VIRGINIA BOARD OF NURSING
BUSINESS MEETING
AGENDA (*FINAL*)

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

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

Tuesday, September 9, 2025 at 9:00 A.M. – Quorum of the Board

CALL TO ORDER: Carol Cartte, RN, BSN; President

ESTABLISHMENT OF A QUORUM

PUBLIC COMMENT

Please note - Public Comment is not an opportunity to:

- Engage the Board in a discussion.
- Comment on regulatory actions for which the public comment period is closed.
- Address an investigation, a disciplinary proceeding or a closed case.

In order to allow ample time for the Board to conduct its business, the Board asked that the public limit your comment to 3-5 minutes.

ANNOUNCEMENT

- **Board Member Update:**
  - **Ann Tucker Gleason, PhD**, from Zion Crossroads, has been appointed by Governor Youngkin on August 1, 2025, to serve from July 1, 2025 to June 30, 2029. Dr. Gleason replaces Margaret Friedenberg.
  - **Catherine Paler, RN,** from Virginia Beach, has been appointed by Governor Youngkin on August 1, 2025, to serve from July 1, 2025 to June 30, 2029. Ms. Paler replaces Cynthia Swineford, RN, MSN, CNE.
  - **Shelly Smith, PhD, DNP, ANP-BC,** from Powhatan, has been re-appointed by Governor Youngkin on August 1, 2025, to serve from July 1, 2025 to June 30, 2029.
  - **Dolores Valenta, LPN,** from Moon, has been appointed by Governor Youngkin on August 8, 2025, to serve from July 1, 2025 to June 30, 2029. Ms. Valenta replaces Shantell Kinchen, LPN
- **Staff Update:**
  - **Candice Merrick**, LMT has accepted the P-14 Licensing Specialist position and started on June 16, 2025.
  - **Shannon Alexander** has accepted the Discipline Case Specialist position and started on June 25, 2025. She

replaced Tamika Claiborne.

- **Shelia Clark** has accepted the P-14 Discipline Support Staff position and started on June 30, 2025.

- **Michie Walton**, Education Program Inspector for nurse aide education programs, in the Tidewater area, has resigned effective June 13, 2025.

- **Calisa Barley, RN, BS,** has accepted the Nursing Education Program Manager position and started on August 25, 2025. Ms. Barley replaces Dr. Mangrum.

- **Valerie Newcomb** has accepted the P-14 Nurse Aide Program Inspector position and started on September 8, 2025.

- **Cynthia Swineford, MSN, RN, CNE,** has accepted the P-14 Probable Cause Reviewer/Agency Subordinate position and will start on September 22, 2025.

A. UPCOMING MEETINGS and HEARINGS:

- The NCLEX Virtual Conference is scheduled for September 10, 2025. Ms. Wilmoth and Ms. Barley will attend.

- Dr. Randall will present Board of Nursing Updates at the Virginia Department of Corrections (VADOC), Health Services Unit, on September 30, 2025. The audience will be RN Leaderships, Advanced Practice Registered Nurses (APRNs) and Licensed Practical Nurses (LPNs).

- The DHP Board Member Training is scheduled for Friday, October 3, 2025, from 8:30 am to 4:00 pm, in Board Room 2 at DHP Office. Dr. Smith, Ms. Valenta and Ms. Webb-Jones will attend.

- The Virginia Organization for Nurse Leaders (VONL) VIRTUAL Fall Conference is scheduled for Friday, October 3, 2025. Ms. Morris will attend.

- The Federation of State Massage Therapy Boards (FSMTB) Annual Meeting is scheduled for October 5-7, 2025 in Kansas City, MO. Ms. Dewey, Discipline Case Manager, and Ms. Stoll, Senior Discipline & Licensing Specialist, will attend to represent Virginia Board of Nursing.

- The Education Informal Conference Committee is scheduled for October 8, 2025, at 9 am in Board Room 4.

- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for October 22, 2025, at 9 am in Board Room 2.

- The NCSBN Model Act and Rules Committee meeting is scheduled for November 3-4, 2025 in Chicago. Ms. Wilmoth will attend as Chair of the Committee.

- The Virginia Nurses Association (VNA) Fall Conference is scheduled for November 14-15, 2025 in Portsmouth, VA. Ms. Morris will attend to represent Virginia Board of Nursing.

REMINDER of Additional Special Conference Committee (SCC) to hear reinstatement cases in:

October 2025:

- SCC-B – Wednesday, October 1, 2025 → Cartte and Lively, LMT
- SCC-A – Friday, October 3, 2025 → Gleason and Davis
- SCC-C – Thursday, October 16, 2025 → Acuna and Peake
- SCC-D – Monday, October 20, 2025 → Cox and Hogan

December 2025:

- SCC-D – Monday, December 1, 2025 → Cox and Hogan
- SCC-C – Thursday, December 4, 2025 → Acuna and Peake
- SCC-A – Friday, December 5, 2025 → Gleason and Davis
- SCC-B – Monday, December 8, 2025 → Cartte and Peterson, LMT

REMINDER of Additional Formal Hearings:

- **Monday, 10/27/2025** → Cartte, Gleason, Kitt, Paler, Parke, Webb-Jones and Zehr

- **Nursing and Nurse Aide Education Program Training Sessions**:

  - VIRTUAL Review of the Application Process to Receive Approval to Establish a Nurse Aide Program for Program Personnel is scheduled on **September 23, 2025** from 1 pm to 3:30 pm.

  - Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs is scheduled on **October 14, 2025** at Runk and Pratt School of Nursing – Bella Vista Hotel, from 9 am to 12 pm.

  - Survey Visit Preparation and Review of Regulations for Approved Nurse Aide Education Programs for Program Coordinators and Instructors is scheduled on **October 14, 2025** at Runk and Pratt School of Nursing – Bella Vista Hotel, from 1 pm to 4 pm.

  - Orientation to establish a Pre-Licensure PN and RN Nursing Program for Program Directors is scheduled on **October 15, 2025** at DHP – Conference Center 201 – Board Room 4, from 9 am to 12 pm.

REVIEW OF THE AGENDA:

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

***B1**	May 19, 2025	Formal Hearings
***B2**	May 20, 2025	Business Meeting
***B3**	May 21, 2025	Board of Nursing Officer Meeting
***B4**	May 21, 2025	Panel A - Formal Hearings
***B5**	May 22, 2025	Formal Hearings
***B6**	May 29, 2025	Telephone Conference Call
***B7**	June 4, 2025	Telephone Conference Call
***B8**	June 25, 2025	Formal Hearings
***B9**	July 15, 2025	Telephone Conference Call

***B10** July 21, 2025	Formal Hearings
***B11** July 22, 2025	Panel A - Formal Hearings
***B12** July 22, 2025	Panel B – Formal Hearings
***B13** July 23, 2025	Panel A – Formal Hearings
***B14** July 23, 2025	Panel B – Formal Hearings
***B15** July 24, 2025	Formal Hearings
***B16** July 29, 2025	Telephone Conference Call
***B17** August 12, 2025	Telephone Conference Call
****B18** August 26, 2025	Telephone Conference Call

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

***C4** – HPMP Quarterly Report – April 1 – June 30, 2025 and 2024 HPMP Annual Report

***C5** – NCSBN NLEX Item Review Subcommittee (NIRSC) Meeting, June 24-26, 2025 Report – **Dr. Mangrum**

NCSBN Annual Meeting, August 13-15, 2025 Report:

- ****C6** - Ms. Davis
- ****C7** - Ms. Zehr

DIALOGUE WITH DHP DIRECTOR – Mr. Owens

B. **DISPOSITION OF MINUTES –** None

C. REPORTS

- *DHP Performance Measure Report Q4 FY2025 – **FYI**

D. OTHER MATTERS:

- Board Counsel Update (**verbal report**)
- Voting on Interim Second Vice-President for the remaining of 2025 – **Ms. Cartte**
- Consideration of delegating Board Staff to offer Pre-Hearing Consent Orders (PHCOs) to Licensed Massage Therapists (LMTs) who do not meet eligibility for licensure due to fraudulent education and invalidation of MBLEX score – **Ms. Bargdill**
- Informal Conference Schedule for February, April and June 2026 – **Ms. Cartte/Ms. Morris**
  - ***D1** - Special Conference Committee (SCC) Composition as of January 1, 2026
  - ***D2** - SCC Memo regarding the First Half of 2026
  - ***D3** - SCCs' Available Dates for February, April and June 2026

E. EDUCATION:

- Nurse Aide, Medication Aide and Nursing Education Program Updates – **Ms. Wilmoth** (**verbal report**)
- ****E2** - NCSBN Annual Report Summary – **Ms. Wilmoth**
- ****E3 –** 2026 Dates for Education Informal Conference Meetings

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

- ****F1 –** Chart of Regulatory Actions
- ****F2 –** Adoption of New Policy Document Regarding 15:1 Clinical Experience Ratio Waiver

- ****F3 –** Consideration of Notice of Intend Regulatory Action (NOIRA) to Implement the Massage Therapy Compact
- ****F4 –** Consideration of Fast-Track Action regarding Informal Conference (IFC) Decisions
- ****F5 –** Consideration of Exempt Regulations to License Advanced Registered Medication Aides
- ****F6 –** Consideration of Proposed Stage Language to Implement Chapter 19 2022 Periodic Review
- ****F7 –** Adoption of New Guidance Document 90-8: Interpretation of "Alternative Credentials"
- ****F8 –** Amendments to Guidance Document 90-56 following General Assembly Actions – Practice Agreement Requirements for Advanced Practice Registered Nurses (APRNs)
- *****F9 –** Issuance of Periodic Review for Chapter 15, 30 and 40

G. CONSIDERATION OF CONSENT ORDERS

- TBD

12:00 P.M. – 12:45 P.M – LUNCH – Recognition of Service

- Margaret J. Friedenberg, Citizen Member
- Cynthia R. Swineford, RN, MSN, CNE

12:45 P.M. – Possible Summary Suspension Considerations

- *****Cases # 233037 and 243120 –** presented by Aaron Timberlake
- *****Cases # 247421, 240168 and 182484 –** presented by Grace Stewart
- **Case # 247216 –** presented by David Kazzie
- **Case # 247261 –** presented by Elizabeth Dorsey
- **Case # 247224 -** presented by Piero Mannino

*****Request for Reconsideration – case # 231791**

1:30 P.M.

