluators (skills performance) would be very helpful. I also suggest encouraging consistency among the state evaluators would improve outcomes. I have experienced good and bad evaluators (Good being fair, patient and understanding; bad being rude, demanding, not engaged in watching "evaluating").

Commenter: Cherrie Eubanks, Red Cross

5/21/19 12:36 pm

proposed changes to the Nurse Aide Education regulations

Reviewed changes and all seem within reason.

Project 5969 - NOIRA

BOARD OF NURSING

Implementing Result of Periodic Review

18VAC90-26-10. Definitions.

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

"Approval" means the process by which the board evaluates and grants official recognition to a nurse aide education program.

"Board" means the Virginia Board of Nursing.

"Client" means a person receiving the services of a certified nurse aide, to include a patient in a health care facility or at home or a resident of a long-term care facility.

"Committee" means the Education Special Conference Committee, comprised of not less than two members of the board in accordance with § 2.2-4019 of the Code of Virginia.

"Conditional approval" means the time-limited status that results when a board-approved nurse aide education program has failed to maintain requirements a set forth in this chapter.

"Nurse aide education program" means a program designed to prepare nurse aides for certification.

"Nursing facility" means a licensed nursing home or an entity that is certified for Medicare or Medicaid long-term care reimbursement and licensed or certified by the Virginia Department of Health.

"Primary instructor" means a registered nurse who is responsible for teaching and evaluating the students enrolled in a nurse aide education program.

"Program coordinator" means a registered nurse who is administratively responsible and accountable for a nurse aide education program.

"Program provider" means an entity that conducts a board-approved nurse aide education program.

"Site visit" means a focused onsite review of the nurse aide education program by board staff for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining program approval, in response to a complaint, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nurse aide education program by board staff for the purpose of granting continued program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities and other components to ensure compliance with this chapter. Meetings with administration, instructional personnel, and students will occur on an as-needed basis.

18VAC90-26-20. Establishing and maintaining a nurse aide education program.

A. Establishing a nurse aide education program.

1. A program provider wishing to establish a nurse aide education program shall submit ~~an~~ a complete application to the board at least 90 days in advance of the expected opening date.

2. The application shall provide evidence of the ability of the institution to comply with subsection B of this section.

3. ~~Initial approval~~ Approval may be granted when all documentation of the program's compliance with requirements as set forth in subsection B of this section has been submitted and deemed satisfactory to the board and a site visit has been conducted. Advertisement of the program is authorized only after board approval has been granted.

4. If approval is denied, the program may request, within 30 days of the mailing of the decision, an informal conference to be convened in accordance with § 2.2-4019 of the Code of Virginia.

5. If denial is recommended following an informal conference, which is accepted by the board or a panel thereof, no further action will be required of the board unless the program requests a hearing before the board or a panel thereof in accordance with § 2.2-4020 and subdivision 11 of § 54.1-2400 of the Code of Virginia.

6. If the decision of the board or a panel thereof following a formal hearing is to deny initial approval, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

B. Maintaining an approved nurse aide education program. To maintain approval, the nurse aide education program shall:

1. Demonstrate evidence of compliance with the following essential elements:

a. Curriculum content ~~and length~~ as approved by the board and as set forth in subsection A of 18VAC90-26-40 and subsection C of 18VAC90-26-50.

b. Maintenance of qualified instructional personnel as set forth in 18VAC90-26-30.

c. Classroom facilities that meet requirements set forth in subsection D of 18VAC90-26-50.

d. Maintenance of records as set forth in subsection A of 18VAC90-26-50.

e. Skills training experience in a nursing facility that has not been subject to penalty or penalties as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law. The use of a nursing facility in Virginia located 50 miles or more from the school shall require board approval.

f. Agreement that board representatives may make unannounced site visits to the program.

g. Financial support and resources sufficient to meet requirements of this chapter as evidenced by a copy of the current annual budget or a signed statement from the administration specifically detailing its financial support and resources.

h. Completion and submission of biennial ~~onsite~~ survey visit review reports and program evaluation reports as requested by the board within a time frame specified by the board.

2. Impose no fee for any portion of the program on any nurse aide student who, on the date on which the ~~nurse aide~~ student begins the program, is either employed or has an offer of employment from a nursing facility.

3. Provide documentation that each student applying to or enrolled in such program has been given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes that pose a barrier to such employment.

4. Report all substantive changes in subdivision 1 of this subsection within 10 days of the change to the board to include, but not be limited to, a change in the program coordinator, primary instructor, program ownership, physical location of the program, or licensure status of the clinical facility.