*****E1 –** Education Special Conference Committee August 19, 2025 Minutes

CONSIDERATION OF THE AUGUST 19, 2025 EDUCATION SPECIAL CONFERENCE COMMITTEE RECOMMENDATIONS:

- *****E1a –** Germanna Community College, Locust Grove, Practical Nursing Education Program US28104000
- *****E1b -** Unique Health, Manassas, Nurse Aide Education Program, 1414100902

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS – Full Board

1	*Tammy Lynne Heinrich Vargo Pugh, LPN	2	*Ifeyinwa Chinelo Obikili, LPN
3	*Sara Anne Holm, LPN	4	*Nekia Shawta Ford-Battle, RN Applicant
5	*Kimberly Richard, RN	6	*Loranzo Johnson, Jr., LPN
7	*Tiquita Vashon Williams, RN	8	*Jean Jacques K. Tayou, RN Applicant
9	*Doretha Yvette Wimms, LPN	10	*Susan Elizabeth Ellis Cleveland, RN
11	*Mark Durell Shadden, RN	12	*Mollie Ann Griddine, LPN
13	*Bailey Elizabeth Cardoza, RN	14	*Berlinda Oduro Sarpong, RN
15	*Lisa Smith Johnston, RN	16	*Kyle Brandon Hill, RN

17	**Pamela Crook Ealey, RN Applicant	18	**Markia Dominique Little, LPN
19	** Pamela Teresa McClain, LPN	20	**Amy Lillian Pellegrino, LPN
21	**Megan White, LPN	22	**Rhiannon Patricia Carrow, CNA
23	**Shanece LaShay Hayes-Ewell, RN Applicant	24	**Alissa Edwards, LPN

BOARD MEMBER DEVELOPMENT

- Conflict of Interest
  **Policy Number 76-10.24: Conflict of Interest Policy Acknowledgement for Board Members

- **Reimbursement

MEETING DEBRIEF:

- What went well
- What needs improvement

ADJOURNMENT OF BUSINESS AGENDA

Nominating Committee Meeting – immediately after the Business meeting in **Hearing Room 5**

(*1st mailing – 8/20) (**2nd mailing – 8/27) (***3rd mailing – 9/3)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 19, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 2:08 P.M., on May 19, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia Swineford, MSN, RN, CNE; **President**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC

STAFF PRESENT:
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; incoming Deputy Executive Director for Advanced Practice
Tamika Claiborne, Senior Licensing/Discipline Specialist

OTHERS PRESENT:
Brent Saunders, Senior Assistant Attorney General
Nurse Aide Students from Alexandra City High School

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

FORMAL HEARINGS: **Don McNeil, III, RN** **0001-330600**

Mr. McNeil appeared and was accompanied by his wife Ellen Giuliano and represented by Nathan Mortier, legal counsel.

Mandy Wilson, Senior Assistant Attorney General, and Aaron Timberlake, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Juan Ortega, court reporter with Ortega International Reporting, LLC, recorded the proceedings.

Steve Keene, Senior Investigator, Enforcement Division, and Elizabeth Smith, Family Services Specialist, Fredericksburg Department of Social Services, were present and testified.

RECESS:	The Board recessed at 2:26 P.M.
RECONVENTION:	The Board reconvened at 2:32 P.M.
CLOSED MEETING:	Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3.59 P.M., for the purpose of deliberation to reach a decision in the matter of **Don McNeil, III.** Additionally, Ms. Kinchen moved that Dr. Hills, Dr. Mangrum, Ms. Hardy, Ms. Claiborne and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.
RECONVENTION:	The Board reconvened in open session at 4:47 P.M. Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.
ACTION:	Dr. Cox moved that the Board reprimand **Don McNeil, III** and place his license to practice professional nursing in the Commonwealth of Virginia on probation with terms. The motion was seconded by Ms. Kinchen and passed unanimously in favor of the motion. This decision shall be effective upon entry of a written Order by the Board stating the findings, conclusion, and decision of this formal hearing panel.
ADJOURNMENT:	The Board adjourned at 4:48 P.M.

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Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

VIRGINIA BOARD OF NURSING
BUSINESS MEETING MINUTES
May 20, 2025

B2

TIME AND PLACE: The business meeting of the Board of Nursing was called to order at 9:00 A.M. on May 20, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

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

BOARD MEMBERS PRESENT:
Delia Acuna, FNP-C
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret J. Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member – **joined at 9:31 A.M.**
Helen Parke, DNP, FNP-BC
Jeanell Webb-Jones, MSN, RN, AMB-RN
Jodi Zehr, RN

MEMBERS ABSENT:
Shantell Kinchen, LPN
Lila Peake, RN
Shelly Smith, PhD, DNP, ANP-BC

STAFF PRESENT:
Claire Morris, RN, LNHA; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Stephanie Willinger, Deputy Executive Director
Jacquelyn Wilmoth, MSN, RN; Deputy Executive Director for Education
Randall Mangrum, DNP, RN; Incoming Deputy Executive for Advanced Practice
Christine Smith, RN, MSN; Nurse Aide/RMA Education Program Manager
Ka Yu-Cheng, RD, RN, SMQT; Compliance & Case Adjudication Manager
Huong Vu, Operations Manager
Cheryl Giles, Administrative Support Specialist

OTHERS PRESENT:
Charis Mitchell, Senior Assistant Attorney General, Board Counsel – **joined at 12:51 P.M. via telephone**
Arne Owens, DHP Director
Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs
Matt Novak, DHP Policy and Economic Analyst

IN THE AUDIENCE:
Lindsey Cardwell, CEO of Virginia Nurses Associate (VNA) and Virginia Nurses Foundation (NVF)
Theresa Gaffney, PhD, MPA, RN, CNE, VNA Commissioner on Nursing Education
Ashley Henry, VNA

W. Scott Johnson, Hancock Daniel & Johnson PC, Medical Society Virginia (MSV)
Domilyl Simerson, Dina Hewitt, and Barbara Halls, Chamberlain University
Patricia Lewis, Gentry Locke Consulting

ESTABLISHMENT OF A QUORUM: With 11 members present, Ms. Swineford indicated that a quorum was established.

PUBLIC COMMENT: Lindsey Cardwell, CEO of VNA/VNF commented the following:
VNA will continue its focus on strategic imperative
VNA continues to advocate for nurse workforce center
Legislative Summit is on November 1, 2025
Fall Conference is on November 15, 2025

ANNOUNCEMENTS: Ms. Swineford announced the following:

Board Member Update:

- **Mike Tramonte, Falls Church,** was appointed by Governor Youngkin on April 11, 2025, to serve on the Advisory Boad of Massage Therapy from July 1, 2024 to June 30, 2028. Mr. Tramonte replaces Dawn M. Hogue, LMT.

Staff Update:

- **Shijuan McKinney, MSN, RN,** has accepted the P-14 Nursing Education Program position and started on April 7, 2025.
- **Tamika Claiborne** has accepted the Senior Discipline Specialist and started on April 25, 2025. Ms. Claiborne replaces Ms. Tamayo-Suijk.
- **Randall Mangrum, DNP, RN,** has accepted the Deputy Executive Director for Advanced Practice position and started on April 25, 2025. Dr. Mangrum replaces Dr. Hills.
- **Cheryl Giles** has accepted the Administration Support Specialist position and started on May 19, 2025. Ms. Giles replaces Breana Wilkins.
- **Felisa Smith, RN Probable Cause Reviewer**, announced her resignation effective April 4, 2025.
- **Sylvia Tamayo-Suijk, Senior Nursing Discipline Specialist,** announced her retirement with her last day being May 2, 2025.
- **Louise Hershkowitz, Agency Subordinate/Probable Cause Reviewer**, announced her retirement with her last day being June 30, 2025.

- **Robin Hills, DNP, WHNP-BC, RN, Deputy Executive Director for Advanced Practice,** announced her retirement with her last day being June 30, 2025.