5. Provide each student with a copy of his certificate of completion as specified in 18VAVC90-26-50.

18VAC90-26-30. Requirements for instructional personnel.

A. Program coordinator.

1. Each program shall have a program coordinator who must be a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege.

2. The program coordinator ~~in a nursing facility based program may be the director of nursing services. The director of nursing services may~~ shall assume the administrative responsibility and accountability for the nurse aide education program ~~but shall not engage in the actual classroom and clinical teaching~~.

3. The primary instructor may be the program coordinator in any nurse aide education program.

4. The director of nursing services in a nursing facility-based program may serve as the program coordinator but shall not engage in the actual classroom, skills laboratory, or clinical teaching.

B. Primary instructor.

1. Qualifications. Each program shall have a primary instructor who does the majority of the actual teaching of the students and who shall:

a. Hold a current, unrestricted Virginia license or a multistate licensure privilege as a registered nurse ~~who holds a current, unrestricted license in Virginia or a multistate licensure privilege~~; and

b. Have two years of experience as a registered nurse within the previous five years and at least one year of direct client care or supervisory experience in the provision of geriatric long-term care ~~facility~~ services. ~~Such~~ Other experience may include~~, but not be limited to,~~ employment in a nurse aide education program or employment in or supervision of nursing students in a nursing facility or unit, geriatrics department, chronic care hospital, home care, or other long-term care setting. ~~Experience should include varied responsibilities, such as direct client care, supervision, and education.~~

2. Responsibilities. The primary instructor is responsible for the teaching and evaluation of students and~~, in addition,~~ shall not assume other duties while instructing or supervising students. The primary instructor shall:

a. Participate in the planning of each learning experience;

b. Ensure that course objectives are ~~accomplished~~ met;

c. Ensure that the provisions of subsection F of this section are maintained;

d. Maintain records as required by subsection A of 18VAC90-26-50;

e. Perform other activities necessary to comply with subsection B of 18VAC90-26-20; and

f. Ensure that students do not perform services for which they have not received instruction and been found proficient ~~by the instructor~~.

C. Other instructional personnel.

1. Instructional personnel who assist the primary instructor in providing classroom or clinical supervision shall be registered nurses or licensed practical nurses.

a. A registered nurse shall:

(1) Hold a current, unrestricted Virginia license or multistate licensure privilege as a registered nurse; and

(2) Have had at least one year of direct ~~patient~~ client geriatric long-term care experience as a registered nurse.

b. A licensed practical nurse shall:

(1) Hold a current, unrestricted Virginia license or multistate licensure privilege as a practical nurse; and

(2) ~~Hold a high school diploma or equivalent;~~

~~(3) Have been graduated from a state-approved practical nursing program; and~~

~~(4)~~ Have had at least two years of direct ~~patient~~ client geriatric long-term care experience as a licensed practical nurse.

2. ~~Responsibilities.~~ Other instructional personnel shall provide instruction under the supervision of the primary instructor.

D. Prior to being assigned to teach ~~the~~ in a nurse aide education program, all instructional personnel shall demonstrate competence to teach adults or high school students by one of the following:

1. Satisfactory completion of ~~a course in teaching adults~~ at least 12 hours of coursework that includes:

a. Basic principles of adult learning;

b. Teaching methods and tools for adult learners; ~~and~~

c. Evaluation strategies and measurement tools for assessing ~~the~~ student learning outcomes;

d. Review of current regulations for nurse aide education programs;

e. Review of the board-approved nurse aide curriculum content; and

f. Review of the skills evaluated on the board-approved nurse aide certification examination; or

2. Have ~~experience in teaching adults or high school students;~~

a. Experience in teaching the curriculum content and skills evaluated on the board-approved nurse aide certification examination to adults or high school students; and

b. Knowledge of current regulations for nurse aides and nurse aide education programs.

E. In order to remain qualified to teach the nurse aide curriculum, instructional personnel shall complete a refresher course every three years that includes a review of regulations for nurse aides and nurse aide education programs and the skills evaluated on the board-approved nurse aide certification examination.

~~E.~~ F. To meet planned program objectives, the program may, under the direct, onsite supervision of the primary instructor, use other persons who have expertise in specific topics and have had at least one year of experience in their field.

~~F.~~ G. When students are giving direct care to clients in clinical areas, instructional personnel must be on site solely to supervise the students. The ratio of students to each instructor shall not exceed 10 students to one instructor in all clinical areas, including the skills laboratory.

18VAC90-26-40. Requirements for the curriculum.

A. Curriculum content. The curriculum shall include~~, but shall not be limited to,~~ classroom, skills laboratory, and clinical instruction in the following:

1. Initial core curriculum. Prior to the direct contact with a ~~nursing facility~~ client, a student shall have completed a total of at least 24 hours of instruction. Sixteen of those hours shall be in the following five areas:

a. Communication and interpersonal skills.

b. Infection control.

c. Safety and emergency procedures, including dealing with obstructed airways and fall prevention.

d. Promoting client independence.

e. Respecting clients' rights.

2. Basic skills.

a. Recognizing changes in body functioning and the importance of reporting such changes to a supervisor.

b. Measuring and recording routine vital signs.

c. Measuring and recording height and weight.

d. Caring for the client's environment.

e. Measuring and recording fluid and food intake and output.

f. Performing basic emergency measures.

g. Caring for a client when death is imminent.

3. Personal care skills.

a. Bathing and oral hygiene.

b. Grooming.

c. Dressing.

d. Toileting.

e. Assisting with eating and hydration, including proper feeding techniques.

f. Caring for skin, to include prevention of pressure ulcers.

g. Transfer, positioning, and turning.

4. Individual client's needs, including mental health and social service needs.

a. Modifying the nurse aide's behavior in response to the behavior of clients.

b. Identifying developmental tasks associated with the aging process.

c. Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.

d. Demonstrating skills supporting age-appropriate behavior by allowing the client to make personal choices, and by providing and reinforcing other behavior consistent with the client's dignity.

e. Utilizing the client's family or concerned others as a source of emotional support.

f. Responding appropriately to the client's behavior including, but not limited to, aggressive behavior and language.

g. Providing appropriate clinical care to the aged and disabled.

h. Providing culturally sensitive care.

5. Care of the cognitively or sensory (visual and auditory) impaired client.

a. Using techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others).

b. Communicating with cognitively or sensory impaired clients.

c. Demonstrating an understanding of and responding appropriately to the behavior of cognitively or sensory impaired clients.

d. Using methods to reduce the effects of cognitive impairment.

6. Skills for basic restorative services.

a. Using assistive devices in transferring, ambulation, eating, and dressing.

b. Maintaining range of motion.

c. Turning and positioning, both in bed and chair.

d. Bowel and bladder training.

e. Caring for and using prosthetic and orthotic devices.

f. Teaching the client in self-care according to the client's abilities as directed by a supervisor.

7. Clients' rights.

a. Providing privacy and maintaining confidentiality.

b. Promoting the client's right to make personal choices to accommodate individual needs.

c. Giving assistance in resolving grievances and disputes.

d. Providing assistance necessary to participate in client and family groups and other activities.

e. Maintaining care and security of the client's personal possessions.

f. Promoting the client's rights to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate staff.

g. Avoiding the need for restraints in accordance with current professional standards.

8. Legal and regulatory aspects of practice as a certified nurse aide including~~, but not limited to,~~ consequences of abuse, neglect, misappropriation of client property, and unprofessional conduct as set forth in §54.1-3007 of the Code of Virginia and 18VAC90-25-100.

9. Occupational health and safety measures.

10. Appropriate management of conflict.

11. Observational and reporting techniques.

12. Substance abuse and opioid misuse.

B. Unit objectives.

1. Objectives for each unit of instruction shall be stated in behavioral terms that are measurable.

2. Objectives shall be reviewed with the students at the beginning of each unit.

~~C. Curriculum changes. Changes in curriculum shall be approved by the board prior to implementation and shall be submitted at the time of the onsite visit or with the report submitted by the program coordinator in the intervening year.~~

18VAC90-26-50. Other program requirements.

A. Records.

1. Each nurse aide education program shall develop and maintain an individual record of major skills taught and the date of performance by the student. At the completion of the nurse aide education program, the program shall provide each nurse aide with a copy of

this record and a certificate of completion from the program which includes the name of the program, the board approval number, date of program completion, and the signature of the primary instructor or program coordinator.

2. A record of the ~~reports of~~ graduates' performance on the state-approved ~~competency evaluation program~~ nurse aide certification examination (the National Nurse Aide Assessment Program or NNAAP) shall be maintained.

3. A record that documents the disposition of complaints against the program shall be maintained.

B. Student identification. The nurse aide students shall wear identification that clearly distinguishes them as a "nurse aide student." Name identification on a badge shall follow the policy of the facility in which the nurse aide student is practicing clinical skills.