- **Francesca Iyengar, MSN, RN, Discipline Case Manager,** announced her retirement with her last day being July 31, 2025.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- NCSBN Executive Officer Summit is scheduled for June 2-4, 2025, in New Hampshire. Ms. Morris will attend.

- The Education Informal Conference Committee is scheduled for June 11, 2025, at 9 am in Board Room 4.

- The Committee of the Joint Boards of Nursing and Medicine Business Meeting is scheduled for June 18, 2025, at 9 am in Board Room 4.

- The NLC Annual Meeting is scheduled for August 12, 2025, in Chicago. Ms. Morris will attend as Commissioner to represent Virginia Board of Nursing.

- The NCSBN Annual Meeting is scheduled for August 13-15, 2025, in Chicago. Ms. Morris, Ms. Davis, Ms. Zehr will attend as Virginia Board of Nursing representatives. Ms. Swineford will attend as NCSBN Award Committee Member. Ms. Glazier will attend as NCSBN Governance & Bylaws Committee Member.
  NCSBN voting session - Ms. Morris and Ms. Swineford will serve as Primary Delegates. Ms. Davis serves as Alternate Delegate.

REMINDER of Additional Special Conference Committee (SCC) to hear reinstatement cases:

<u>June 2025</u>:

- SCC-C – Wednesday, June 4, 2025 → Acuna and Peake
- SCC-A – Friday, June 6, 2025 → Swineford and Davis
- SCC-B – Monday, June 9, 2025 → Cartte and Merrick, LMT
- SCC-D – Monday, June 30, 2025 → Cox and Hogan

REMINDER of Additional Formal Hearings:

- **Wednesday, 6/25/2025** → Swineford, Cartte, Friedenberg, Kitt, and Zehr

- **Monday, 10/27/2025** → Swineford, Cartte, Kitt, Parke, Webb-Jones and Zehr

- **Nursing and Nurse Aide Education Program Training Sessions**:

➢ Preparation and Regulation Review for Program Directors and Faculty of PN and RN Pre-Licensure Nursing Programs is scheduled on **June 4, 2025** at DHP – Conference Center 201- Board Room 4, from 9 am to 12 pm.

➢ Preparation and Regulation Review for Coordinators and Instructors of Nurse Aide Education Programs is scheduled on **June 4, 2025** at DHP – Conference Center 201 – Board Room 4, from 1 pm to 4 pm.

ORDERING OF AGENDA: Ms. Swineford asked staff if there are modifications to the agenda.

Ms. Morris stated that there are no modification to the agenda.

CONSENT AGENDA: Ms. Morris removed the Executive Director Report (C3).

Ms. Cartte moved to accept the items that were not pulled on the consent agenda listed below as presented. The motion was seconded by Dr. Cox and carried unanimously.

Consent Agenda

B1 March 17, 2025	Formal Hearings
B2 March 18, 2025	Business Meeting
B3 March 19, 2025	Board of Nursing Officer Meeting
B4 March 20, 2025	Panel A - Formal Hearings
B5 March 20, 2025	Panel B – Formal Hearings
B6 March 21, 2025	Formal Hearings
B7 May 1, 2025	Telephone Conference Call
B8 May 6, 2025	Telephone Conference Call
B9 May 12, 2025	Telephone Conference Call

C1 - Board of Nursing Monthly Tracking Log
C2 - Agency Subordinate Recommendation Tracking Log

C4 – HPMP Quarterly Report – January 1 – March 31, 2025

C5 - Federation of State Massage Therapy Boards (FSMTB) 2025 Massage Board Executive (MBE) Summit – April 2-3, 2025 report – **Ms. Bargdill**

Discussion of C3 – Executive Director Report
Ms. Morris added the following to her report:

- Board Members should direct all media inquiries to board staff, Ms. Morris and/or Ms. Vu.
- The Board received notification from FBI that the third school in Florida, Azure College, has been added to the list with fraudulent transcripts. Currently, the Board has 20 individuals on the list and there are additional seven schools will be added to the list.

Ms. Cartte moved to accept the **Executive Director Report (C3)** as amended. The motion was seconded by Dr. Cox and carried unanimously.

DIALOGUE WITH DHP DIRECTOR OFFICE:

Mr. Owens thanked all Board Members and staff for their work on the Board, and provided the following information:

- 2025 General Assembly (GA) – has completed. The GA was backed on April 7, 2025 to compete its second session. Board of Health Professions (BHP) elimination bill has been passed and will be effective July 1, 2025. BHP's duties and functions will be transferred to regulatory boards within DHP.
- 2026 GA – DHP is in process considering proposals.
- Agency Efficiency Workgroup has launched and led by Leslie Knackel to evaluate operational costs for all boards at DHP.
- Budget 2027-2028 – preparation of the biennial budget is in process.

Ms. Swineford thanked Mr. Owens for his report.

DISPOSITION OF MINUTES:

None

REPORTS:

NCLEX Item Review Subcommittee (NIRC) meeting – May 13-15, 2025:
Dr. Mangrum reported that the NIRC is a subcommittee of the NCLEX Examination Committee. Its primary function is to review pretest items that are being considered for inclusion in the NCLEX. These items are not yet part of the actual exam but are being evaluated for their suitability and alignment with the NCLEX test. The Committee's role is part of the NCLEX development process, ensuring items are relevant, fair, and accurately reflect entry-level nursing practice.

Dr. Mangrum added that during this meeting, the Committee reviewed a total of 1415 questions.

Virginia Organization for Nurse Leaders (VONL) 2025 Spring Nurse Leader Workshop – May 16, 2025:
Ms. Morris said that it was a great networking event where Chief Nurse Officers (CNOs), Nursing Leaderships, Unit Director in hospital systems attended the workshop and shared how they had developed their own nursing staff.

Ms. Morris noted the highlighted presentation regarding how the emotion plays into the workplace and how workers regulate their emotion.

Ms. Wilmoth added that if workers do not address the emotion then they endorse it.

Ms. Wilmoth noted that she is still processing the presentation regarding how burnout and stress do not exist.

OTHER MATTERS:

Board Counsel Update:
None.

D1 – Dates for 2026 Board Business Meetings and Formal Hearings
Ms. Swineford stated that this item is provided for information only and asked Board Members to keep D for future reference.

DHP Performance Measure Report Q3 2025
Ms. Morris highlighted the report provided on the agenda.

10:00 A.M. – POLICY FORUM – Healthcare Workforce Data Center (HWDC) Report – Yetty Shobo, PhD, Executive Director, and Barbara Hodgdon, PhD, Deputy Executive Director.

- Virginia's Nursing Education Programs: 2023 – 2024 Academic Year

Dr. Shobo presented the report's key findings and provided the following conclusion:

- Attrition rates in PN programs and high unfilled capacity in both types of programs is of concern
- Increase in the number waitlisted in both programs of concern
- Increase in students' graduation and enrollment is encouraging
- Decrease in % newly appointed in RN programs concerning
- Facility commitment and faculty shortages were barriers for both PN and RN programs and should be addressed

Ms. Swineford thanked Dr. Shobo for her report.

Dr. Kitt moved to accept the Virginia's Nursing Education Programs: 2023 –

2024 Academic Year report as presented. The motion was seconded by Dr. Parke and carried unanimously.

RECESS: The Board recessed at 10:06 A.M.

RECONVENTION: The Board reconvened at 10:21 A.M.

EDUCATION:

Education Update:

Ms. Wilmoth reported the following:

Nurse Aide Education Program Updates

- Credentia – Board staff continue to work with Credentia staff to resolve testing availability and registry concerns as we are made aware. The Board has provided Credentia with written notice regarding unmet contractual obligations. Credentia has been asked to supply a timeline for resolution. If Credentia is unable to meet contractual obligations, the Board may find necessity in the contract being open to Request For Proposal (RFP).

- Effective May 12, 2025, Credentia officially assumed responsibility for the NNAAP and MACE examinations from NCSBN. This means Credentia will have responsibility for ensuring validity of the exam moving forward

Medication Aide Program Updates

- PSI – 1st quarter 2025 first-time test rates have declined from 4th quarter 2024 using the same forms (2024 – 57%, 2025 – 49%).

- PSI is continuing to monitor monthly/quarterly pass rates - provided report for topic and school performance with Q4 and Q1 comparisons.

- New test items have been released as sample questions to determine their validity and testing strength prior to being used as scoring items on the state exam.

- Quarterly meetings with PSI will continue and new test items development will begin in late summer/early fall.

Nursing Education Programs Updates

- First Quarter NCLEX Pass Rates: There are 9 RN and 10 PN programs will NCLEX pass rates below 80% for the first quarter of 2025.