C. Length of program.

1. The program shall be at least ~~120~~ 140 clock hours in length, at least 20 hours of which shall be specifically designated for skills acquisition in the laboratory setting.

2. The program shall provide for at least 24 hours of instruction prior to direct contact of a student with a ~~nursing facility~~ client.

3. ~~Skills~~ Clinical training in clinical settings shall be at least 40 hours of providing direct client care. Five of the clinical hours may be in a setting other than ~~a nursing home~~ a geriatric long-term care facility. Hours of observation shall not be included in the required 40 hours of skills training.

4. ~~Employment~~ Time spent in employment orientation to facilities used in the education program must not be included in the ~~120~~ 140 hours allotted for the program.

D. Classroom facilities. The nurse aide education program shall provide facilities that meet federal and state requirements including:

1. Comfortable temperatures.

2. Clean and safe conditions.

3. Adequate lighting.

4. Adequate space to accommodate all students.

5. ~~Instructional~~ Current instructional technology and equipment needed for simulating client care.

6. Equipment and supplies sufficient for the size of the student cohort.

18VAC90-26-60. Requirements for continued approval.

A. Program review.

1. Each nurse aide education program shall be reviewed annually either by a survey visit ~~on-site~~ by an agent of the board or by a written program evaluation. Each program shall be reviewed by ~~an onsite~~ a survey visit at least every two years following initial review or by a site visit whenever deemed necessary by the board to ensure continued compliance.

2. The program coordinator shall prepare and submit a program evaluation report on a form provided by the board in the intervening year that ~~an onsite review~~ a survey visit is not conducted.

3. Any additional information needed to evaluate a program's compliance with regulations of the board must be submitted within a time frame specified by the board.

B. ~~Decision on continued~~ Continued, conditional or withdrawal of approval.

1. The board shall receive and review the report of the ~~onsite~~ survey visit or program evaluation report and may grant continued approval, place a program on conditional approval, or ~~deny continued~~ withdraw approval.

a. Granting continued approval. A nurse aide education program shall continue to be approved provided the requirements set forth in subsection B of 18VAC90-26-20 are maintained.

b. Placing a program on conditional approval. If the board determines that a nurse aide education program (i) has not filed its biennial survey visit or program evaluation report; (ii) is unresponsive or uncooperative in the scheduling of the survey or site visit; or (iii) is not maintaining the requirements of subsection B of 18VAC90-26-20, as evidenced by the ~~onsite~~ survey visit or program evaluation report, the board may place the program on conditional approval and the program provider shall be given a reasonable period of time to correct the identified deficiencies. Within 30 days of the mailing of a decision on conditional approval, ~~The~~ the program may request, ~~within 30 days of the mailing of a decision on conditional approval,~~ an informal conference to be convened in accordance with § 2.2-4019 of the Code of Virginia.

(1) The board shall receive and review reports of progress toward correcting identified deficiencies. When a final report is received at the end of the specified time showing corrections of deficiencies, the board may grant continued approval.

(2) If the program provider fails to correct the identified deficiencies within the time specified by the board, ~~a committee~~ the board may ~~recommend withdrawing approval following an informal conference held in accordance with § 2.2-4019 of the Code of Virginia~~ withdraw approval.

c. Withdrawing approval.

~~(3) If the recommendation to withdraw approval following an informal conference is accepted by the board or a panel thereof, no further action will be required unless the program requests a formal hearing.~~

(1) If the board determines that a nurse aide education program is not maintaining the requirements of subsection B of 18VAC90-26-20, an informal conference will be convened in accordance with § 2.2-4019 of the Code of Virginia. If the recommendation to withdraw approval following an informal conference is accepted by the board or a panel thereof, no further action will be required unless the program requests a formal hearing.

~~(4)~~ (2) The program provider may request a formal hearing before the board or a panel thereof pursuant to § 2.2-4020 and subdivision 11 of § 54.1-2400 of the Code of Virginia if it objects to any action of the board relating to conditional approval.

~~c. Denying continued approval. If the board determines that a nurse aide education program is not maintaining the requirements of subsection B of 18VAC90-26-20, an informal conference will be convened in accordance with § 2.2-4019 of the Code of Virginia. If the recommendation to withdraw approval following an informal conference is accepted by the board or a panel thereof, no further action will be required unless the program requests a formal hearing.~~

2. If the decision of the board or a panel thereof following a formal hearing is to withdraw approval or continue on conditional approval with terms or conditions, the program shall be advised of the right to appeal the decision to the appropriate circuit court in accordance with § 2.2-4026 of the Code of Virginia and Part 2A of the Rules of the Supreme Court of Virginia.

18VAC90-26-70. Interruption or closing of a program.

A. Interruption of program.

1. When a program provider does not hold classes for a period of one year, the program shall be placed on inactive status and shall not be subject to compliance with subsection B of 18VAC90-26-20 ~~for the specified time~~.

2. ~~Unless the program provider notifies the board that it intends to admit students, the program will be considered closed at the end of the inactive period and be subject to the requirements of subsection B of this section.~~ At any time during the year after the program is placed on inactive status, the program provider may request that the board return the program to active status by providing a list of the admitted student cohort and start date.

3. If the program provider does not hold classes for two consecutive years, the program shall be considered closed and shall be subject to the requirements of subsection B of this section. In the event that a program desires to reopen after closure, submission of a new program approval application shall be required.

B. Closing of a nurse aide education program. When a nurse aide education program closes, the program provider shall:

1. Notify the board of the date of closing.

2. Submit to the board a list of all graduates with the date of graduation of each.

18VAC90-26-80. Requirements for an approved advanced certification education program.

A. The advanced certification education program shall be approved by the Virginia Board of Nursing. An approved advanced certification education program shall also be an approved nurse aide education program as set forth in 18VAC90-26-20.

B. An advanced certification education program shall consist of a minimum of 140 hours, at least 20 hours of which shall be specifically designated for skills acquisition in the laboratory setting. There shall also be a minimum of 40 hours of clinical skills instruction in direct client care with on-site supervision by instructional personnel. When nurse aides are engaged in direct client care in the course of advanced certification training, the ratio shall not exceed 10 students to one instructor.

C. The instructional personnel in an approved advanced certification education program shall meet the requirements as set forth in 18VAC90-26-30.

D. The curricula of an approved advanced certification education program shall, at a minimum, meet the requirements of 18VAC90-26-140.

E. Each advanced certification program shall develop an individual record of major skills taught and the date of performance by the student. At the completion of the program, the program shall provide each nurse aide with a copy of this record and a certificate of completion, as specified in 18VAC90-26-50(A).

F. An advanced certification education program shall develop and submit to the board a competency evaluation based on the curriculum content required in 18VAC90-26-140. Such an evaluation shall include both a written test on the curriculum and an assessment of manual skills. A record of the reports of graduates' performance on the nurse aide certification examination (the National Nurse Aide Assessment Program or NNAAP) shall be maintained for a minimum of three years.

G. Program review shall be in accordance with requirements of 18VAC90-26-60 and shall be conducted concurrently with the on-site review of the basic nurse aide education program. Loss of board approval for the basic nurse aide education program shall automatically result in the loss of approval for the advanced certification education program.

H. When an advanced certification education program closes, the program provider shall comply with 18VAC90-26-70(B).

18VAC90-26-90. Required curriculum content for an advanced certification education program.

A. In addition to the curriculum content specified in 18VAC90-26-40, an advanced certification education program shall include classroom, skills laboratory, and clinical instruction in the following curriculum:

1. Leadership and mentoring skills.

a. Principles of adult learning;

b. Learning styles;

c. Evaluation methods to assess learner knowledge;

d. Communication techniques and communication barriers; emphasizing cultural diversity of coworkers and clients;

e. Conflict management;

f. Precepting and mentoring new certified nurse aides;

g. Teamwork;

h. Contributing to care plan development and implementation;

i. Organizational responsibilities; and

j. Principles of documentation.

2. Care of the cognitively impaired client.

a. Signs and symptoms of dementia;

b. Concepts and techniques for addressing the unique needs and behaviors of individuals with dementia, including but not limited to agitation, combativeness, sundown syndrome, wandering, forgetfulness;

c. Basic concepts of communication with cognitively impaired clients, including techniques to reduce the effects of cognitive impairment;

d. Basic concepts of behavior management with cognitively impaired clients; and

e. Recognizing changes in the client's condition and reporting and documenting such changes.

3. Restorative care.

a. Anatomy and physiology with emphasis on the effects of aging;

b. Pathophysiology of common disorders of the elderly;

c. Measures to assist clients with common medical problems;

d. Recognizing changes in the client's condition and reporting and documenting such changes;

e. Concepts to maintain or improve client mobility and ability to perform activities of daily living; and

f. Rehabilitation procedures.

4. Wound care.

a. Prevention, identification and treatment of Stage I and Stage II pressure ulcers;

b. Positioning;

c. Sterile and clean technique;

d. Dressing changes;

e. Concepts of hydration;

f. Nutrition and weight loss; and

g. Recognizing changes in the client's condition and reporting and documenting such changes.