- Sentara (BSN and MSN) has notified the Board of their intention to seek partnership with another academic institution to transition their current students out of the program. If the college is unable to secure a partnership for the nursing programs, they have shared their commitment to supporting all current students through the completion of their degrees.
- The Board of Nursing has been made aware of a second opportunity for programs to apply for an Earn to Learn Grant, with an application deadline of May 31, 2025. This opportunity has been shared with all approved nursing education programs in the Commonwealth.
- Regulatory changes from the 2024 legislative session:
  - Out of state clinical: regulatory language regarding programs to conduct at least 80% of clinical in VA has been repealed effective May 8th
  - The regulatory changes regarding nursing faculty requirements required by HB 1290 will be effective July 16, 2025. Board staff are responding to inquiries from programs regarding the effects of these change on programs

LEGISLATION/
REGULATION:

F1 - Chart of Regulatory Actions
Mr. Novak reviewed the Chart of Regulatory Actions provided on the agenda noting the periodic review of 18VAC90-19 has been published.

F2 – Consideration of Exempt Changes to Licensed Certified Midwife (LCM) Practice agreement Requirements following 2025 General Assembly
Mr. Novak reviewed the draft changes to Chapter 30 and 70 provided on the agenda and will be effective on July 1, 2025 once the Board approve the changes by exempt action.

Dr. Parke moved the Board of Nursing to amend 18VAC90-30 and 18VAC90-70 by exempt action. The motion was seconded by Dr. Kitt and carried unanimously.

F3 – Consideration of Fast-Track Changes to Eliminate Board Approval of Nursing Education Informal Conference (IFC) Orders
Mr. Novak reviewed the draft changes to Chapter 27 noting that IFCs involving nursing education programs are the only IFC orders that come before the Board for approval. Mr. Novak added that this elimination will streamline consideration of education programs and shorten the time for review.

Dr. Kitt moved that the Board of Nursing amend Chapter 27 by Fast Track as presented. The motion was seconded by Ms. Zehr and carried unanimously.

F4 – Review of Potential Legislative Requests of the Agency regarding Fees and Finances

Ms. Barrett noted that this is for review only, no action needed and proceeded in reviewing the draft legislative proposals.

RECESS: The Board recessed at 11:40 A.M.

RECONVENTION: The Board reconvened at 11:49 A.M.

CONSIDERATION OF CONSENT ORDERS:

G1 – Lili Dai, LMT **0019-018429**

Ms. Cartte moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Lili Dai** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

G2 – Kevin James Coolong, RN **0001-164890**

Ms. Cartte moved that the Board of Nursing accept the consent order of **Kevin James Coolong** for permanent voluntary surrender of his license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

BOARD MEMBER DEVELOPMENT:

Ms. Morris reviewed the possible summary suspension (PSS) motions.

RECESS: The Board recessed at 11:40 A.M.

RECONVENTION: The Board reconvened at 12:51 P.M.

POSSIBLE SUMMARY SUSPENDSION CONSIDERATION:

Charis Mitchell, Senior Assistant Attorney General, Board Counsel joined the meeting at 12:50 P.M. via telephone.

Amanda Padula-Wilson, Assistant Attorney General, David Robinson, Assistant Attorney General, Avi Efreom and Christine Andreoli,

Adjudication Specialists, Administrative Proceedings Division (APD), joined the meeting at 12:51 PM.

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Brandon Brice Maryland, RN (Maryland license number R229028 with multistate privilege)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:01 P.M., for the purpose of deliberation to reach a decision in the matter of **Brandon Brice Maryland**. Additionally, Ms. Zehr moved that Ms. Morris, Ms. Bargdill, Dr. Hills, Dr. Mangrum, Ms. Hardy, Ms. Vu, Ms. Giles 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 by Dr. Cox and carried unanimously.

Ms. Wilmoth, Ms. Willinger, Ms. Padula-Wilson, Mr. Robinson, Mr. Efreom and Ms. Andreoli left the meeting at 1:01 PM.

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

Ms. Wilmoth, Ms. Willinger, Ms. Padula-Wilson, Mr. Robinson, Mr. Efreom and Ms. Jovonni re-joined the meeting at 1:08 PM.

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

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

Ms. Padula-Wilson and Mr. Efreom left the meeting at 1:09 P.M.

David Robinson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **John Hallowell, RN (0001-306615)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:15 P.M., for the purpose of deliberation to reach a decision in the matter of **John Hallowell, RN** . Additionally, Ms. Zehr moved that Ms. Morris, Ms. Bargdill, Dr. Hills, Dr. Mangrum, Ms. Hardy, Ms. Vu, Ms. Giles 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 by Dr. Cox and carried unanimously.

Ms. Willinger, Ms. Wilmoth, Mr. Robinson and Ms. Andreoli left the meeting at 1:15 PM.

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

Ms. Willinger, Ms. Wilmoth, Mr. Robinson and Ms. Andreoli re-joined the meeting at 1:22 PM.

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

Ms. Acuna moved to summarily suspend the right of **John Hallowell** to renew his license to practice professional nursing pending a formal administrative hearing and offer a consent order for revocation of the right to renew his license to practice professional nursing in the Commonwealth of Virginia in lieu of a formal hearing. The motion was seconded by Dr. Kitt and carried unanimously.

Ms. Mitchell, Mr. Robinson and Ms. Andreoli left the meeting at 1:23 PM.

RECESS: The Board recessed at 1:34 P.M.

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

E1 – Education Special Conference Committee April 9, 2025 minutes

Ms. Cartte moved to accept the Education Special Conference Committee April 9, 2025 minutes as presented. The motion was seconded by Dr. Cox and carried unanimously.

CONSIDERATION OF THE APRIL 9, 2025 EDUCIYTON SPECIAL CONFRENCE COMMITTEE RECOMMENDATIONS:

E1a – Westwood Center Nurse Aide Education Program, 1414100969

Ms. Cartte moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Westwood Center Nurse Aide Education Program** to operate a nurse aide education program and, within 30 days of the date of entry of the Order, Westwood Center submits to the Board a list of all graduates with the date of graduation of each. The motion was seconded by Dr. Cox and carried unanimously.

E1b – Consulate Health Care King's Daughters Community Health and Rehab Nurse Aide Education Program, 1414100983

Ms. Cartte moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Consulate Health Care King's Daughters Community Health and Rehab Nurse Aide Education Program** to operate a nurse aide education program in the Commonwealth of Virginia and, within 30 days of the date of entry of the Order, Consulate Health Care King's Daughters submits to the Board a list of all graduates with the date of graduation of each. The motion was seconded by Dr. Cox and carried unanimously.

E1c – Consulate Health Care Augusta Nursing and Rehab Nurse Aide Education Program, 1414100984

Ms. Cartte moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Consulate Health Care Augusta Nursing and Rehab Nurse Aide Education Program** to operate a nurse aide education program in the Commonwealth of Virginia and, within 30 days of the date of entry of the Order, Consulate Augusta submits to the Board a list of all graduates with the date of graduation of each. The motion was seconded by Dr. Cox and carried unanimously.

E1d – Accent Healthcare Institute, LLC Nurse Aide Education Program, 1414100774

Ms. Cartte moved that the Board of Nursing accept the recommendation of the Education Special Conference to withdraw the approval of **Accent Healthcare Institute, LLC Nurse Aide Education Program** effective immediately and, within 30 days of the date of entry of the Order, Accent Healthcare submits to the Board a list of all graduates with the date of graduation of each. The motion was seconded by Dr. Cox and carried unanimously.

E1e – Chamberlain University College of Nursing – Tysons Corner Baccalaureate Degree Nursing Education Program, US28408900

Ms. Cartte moved that the Board of Nursing accept the recommendation of the Education Special Conference to continue the approval of **Chamberlain University College of Nursing – Tysons Corner** to operate a baccalaureate degree nursing education program on conditional approval, subject to terms and conditions. The motion was seconded by Dr. Cox and carried unanimously.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#16 – Shirley Ann Burroughs, LPN 0002-044882

Ms. Burroughs appeared and addressed the Board.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 1:47 P.M. for the purpose of considering the agency subordinate recommendations regarding **Shirley Ann Burroughs, LPN**. Additionally, Ms. Zehr moved that Ms. Morris, Dr. Hills, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Vu, and Ms. Giles attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:02 P.M.

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

Dr. Kitt moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Shirley Ann Burroughs** to practice practical nursing in the Commonwealth of Virginia until she provides satisfactory proof of her compliance with continued competency requirements for the renewal cycle of 2021 to 2023. The motion was seconded by Ms. Davis with 10 votes in favor of the motion. Mr. Hogan opposed the motion.

#29 – Darnell Asmar Jeffers, RN **MD License # R181117 With Multistate Privileges**

Mr. Jeffers appeared and addressed the Board.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:08 P.M. for the purpose of considering the agency subordinate recommendations regarding **Darnell Asmar Jeffers, RN**. Additionally, Ms. Zehr moved that Ms. Morris, Dr. Hills, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Vu, and Ms. Giles attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:21 P.M.

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

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate that **Darnell Asmar Jeffers**, within 90 days from the date of entry of the Order, provide written proof of successful completion of Board-approved course of at least three (3) contact hours in the subject of proper handling and documentation of medications. The motion was seconded by Dr. Kitt and carried unanimously.

#14 – Britteny Devine, RN **0001-219754**

Ms. Devine appeared, addressed the Board and submitted a written response.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:26 P.M. for the purpose of considering the agency subordinate recommendations regarding **Britteney Devine, RN**. Additionally, Ms. Zehr moved that Ms. Morris, Dr. Hills, Dr. Mangrum, Ms. Bargdill, Ms. Hardy, Ms. Vu, and Ms. Giles attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:36 P.M.

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

Dr. Cox moved that the Board of Nursing dismiss the matter regarding **Britteny Devine, RN**. The motion was seconded by Ms. Cartte and carried with 10 votes in favor of the motion. Ms. Swineford opposed the motion.

The following Agency Subordinate Recommendations were accepted by the Board as presented:

#3 – Mittie Gail Hinton, RN **KY License # 1105283 With Multistate Privilege**

Ms. Hinton did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Mittie Gail Hinton** and, within 90 days from the date of entry of the Order, Ms. Hiton to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject areas of: (a) professional accountability and legal liability; (b) critical thinking; and (c) documentation as it relates to the practice of professional nursing. The motion was seconded by Dr. Kitt and carried unanimously.

#4 – Cynthia Ann Miles Wilson, LPN **0002-089800**

Ms. Wilson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Cynthia Ann Miles Wilson** to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#5 – Barbara Preko, LPN **0002-097757**

Ms. Preko did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Barbara Preko** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#6 – Naudrey Allen Parker, LPN **0002-040967**

Ms. Parker did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Naudrey Allen Parker** to practice practical nursing in the Commonwealth of Virginia from the date of entry of the Order until such time as Ms. Parker presents to the Board satisfactory proof of her compliance with continued competency requirements for the March 31, 2021, to March 31, 2023, renewal cycle . The motion was seconded by Dr. Kitt and carried unanimously.

#10 – Ashley Nicole Barron, LPN **0002-081895**
Ms. Barron did not appear.

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

#12 – Jessica Miles Jenkins, RN **0001-201216**
Ms. Jenkins did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Jessica Miles Jenkins** and to place her license to practice professional nursing in the Commonwealth of Virginia on probation with terms and conditions. The motion was seconded by Dr. Kitt and carried unanimously.

#13 – Vicky Lynn Whitaker, LPN **0002-090849**
Ms. Whitaker did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Vicky Lynn Whitaker** and, within 90 days from the date of entry of the Order, Ms. Whitaker to provide written proof satisfactory to the Board of successful completion of Board-approved courses of at least three (3) contact hours each in the subjects of 1) ethics; 2) professional accountability and legal liability; and 3) professional boundaries.. The motion was seconded by Dr. Kitt and carried unanimously.

#17 – Jennifer Lynn Cecil, RN **0001-292412**
Ms. Cecil did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon **Jennifer Lynn Cecil** entry into the Virginia Health Practitioners' Monitoring Program (HPMP), within 90 days of the date the Order is entered, and

comply with all terms and conditions of the HPMP for the period specify by the HPMP. The motion was seconded by Dr. Kitt and carried unanimously.

#18 – Georgiana Johnson, RN **0001-287944**
Ms. Johnson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Georginia Johnson** and, within 60 days from the date of entry of the Order, Ms. Johnson provides written proof satisfactory to the Board of successful completion of three (3) contact hours of continuing education in each of the subjects of (i) delegating effectively; (ii) proper documentation; (iii) medication errors/proper handling and documentation of medications; (iv) professional accountability & legal liability, and (v) ethics and professionalism in nursing. The motion was seconded by Dr. Kitt and carried unanimously.

#21 – Randi R. Gryder Seward, RN **0001-290463**
Ms. Seward did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of **Randi R. Gryder Seward** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Seward's entry into a Contract with Virginia Health Practitioners' Monitoring Program (HPMP), within 90 days of the date the Order is entered, and comply with all terms and conditions of the HPMP for the period specify by the HPMP . The motion was seconded by Dr. Kitt and carried unanimously.

#23 – Nicole Elaine Longfield, LPN **0002-080612**
Ms. Longfield did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Nicole Elaine Longfield** to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#25 – Margaret Mary Evans, RN **GA License # 179834**
With Multistate Privileges
Ms. Evans did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the privilege of **Margaret Mary Evans** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt carried unanimously.

#26 – Kimberly N. Phillips, LPN **0002-083672**
Mr. Phillips did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Kimberly N. Phillips** to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#28 – Samantha Nicole Miano, LPN **WV License # 35086**
With Multistate Privileges

Ms. Miano did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Samantha Nicole Miano** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#31 – Merlynda Soriano Gecolea, RN **0001-190087**
Ms. Gecolea did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate that **Merlynda Soriano Gecolea,** within 90 days from the date of entry of the Order, provide written proof of successful completion of Board-approved courses of at least three (3) contact hours of proper handling and documentation of medications. The motion was seconded by Dr. Kitt and carried unanimously.

#32 – Tigest Asnake, RN Applicant **Case # 232851**
Ms. Asnake did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Tigest Asnake** for licensure to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#33 – Kelly Ann Mattson, RN **0001-150121**
Ms. Mattson did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to impose terms and conditions upon belief that probable cause exists that **Kelly Ann Mattson** is unable to practice with reasonable skill and safety due to physical and/or mental illness. The motion was seconded by Dr. Kitt and carried unanimously.

#34 – Allswell Percy Olise-Aikins, LPN MD License # 52546 With Multistate Privileges

Ms. Olise-Aikins did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Allswell Percy Olise-Aikins** and to place her privilege to practice practical nursing in the Commonwealth of Virginia on indefinite probation subject to terms and conditions. The motion was seconded by Dr. Kitt and carried unanimously.

#35 – Tyee T. Harris, CNA 1401-163583

Mr. Harris did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the certificate of **Tyee T. Harris** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against Mr. Harris in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Kitt and carried unanimously.

#37 – Chaidasha Jackson, CNA 1401-176609

Ms. Jackson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Chaidasha Jackson** and to indefinitely suspend her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#38 – Tonia L. Chambers, CNA 1401-109835

Ms. Chambers did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Tonia L. Chambers** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nure Aide Registry. The motion was seconded by Dr. Kitt and carried unanimously.

#39 – Crystal Dawn Zimmerman, RMA 0031-012962

Ms. Zimmerman did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of **Crystal Dawn Zimmerman** to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#42 – Florence Elizabeth Johnson Smith, CNA **1401-041030**
Ms. Smith did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Florence Elizabeth Johnson Smith** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Kitt and carried unanimously.

#43 – Courtney Danielle Wooding, CNA **1401-226134**
Ms. Wooding did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Courtney Danielle Wooding** and, within 60 days from the date of entry of the Orde, Ms. Wooding provide written proof satisfactory to the Board of successful completion of three (3) contact hours of continuing education in the subject of professionalism, accountability, and ethics as it relates to the practice of certified nurse aides. The motion was seconded by Dr. Kitt and carried unanimously.

#44 – Ana Frometa, CNA **1401-184486**
Ms. Frometa did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Ana Frometa**. The motion was seconded by Dr. Kitt and carried unanimously.

#46 – Paula Renee Hood, CNA Applicant **Case # 232332**
Ms. Hood did not appear.

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

RECESS: The Board recessed at 2:48 P.M.

RECONVENTION: The Board reconvened at 2:58 P.M.

The Board went into closed session to consider the remaining agency subordinate recommendations.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 2:58 P.M. for the purpose of considering the remaining agency subordinate recommendations regarding

#1, 2, 7, 8, 9, 11, 15, 19, 20, 22, 24, 27, 30, 36, 40, 41 and 45. Additionally, Ms. Zehr moved that Ms. Morris, Dr. Hills, Dr. Mangrum, Ms. Bargdill, Ms. Vu and Ms. Giles, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:32 P.M.

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

#1 – Mohamed A. Kamara, LPN **0002-098766**
Mr. Kamara did not appear but submitted a written response.

Dr. Cox moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Mohamed A. Kamara** and to indefinitely suspend his right to renew his license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried with 9 votes in favor of the motion. Mr. Hogan and Dr. Parke opposed the motion.

#2 – Barkisu Savage, RN **0001-234702**
Ms. Savage did not appear but submitted a written response.

Dr. Parke moved that the Board of Nursing dismiss the matter regarding **Barkisu Savage**. The motion was seconded by Ms. Cartte and carried with 10 votes in favor of the motion. Ms. Swineford opposed the motion.

#7 – Muhiudin Abawari Abasambi, RN **0001-325922**
Mr. Abasambi did not appear but submitted a written response.

Ms. Zehr moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Muhiydin Abawari Abasambi** and, within 90 days from the date of entry of the Order, Mr. Abasambi provide written proof satisfactory to the Board of successful completion of Board-approved courses of three (3) contact hours in each of the subjects of: (a) ethics and professionalism; (b) proper handling and documentation of medication; and (c) prevention of medication errors. The motion was seconded by Mr. Hogan and carried with 10 votes in favor of the motion. Ms. Friedenberg opposed the motion.