B. Written objectives for each unit of instruction shall be stated in behavioral terms that are measurable and shall be reviewed with the students at the beginning of each unit.

Nurse Aide Education Program Regulations

BACKGROUND AND SUMMARY

In 2016, Delegate Orrock sent a letter to the DHP Director requesting the convening of a stakeholder workgroup to review existing practices and curricula while seeking ways to standardize and improve nurse aide training. During its review, the work group determined that:

1. persons who train nurse aides need to be better trained themselves
2. additional topics need to be taught in the nurse aide education programs
3. adequate time to practice laboratory skills are needed to prepare the nurse aide student to pass the state-approved examination and to practice safely

Recommendations from this workgroup were incorporated into the periodic review of the regulations. These recommendations can be grouped into the following substantive categories:

- Clarify the definition of select terms used in this Chapter
- Extend the timeframe for the program application process
- Require all programs to implement the Board-approved curriculum
- Clarify requirements for instructional personnel
- Designate a skills acquisition minimum requirement and increase total program hours
- Move *advanced* nurse aide education program regulations to this Chapter

The 8 comments posted during the comment period fall into 3 categories: support, evaluator/instructor training, and skills acquisition hours/program length.

Evaluator/Instructor Training

First, it is important to note that nurse aide education programs are grouped by type: Community Colleges, Nursing Homes, Hospitals, Proprietary, and High Schools. Each type has its own unique requirements and resulting concerns regarding the regulations. The recent pass rates of first-time National Nurse Aide Assessment Program ("NNAAP") testers by type (Table 2) and state-to-state comparison on skills pass rates (Table 3) demonstrate that change is needed. The comments on improving NNAAP evaluator/instructional personnel training and requiring an instructor refresher course are two potential avenues for skills pass rate improvement. Suggested changes regarding both of these public suggestions are presented in the draft regulations for the Board's consideration.

Skills Acquisition/Program Length

Two of the 23 community colleges weighed in on increasing the minimum program length claiming budgetary constraints should 140 hours be mandated. Tables 4 and 5 provide a breakdown of program hours. Worth noting is the fact that 15 of the 23 community colleges (roughly 2/3) and, similarly, 63% of all programs, already meet or exceed the 140-hour proposed program length. Table 6 highlights the variability in program hours, cohort sizes, and pass rates. This leads to the question:

Is there a correlation between NNAAP skills pass rates and total program hours?

Due, in part, to this wide variability, Tables 7 and 8 suggest that there is little to no correlation.

TABLE 1

SUMMARY OF PUBLIC COMMENTS

Category	Theme	Comment (# received)
Support	Support recommended changes	• Recommendations seem within reason (1) • Support for primary instructors with dual school nurse role having no other duties while instructing NA students (1)
NNAAP Evaluator/ Instructor Training	NNAAP Evaluator Training	• Consistency among state evaluators (1) • Mandatory nurse evaluator training (1)
	Instructional Personnel Training	• Receive training on skills performance similar to state evaluators (1) • 10 hours over 2 days for new instructors (1)
	Instructor Refresher Course	• Should be provided by the Board (1) • 5 hours in length (1)
Skills acquisition hrs/program length	↑ program length from 120 to 140 hours	• Increase in total hours should not be mandated but voluntary based on internal program evaluation (1) • ↑ hours → ↑ # credits → ↑ faculty budget faculty (2) (JSargReynolds & NOVA Comm. colleges)

Table 2

Percentage of First Time NNAAP Testers by Type of Facility

Type of Program	% of First Time Testers			
	2018		2019 (to date)	
	Written	Skills	Written	Skills
Community Colleges	96	66	96	73
Nursing Homes	96	71	83	77
Hospitals	98	78	95	87
Proprietary	88	64	83	67
High Schools	95	74	91	74

Source: NNAAP Results from Pearson Vue

Revised October 23, 2019

Table 3

2018 NNAAP Pass Rates by Jurisdiction

(Ranked Highest to Lowest for Skills)