#8 – Theodore Horace Fields, Jr., RN **0001-214061**
Mr. Fields did not appear.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Theodore Horace Fields, Jr.,** and, within 60 days from the date of entry of the Order, Mr. Fields provides written proof of successful completion of Board-approved course of at least three (3) contact hours in the subject of (a) ethics and professionalism, and (b) professional accountability and legal liability. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#9 – Samuel Colton Horn, RN **0001-322573**
Mr. Horn did not appear but submitted a written response.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Samuel Colton Horn** and to place him on indefinitely probation subject to terms and conditions. The motion was seconded by Ms. Zehr and carried with 9 votes in favor of the motion. Ms. Cartte and Dr. Cox opposed the motion.

#11 – Elizabeth Baringer, RN **0001-289604**
Ms. Baringer did not appear.

Dr. Kitt moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Elizabeth Baringer** and, within 90 days from the date of entry of the Order, Ms. Baringer provides written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject areas of: (a) professional accountability & legal liability, (b) critical thinking, and (c) ethics as it relates to the practice of professional nursing. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#15 – Chirstopher Calpo Reyes, RN **0001-246877**
Mr. Reyes did not appear.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Christopher Calpo Reyes** and to revoke his license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Cartte and carried unanimously.

#19 – Justine N. Myers Grueterich, LPN **0002-066845**
Ms. Grueterich did not appear but submitted a written response.

Ms. Cartte moved that the Board of Nursing edit the recommended decision of the agency subordinate to remove "and while not under the direction or

supervision of a physician" in the Findings of Fact and Conclusions of Law #2, to reprimand **Justine N. Myers Grueterich** and, within 60 days from the date of entry of the Order, Ms. Grueterich provides written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subject areas of (i) proper documentation, (ii) professional accountability & legal liability for nurses, and (iii) ethics and professionalism in nursing. The motion was seconded by Ms. Davis and carried unanimously.

#20 – Tamela Sue Steinly, RN **0001-268486**
Ms. Steinly did not appear.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Tamela Sue Steinly** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two (2) years. The motion was seconded by Ms. Acuna and carried unanimously.

#22 – Shannon B. Day Robinson, LPN **0002-079659**
Ms. Robinson did not appear.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Shannon B. Day Robinson** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than two (2) years. The motion was seconded by Ms. Acuna and carried unanimously.

#24 – Michelle Ann Burks, LPN **WV License # PN33645 With Multistate Privileges**
Ms. Burks did not appear.

Ms. Cartte moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Michelle Ann Burks** and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia for a period of not less than two (2) years. The motion was seconded by Dr. Cox and carried unanimously.

#27 – Ranci Taylor Day, RN **0001-325844**
Mr. Day did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Ranci Taylor Day** to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Mr. Day's entry into a Contract with Virginia Health Practitioners' Monitoring Program (HPMP) and comply with all terms and conditions of the HPMP for the period

specified by the HPMP . The motion was seconded by Dr. Kitt and carried unanimously.

#30 – Ana Atella Jacobs, LPN **0002-060236**
Ms. Jacobs did not appear.

Ms. Davis moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand **Anna Atella Jacobs** and to indefinitely suspend her right to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenberg and carried unanimously.

#36 – Gregory Myers, III, CNA **1401-217809**
Mr. Myers did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Gregory Myers**, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of three (3) contact hours of continuing education in the following subject, as they pertain to nurse aide practice: (i) professional accountability & legal liability; and (ii) critical thinking skills. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#40 – Ginny Melton, CNA **1401-213151**
Ms. Melton did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time regarding **Ginny Melton**. The motion was seconded by Ms. Acuna and carried unanimously.

#41 – Mbalu Kamara, CNA **1401-205736**
Ms. Kamara did not appear.

Ms. Cartte moved that the Board of Nursing edit the recommended decision of the agency subordinate to revoke the certificate of **Mbalu Kamara** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nure Aide Registry. The motion was seconded by Dr. Cox and carried unanimously.

#45 – Essence Nettles, CNA **1401-184531**
Ms. Nettles did not appear.

Ms. Cartte moved that the Board of Nursing edit the recommended decision of the agency subordinate to revoke the certificate of **Essence Nettles** to practice as a nurse aide in the Commonwealth of Virginia and to enter a

Finding of Abuse against her in the Virginia Nure Aide Registry. The motion was seconded by Dr. Cox and carried unanimously.

RECESS: The Board recessed at 3:34 P.M.

RECONVENTION: The Board reconvened at 3:43 P.M.

MEETING DEBRIEF: What went well:

- Board Members who viewed business meeting materials via BOX expressed that they loved doing so and wanted to continue this process
- Ms. Davis, Dr. Parke and Ms. Webb-Jones confirmed their participation in receiving board business meeting materials electronically moving forward

What needs improvement:

- None was noted

ADJOURNMENT: The Board adjourned at 4:58 P.M.

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Cynthia M. Swineford, RN, MSN, CNE
President

Virginia Board of Nursing
OFFICER MEETING

B3

May 21, 2025

Time and Place: The Board of Nursing Officer meeting was convened at 8:02 A.M. on May 21, 2025 at Department of Health Professions – Perimeter Center, 9960 Mayland Drive, Suite 201 – Hearing Room 4, Henrico, Virginia.

Board Members Present: Cynthia Swineford, RN, MSN, SNE; President
Carol Cartte, RN, BSN First Vice-President
Helen Parke, DNP, FNP-BC

Staff Members Present: Claire Morris, RN, LNHA

1. **May 20, 2025 Business Meeting Debrief:**
   - Reviewed process of convening a closed session to review mental health confidential exhibit documents.
   - Will develop a reminder document for Board Members to assist following an orderly process during Agency Subordinate Recommendation review.
   - Potential future open discussion regarding the sanction of reprimand.

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The meeting was adjourned at 8:50am.

B4

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
May 21, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:22 A.M., on May 21, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia Swineford, MSN, RN, CNE; **President**
Margaret J. Friedenberg, Citizen Member
Cleopatra Kitt, Citizen Member
Helen Parke, DNP, FNP-BC
Jodi Zehr, RN

STAFF PRESENT:
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Randall Mangrum, DNP, RN; Incoming Deputy Executive Director for Advanced Practice
Ann Hardy, MSN, RN; Deputy Executive Director
Tamika Claiborne, Senior Licensing/Discipline Specialist
Cheryl Giles, Administrative Support Specialist

OTHERS PRESENT:
M. Brent Saunders, Senior Assistant Attorney General
Helen Yorke, Senior Assistant Attorney General
RN students from Glen College of Nursing, Roanoke

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

FORMAL HEARING: **Mercedes Rena Fitzgerald, RN Reinstatement Applicant** **0001-115462**

Ms. Fitzgerald appeared.

Aaron Timberlake, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders and Ms. Yorke were legal counsels for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:00 A.M., for the purpose of deliberation to reach a decision in the matter of **Mercedes Rena Fitzgerald.** Additionally, Dr. Kitt moved that Ms. Bargdill, Dr. Hills, Dr. Mangrum, Ms. Claiborne, Ms. Giles and Mr. Saunders and Ms. Yorke, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

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

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

ACTION: Dr. Kitt moved that the Board approve the reinstatement application of **Mercedes Rena Fitzgerald** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

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

FORMAL HEARING: **Mariam Isatu Kamara, RN** **0001-293868**

Ms. Kamara appeared.

Piero Mannino, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders and Ms. Yorke were legal counsels for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Katie Land, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 12:03 P.M., for the purpose of deliberation of the medical records of **Mariam Isatu**

Kamara. Additionally, Dr. Kitt moved that Ms. Bargdill, Dr. Hills, Dr. Mangrum, Ms. Claiborne, Ms. Giles and Mr. Saunders and Ms. Yorke, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:19 P.M.

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

ACTION: Dr. Parke moved that the Board of Nursing revoke the right of **Mariam Isatu Kamara** to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Zehr and carried unanimously.

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

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

RECONVENTION: The Board reconvened at 2:13 P.M.

FORMAL HEARINGS: **Elizabeth Nicolas, RN** **0001-298497**

Ms. Nicolas appeared and was accompanied by Gordon Nicolas and Dave Nicolas.

Jovonni Armstead, Adjudication Specialist, Administrative Proceedings, represented the Commonwealth. Mr. Saunders and Ms. Yorke were legal counsels for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Kimberly Hyler, Senior Investigator, Enforcement Division, Gordon Nicolas and Dave Nicolas were present and testified.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:38 P.M., for the purpose of deliberation to reach a decision in the matter of **Elizabeth Nicolas.** Additionally, Dr. Kitt moved that Dr. Hills, Ms. Hardy, Dr. Mangrum, Ms. Claiborne, Ms. Giles and Mr. Saunders and Ms. Yorke, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:06 P.M.

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

ACTION: Ms. Zehr moved that the Board of Nursing revoke the right of **Elizabeth Nicolas** to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 4:07 P.M.

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Randall Mangrum, DNP, RN
Incoming Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 22, 2025

B5

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:27 A.M., on May 22, 2025, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Carol Cartte, RN, BSN; **First Vice-President**
Delia Acuna, FNP-C
Cleopatra Kitt, PhD, Citizen Member
Jeanell Webb-Jones, MSN, RN, AMD-RN
Jodi Zehr, RN
Annie Lively, LMT

STAFF PRESENT:
Lelia Claire Morris, RN, LNHA; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Tamika Claiborne, Senior Licensing/ Discipline Specialist

OTHERS PRESENT:
M. Brent Saunders, Assistant Attorney General
RN Students from Riverside College

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

FORMAL HEARINGS: **Taj Griggs, LMT** **0019-018445**

Mr. Griggs appeared at 9:39 A.M.

Piero Mannin, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Maria Joson, Senior Investigator, Enforcement Director, was present and testified. Elizabeth Brackney testified via phone.

RECESS: The Board recessed at 9:39 A.M.

RECONVENTION: The Board reconvened at 9:40 A.M

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:36 A.M., for the purpose of deliberation to reach a decision in the matter of **Taj Griggs.** Additionally, Ms. Webb-Jones moved that Ms. Bargdill, Ms. Morris, Ms. Claiborne and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:14 A.M.

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

ACTION: Ms. Acuna moved that the Board revoke the license of **Taj Griggs** to practice massage therapy in the Commonwealth of Virginia. The motion was seconded by Ms. Lively and carried unanimously.

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

RECESS: The Board recessed at 11:16 A.M.

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

FORMAL HEARINGS: **Zenabou Yiagnigni, RN** **0002-086110**

Ms. Yiagnigni did not appear.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

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

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:42 A.M., for the purpose of deliberation to reach a decision in the matter of **Zenabou Yiagnigni**. Additionally, Ms. Webb-Jones moved that Ms. Bargdill, Ms. Morris, Ms. Claiborne and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:52 A.M.

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

ACTION: Ms. Acuna moved that the Board revoke **Zenabou Yiagnigni** the right to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

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

RECESS: The Board recessed at 11:53 A.M.

RECONVENTION: The Board reconvened at 2:04 P.M

FORMAL HEARINGS: **Florence C. Kum, RN** **0001-308168**

Ms. Kum appeared.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

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

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:07 P.M., for the purpose of deliberation to reach a decision in the matter of **Florence C. Kum**. Additionally, Ms. Webb-Jones moved that Ms. Bargdill, Ms. Morris, Ms. Claiborne and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Kitt and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:30 P.M.

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

ACTION: Ms. Acuna moved that the Board revoke the license of **Florence C. Kum** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Zehr 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 3:30 P.M.

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Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
May 29, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held May 29, 2025, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Delia Acuna, FNP-C
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Shelly Smith, PhD, DNP, ANP-BC
Jeanell Webb-Jones, MSN, RN,
Jodi Zehr, RN

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Amanda Padula-Wilson, Senior Assistant Attorney General
Tammie Jones, Adjudication Specialist, APD
Claire Morris, RN, LNHA, Executive Director
Ann Hardy, MSN, RN, Deputy Executive Director
Randall Mangrum, DNP, RN, Incoming Deputy Executive Director for Advanced Practice
Huong Vu, Operations Manager
Cheryl Giles, Administrative Support Specialist

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

Amanda Padula-Wilson, Assistant Attorney General, presented evidence that the continued practice of massage therapy by **Gabriel Quintanilla, LMT (0019-016829)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:35 P.M., for the purpose of deliberation to reach a decision in the matter of **Gabriel Quintanilla, LMT**. Additionally, Dr. Parke moved that Ms. Morris, Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles 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 by Ms. Webb-Jones and carried unanimously.

Ms. Padula-Wilson and Ms. Jones left the meeting at 4:35 P.M.

RECONVENTION: The Board reconvened in open session at 4:44 P.M.

Ms. Wilson and Ms. Jones re-joined the meeting at 4:44 P.M.
Dr. Parke moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Acuna and carried unanimously.

Dr. Cox moved to summarily suspend the license of **Gabriel Quintanilla, LMT** to practice massage therapy pending a formal administrative hearing in the Commonwealth of Virginia and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

The meeting was adjourned at 4:46 P.M.

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Claire Morris, RN, LNHA
Deputy Executive Director

B7

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
June 4, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held June 04, 2025, at 4:27 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Shelly Smith, PhD, DNP, ANP-BC
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Sean Murphy, Senior Assistant Attorney General
David Robinson, Senior Assistant Attorney General
Jovonni Armstead, Adjudication Specialist, APD
Grace Stewart, Adjudication Specialist, APD
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN, Deputy Executive Director
Randall Mangrum, DNP, RN, Incoming Deputy Executive Director for Advanced Practice
Huong Vu, Operations Manager
Cheryl Giles, Administrative Support Specialist

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

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Agnes Njoku, RN (0001-317221)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Agnes Njoku, RN**. Additionally, Ms. Cartte moved that Ms. Bargdill, Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles 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 by Dr. Cox and carried unanimously.

Ms. Armstead, Ms. Stewart, Mr. Murphy and Mr. Robinson left the meeting at 4:33 P.M.

RECONVENTION: The Board reconvened in open session at 4:38 P.M.

Ms. Armstead, Ms. Stewart, Mr. Murphy and Mr. Robinson re-joined the meeting at 4:38 P.M.

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

Ms. Zehr moved to summarily suspend the right of **Agnes Njoku** to renew her license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of her right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Mr. Murphy and Ms. Armstead left the meeting at 4:40 P.M.

David Robinson, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Nneka Akwara, RN (0001-300002)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:46 P.M., for the purpose of deliberation to reach a decision in the matter of **Nneka Akwara, RN**. Additionally, Ms. Cartte moved that Ms. Bargdill, Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles 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 by Dr. Cox and carried unanimously.

Mr. Robinson and Ms. Stewart left the meeting at 4:46 P.M.

RECONVENTION: The Board reconvened in open session at 4:51 P.M.

Mr. Robinson and Ms. Stewart re-joined the meeting at 4:51 P.M.

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

Dr. Cox moved to summarily suspend the right of **Nneka Akwara** to renew her license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of the right to renew her license in lieu of a formal hearing. The motion was seconded by Dr. Kitt and carried unanimously.

The meeting was adjourned at 4:53 P.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

B8

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
June 25, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:12 A.M., on June 25, 2025, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia M. Swineford, MSN, RN, CNE; **President**
Carol Cartte, RN, BSN
Margaret J. Friedenberg, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Jodi Zehr, RN

STAFF PRESENT:
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist
Cheryl Giles, Administrative Support Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General

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

FORMAL HEARINGS: **Agnes M. Korli, RN** **0001-313133**

Ms. Korli appeared and was accompanied by her fiancée Samuelson Sesay.

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

Beatrice Shaw, Senior Investigator, Enforcement Division, was present and testified.

RECESS: The Board recessed at 10:30 A.M.

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

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:30 A.M., for the purpose of deliberation to reach a decision in the matter of **Agnes M. Korli.** Additionally, Ms. Zehr moved that Ms. Bargdill, Ms. Hardy, Ms. Claiborne, Ms. Giles, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:50 A.M.

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

ACTION: Dr. Kitt moved that the Board revoke the license of **Agnes M. Korli** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and passed unanimously in favor of the motion.

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

CONSIDERATION OF CONSENT ORDERS:

Lisa Sikora Rountree, RN **0001-098613**

Dr. Parke moved that the Board of Nursing accept the consent order of for voluntary surrender for indefinite suspension of **Lisa Sikora Rountree**'s license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

Yuehua Li-Wickham, LMT **0019-015704**

At 10:57 A.M, Ms. Cartte left the meeting.

Ms. Zehr moved that the Board of Nursing accept the consent order to indefinitely suspend the license of **Yuehua Li-Wickham** to practice massage therapy in the Commonwealth of Virginia. The motion was

seconded by Dr. Kitt and carried unanimously.

RECESS: The Board recessed at 10:57 A.M.

RECONVENTION: The Board reconvened at 11:30 A.M.

Ms. Cartte re-joined the meeting at 11:30 A.M.

POSSIBLE SUMMARY SUSPENDSION CONSIDERATION:

Pamela Davis, LPN, Paul Hogan, Citizen Member, Jeanell Webb- Jones, MSN, RN, Claire Morris, Executive Director, and Huong Vu, Operations Manager joined the meeting at 11:30 A.M. via telephone.

David Robinson, Assistant Attorney General, and Amy Weiss, Adjudication Specialist, Administrative Proceedings Division (APD), joined the meeting at 11:30 AM.

David Robinson, Assistant Attorney General, presented evidence that the continued practice of massage therapy by **Steven Donte Johnson** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:45 A.M., for the purpose of deliberation to reach a decision in the matter of **Steven Donte Johnson**. Additionally, Ms. Zehr moved that Ms. Morris, Ms. Bargdill, Ms. Hardy, Ms. Vu, Ms. Giles, Ms. Claiborne, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Kitt and carried unanimously.

Ms. Dewey, Mr. Robinson, and Ms. Weiss left the meeting at 11:45 AM.

RECONVENTION: The Board reconvened in open session at 11:55 A.M.

Ms. Dewey, Mr. Robinson, and Ms. Weiss re-joined the meeting at 11:55 AM.

Ms. Cartte moved that the Board of Nursing certify that it heard, discussed, or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of

Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Ms. Friedenberg and carried unanimously.