Jurisdiction	Skills (N)	Written (N)
Louisiana	91% (269)	92% (260)
California	89% (12,661)	86% 12,756
Guam	86% (77)	92% (76)
Alaska	85% (472)	91% (444)
Maryland	85% (2,478)	91% (2,395)
North Dakota	85% (934)	86% (924)
Wyoming	85% (221)	98% (184)
District of Columbia	82% (496)	85% (477)
Pennsylvania	79% (6,308)	92% (5,661)
Wisconsin	78% (5,310)	97% (4,498)
Colorado	76% (6,157)	94 (5,194)
Georgia	76% (7,476)	89% (6,713)
Vermont	76% (488)	94% (422)
Alabama	75% (724)	85% (681)
South Carolina	75% (3,603)	92% (3,144)
Minnesota	74% (4,432)	91% (4,421)
North Carolina	74% (12,488)	95% (11,799)
Texas	73% (17,020)	83% (15,770)
Washington	69% (8,544)	89% (7,138)
Mississippi	64% (1,944)	84% (1,909)
Virginia	64% (7,346)	86% (6,020)
Rhode Island	56% (1,372)	72% (1,168)
TOTAL	75%	89%

Notes: Not all nurse aide education programs are regulated by boards of nursing

State-to-state variability exists regarding # of skills considered passing on NNAAP (Virginia = 5/5)

Source: NCSBN 2019 Annual Meeting

Table 4

Total Number of Program Hours

Virginia Board-approved Nurse Aide Programs

2018 Program Hours	# Programs
120	31
121-139	52
140-159	29
160-179	20
180-199	8
200-299	46
300-399	14
400-499	11
500-599	9
600-850	7
TOTAL	227*

Table 5

Total Number of Program Hours by Program Type

Program Type	120 Hrs	121-139 Hrs	≥140 Hrs	TOTAL
Community College Programs	6	8	30	44
Nursing Home/Hospital Programs	9	8	17	34
Public School Programs	4	5	68	77
Proprietary (Other) Programs	12	31	29	72
TOTAL	31 (14%)	52 (23%)	144 (63%)	227*

*Total reflects programs that had NNAAP test takers in 2018

Table 6

Comparison of 2018 NNAAP Pass Rates with Total Program Hours

For Virginia Community Colleges

Community College*	# Program Hours	2018 % Pass Rate	2018 # pass/ # Testers
Mountain Empire Community College	120	60	12 of 20
Mountain Empire Community College (Scott Cty PS)	120	87	20 of 23
Northern Virginia – Loudoun Campus	120	71	10 of 14
Southwest Virginia Community College	120	94	17 of 18
Virginia Highlands Community College	120	76	32 of 42
Thomas Nelson Community College	124	0	0
Eastern Shore Community College	126	71	5 of 7
J. Sargeant Reynolds Community College	127	71	17 of 24
New River Community College	132	43	6 of 14
Piedmont Virginia Community College (E.Giuseppe Ctr)	136	60	3 of 5
Piedmont Virginia Community College (Ivy)	136	44	4 of 9
Piedmont Virginia Community College (Jefferson Sch Ctr)	136	89	25 of 28
Piedmont Virginia Community College (Trinity)	136	0	0 of 1
Piedmont Virginia Community College (Workforce Svcs)	136	50	1 of 2
Blue Ridge Community College	138	84	27 of 32
Rappahannock Community College (Bridging Communities)	144	55	12 of 22
Rappahannock Community College (Program 1)	144	69	59 of 86
Southside Virginia Community College (Adult)	144	41	17 of 41
Tidewater Community College (Norfolk - Workforce Dev Ctr)	144	58	18 of 31
Tidewater Community College (Portsmouth)	144	52	24 of 46
Tidewater Community College (Va Beach)	144	73	44 of 60
J. Sargeant Reynolds Community College (online hybrid)	145	69	9 of 13
Patrick Henry Community College	145	41	11 of 27
Paul D. Camp Community College (Franklin)	152	29	2 of 7
Lord Fairfax Community College	155	68	21 of 31
Germanna Community College	175	80	20 of 25
John Tyler Community College	176	75	6 of 8
Wytheville Community College	180	80	16 of 20
Northern Virginia – Springfield Campus	184	56	5 of 9
Dabney S. Lancaster Community College	220	63	5 of 8
Southside Virginia Community College (dual Bluestone)	220	82	14 of 17
Southside Virginia Community College (dual Brunswick HS)	220	30	3 of 10
Southside Virginia Community College (dual Buckingham Cty)	220	78	29 of 37
Southside Virginia Community College (dual Charl&Lunen Ctys)	220	82	14 of 17
Southside Virginia Community College (dual Greensville Cty)	220	69	9 of 13
Southside Virginia Community College (dual Nottaway HS)	220	100	11 of 11
Southside Virginia Community College (dual Parkview HS)	220	86	18 of 21
Danville Community College (dual Piney Forest HC)	240	0	0 of 1
Danville Community College (dual Woodview NH)	240	0	0 of 1
Lord Fairfax Community College (DE Rapp Cty PS)	240	60	3 of 5
Virginia Western Community College	240	0	0
Danville Community College (dual Roman Eagle)	272	29	2 of 7
Danville Community College (dual Pittsylvania CTC)	530	100	19 of 19
Danville Community College (dual GW High School)	645	100	2 of 2

*All 23 Community Colleges are represented at least once

r = 0.20 (including programs with 0 pass rate)

r = 0.35 (excluding programs with 0 pass rate)

(Note: r closer to 0 = less correlation; r closer to 1 = more correlation)

Table 7

Statistical Correlation between Total Program Hours and NNAAP Pass Rate by Type

Program Type	High School	Proprietary	Community College	Nursing Home	Hospital	TOTAL
Range (hrs)	120-850	120-750	120-645	120-226	120-175.5	120-750
(N)	77	71	44	31	4	227
(r)	0.131	0.153	0.232	0.132	- 0.996	0.165

(r closer to 0 = less correlation; r closer to 1 = more correlation)

Table 8

Average Pass Rate based on Total Hours

Program Hours	120	140+
(N)	31	144
Average pass rate	60%	62%

F6

COMMONWEALTH of VIRGINIA

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Memo

To: Board Members

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

Re: Periodic Review of Guidance Documents

Date: November 7, 2019

Attached are Guidance Documents from the Board of Nursing currently due for review.

Staff completed a review and made the following recommendations:

F6a GD 90-8 *Board opinion on delegation of collection of specimens for gonorrhea and chlamydia*
Recommendation: **repeal,** as this GD does not reflect current practice regarding specimen collection.

F6b GD 90-20 *Nursing Employment Practice under Orders of Probation*
Recommendation: **repeal,** as this GD is no longer necessary as language is included in Board Orders

F6c GD 90-26 *Requests by revoked certified nurse aides with prior adverse findings*
Recommendation: **repeal,** as the Information contained in guidance document has been incorporated into regulations

F6d GD 90-43 *Board opinion on attachment of scalp leads for internal fetal monitoring*
Recommendation: **to re-adopt without revision**

Guidance document: 90-8 Revised: September 11, 2012

F6a

Virginia Board of Nursing

Collection of Specimens for Chlamydia and Gonorrhea

The collection of specimens for chlamydia and gonorrhea is a procedure that cannot be delegated by a registered nurse to an unlicensed person.

Adopted: January, 1993
Revised: November 18, 2003
September 11, 2012

Guidance Document 90-20 Adopted: May 15, 2012

F66

Virginia Board of Nursing

Nursing Employment Practice under Orders of Probation

When nurses are ordered on probation with supervised/monitored practice for a period of active nursing employment, the Board of Nursing's intent is to ensure competent nursing practice and public safety. The Board of Nursing will only consider wage-earning nursing practice, that otherwise meets the requirements of the Order, to satisfy the ordered employment period requirement.

Volunteer or other non-wage-earning nursing practice is not deemed to satisfy the required term of nursing employment for nurses on probation.

Reviewed: September 12, 2012

FbC

Virginia Board of Nursing

Requests by Revoked Certified Nurse Aides with Prior Adverse Findings

The Board of Nursing will not consider requests for reinstatement from CNA's who have been previously revoked on the basis of abuse, neglect or misappropriation of property, unless it was a finding of neglect based on a single occurrence in compliance with Section 4755 of the Balanced Budget Act of 1997, which amends 42 U.S.C. 1395i-3(g)(l) section 1819(g)(l) and 42 U.S.C. 1396r(g)(1).

An applicant may petition the Board for removal of that finding *only one time* after a period of one year has passed since the finding of Neglect was made. Further, the Board requires that the petitioner has the burden of proof to establish his/her employment and personal history do not reflect a pattern of abusive behavior or neglect.

Accepted: July 23, 1996

Revised: November 18, 2003; January 29, 2013

Fld

Board of Nursing

Attachment of Scalp Leads for Internal Fetal Monitoring

The attachment of scalp leads for internal fetal monitoring is within the scope of practice of a registered nurse when the membranes have ruptured spontaneously or have been ruptured by a physician or certified nurse midwife, provided there is:

(1) A written policy;

(2) Documentation of appropriate training and supervised clinical practice; and

(3) Written approval of nursing administration, agency administration and medical staff within the agency.

Adopted: October 27, 1983 (By the Joint Committee of Nursing and Medicine; Board of Nursing)

Revised: November 18, 2003, May 21, 2013