ACTION: Dr. Kitt moved to summarily suspend the license of **Steven Donte Johnson** to practice massage therapy in the Commonwealth of Virginia pending a formal administrative hearing and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

ADJOURNMENT: The Board adjourned at 11:57 A.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
July 15, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held July 15, 2025, at 4:29 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Shelly Smith, PhD, DNP, ANP-BC
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blose, Senior Assistant Attorney General, Board Counsel
Brent Saunders, Senior Assistant Attorney General, Board Counsel
Amanda Padula-Wilson, Senior Assistant Attorney General
Tammi Jones, Adjudication Specialist, APD
Grace Stewart, Adjudication Specialist, APD
Claire Morris, RN, LNHA, Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Randall Mangrum, DNP, RN, Deputy Executive Director for Advanced Practice
Huong Vu, Operations Manager
Cheryl Giles, Administrative Support Specialist

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

Amanda Padula-Wison, Assistant Attorney General, presented evidence that the continued practice of massage therapy by **Melvin Leon Peyton, III, LMT (0019-018590)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:36 P.M., for the purpose of deliberation to reach a decision in the matter of **Melvin Leon Peyton, III, LMT**. Additionally, Ms. Davis moved that Ms. Morris, Ms. Bargdill, Dr. Mangrum, Ms. Vu, Ms. Giles, Ms. Blose, and Mr. Saunders, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Jones, Ms. Stewart, and Ms. Padula-Wison left the meeting at 4:36 P.M.

RECONVENTION: The Board reconvened in open session at 4:44 P.M.

Ms. Jones, Ms. Stewart, and Ms. Padula-Wison re-joined the meeting at 4:44 P.M.

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

Dr. Cox moved to summarily suspend the license of **Melvin Leon Peyton, III** to practice massage therapy in the Commonwealth of Virginia and to offer a consent order for revocation of his license in lieu of a formal hearing. The motion was seconded by Ms. Davis and carried unanimously.

Ms. Stewart left the meeting at 4:46 P.M.

Amanda Padula-Wilson, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Michael Borerenu, RN (0001-299253)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:50 P.M., for the purpose of deliberation to reach a decision in the matter of **Michael Borerenu, RN**. Additionally, Ms. Davis moved that Ms. Morris, Ms. Bargdill, Dr. Mangrum, Ms. Vu, Ms. Giles, Ms. Blose and Mr. Saunders, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

Ms. Jones and Ms. Padula-Wilson left the meeting at 4:50 P.M.

RECONVENTION: The Board reconvened in open session at 4:57 P.M.

Ms. Jones and Ms. Padula-Wilson re-joined the meeting at 4:57 P.M.

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

Dr. Cox moved to summarily suspend the right of **Michael Borerenu** to renew his license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of the right to renew his license in lieu of a formal hearing. The motion was seconded by Ms. Kinchen and carried unanimously.

The meeting was adjourned at 5:00 P.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
July 21, 2025

B10

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M., on July 21, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia Swineford, MSN, RN, CNE; **President**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Margaret Friedenberg, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Jodi Zehr, RN

STAFF PRESENT:
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Tamika Claiborne, Senior Discipline Specialist
Shannon Alexander, Licensing/Discipline Specialist

OTHERS PRESENT:
James Rutkowski, Senior Assistant Attorney General
Sarah Blose, Senior Assistant Attorney General
Students from Paul D. Camp Community College PN Program

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

CONSIDERATION OF CONSENT ORDERS:

G1 – Deborah Sue Damron, L.P.N. **0002-102467**

Dr. Kitt moved that the Board of Nursing accept the consent order of **Deborah Sue Damron** for permanent voluntary surrender of her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

G2 – Ryan Charles Kemner, RN **0001-324531**

Dr. Kitt moved that the Board of Nursing accept the consent order of **Ryan Charles Kemner** for voluntary surrender to indefinitely suspend the license to practice professional nursing in the Commonwealth of Virginia.

The motion was seconded by Dr. Parke and carried unanimously.

G3 – Josephine Sarmenta Tecson Santiago, RN 0001-214639

Dr. Kitt moved that the Board of Nursing accept the consent order of **Josephine Sarmenta Tecson Santiago** for voluntary surrender to indefinitely suspend the right to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

FORMAL HEARINGS: **Jennifer Quansah, LPN 0002-102778**

Ms. Quansah appeared.

Grace Stewart, Senior Assistant Attorney General, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose and Mr. Rutkowski were legal counsels for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

Kimberly Hyler, Senior Investigator, Enforcement Division, was present and testified.

RECESS: The Board recessed at 9:09 A.M.

RECONVENTION: The Board reconvened at 9:14 A.M.

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10.25 A.M., for the purpose of deliberation to reach a decision in the matter of **Jennifer Quansah.** Additionally, Dr. Kitt moved that Ms. Bargdill, Dr. Mangrum, Ms. Claiborne, Ms. Alexander, and Ms. Blose and Mr. Rutkowski, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:34 A.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of

Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded by Dr. Cox and carried unanimously.

ACTION: Ms. Davis moved that the Board of Nursing revoke the right of **Jennifer Quansah** to renew her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and passed unanimously in favor of the motion.

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

RECESS: The Board recessed at 10:36 A.M.

RECONVENTION: The Board reconvened at 11:07 A.M.

FORMAL HEARINGS: **Kathleen M. Delaney, RN Reinstatement Applicant 0001-202935**
Ms. Delaney appeared before the Board.

Jovonni Armstead, Senior Assistant Attorney General, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose and Mr. Rutkowski were legal counsels for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:18 P.M., for the purpose of deliberation to reach a decision in the matter of **Kathleen M. Delaney.** Additionally, Ms. Zehr moved that Ms. Bargdill, Dr. Mangrum, Ms. Claiborne, Ms. Alexander, and Ms. Blose and Mr. Rutkowski, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:45 P.M.

Ms. Friedenberg moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified

in the motion by which the closed meeting was convened. The motion was seconded by Dr. Parke and carried unanimously.

ACTION: Ms. Davis moved that the Board of Nursing reinstate the "single state" license of **Katheleen M. Delaney** to practice professional nursing in the Commonwealth of Virginia contingent upon Ms. Delaney's continue compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded by Dr. Parke and passed unanimously in favor of the motion.

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

RECESS: The Board recessed at 12:46 P.M.

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

FORMAL HEARINGS: **Danielle Latoya White, RMA** **0031-013327**

Ms. White did not appear.

Avi Efreom, Senior Assistant Attorney General, Administrative Proceedings Division, represented the Commonwealth. Ms. Blose and Mr. Rutkowski were legal counsels for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

Donna Goldman-Roberts, LPN, Kristen Smith, CNA, and Sharon Negron, Senior Investigator, Enforcement Division, were present and testified.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:46 P.M., for the purpose of deliberation to reach a decision in the matter of **Danielle Latoya White.** Additionally, Dr. Cox moved that Ms. Bargdill, Dr. Mangrum, Ms. Claiborne, Ms. Alexander, and Ms. Blose and Mr. Rutkowski, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kitt and carried unanimously.

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

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

Dr. Cox moved that the Board of Nursing revoke the registration of Danielle LaToya White to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Ms. Friedenberg and carried unanimously.

ADJOURNMENT: The Board adjourned at 2:55 P.M.

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Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
July 22, 2025

B11

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:04 A.M., on July 22, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia Swineford, MSN, RN, CNE; **President**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Paul Hogan, Citizen Member
Cleopatra Kitt, Citizen Member
Lila Peake, RN

STAFF PRESENT:
Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Huong Vu, Operations Manager
Cheryl Giles, Administrative Support Specialist

OTHERS PRESENT:
James Rutkowski, Senior Assistant Attorney General
Sarah Blose, Senior Assistant Attorney General

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

JUNE 11, 2025, EDUCATION SPECIAL CONFERENCE COMMITTEE MINUTES

Ms. Kitt moved to accept the June 11, 2025 Education Special Conference Committee minutes as presented. The motion was seconded by Ms. Davis and passed with five votes in favor of the motion. Ms. Swineford abstained from the motion.

CONSIDERATION OF JUNE 11, 2025, EDUCATION SPECIAL CONFEENCE COMMITTEE RECOMMENDATION

Ms. Davis moved that the Board of Nursing accept the recommended decision of the June 11, 2025 Education Special Conference Committee to continue Ferrum College, Baccalaureate Degree Nursing Program, on conditional approval with terms and conditions. The motion was

seconded by Dr. Cox and passed with five votes in favor of the motion. Ms. Swineford abstained from the motion.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#31 – Cyril Jumbam Viban, RN Applicant Case #238414

Mr. Viban did not appear.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:25 A.M. for the purpose of considering the agency subordinate recommendations regarding **Cyril Jumbam Viban, Applicant**. Additionally, Ms. Davis moved that Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles, Mr. Rutkowski and Ms. Blose, Board Counsels attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:37 A.M.

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

Ms. Davis moved that the Board of Nursing reject the recommended decision of the agency subordinate and refer the matter of **Cyril Jumbam Viban** to a formal hearing. The motion was seconded by Dr. Cox and carried unanimously.

#47 – Sabina Fayie Hamid, RN Applicant Case #232335

Ms. Hamid appeared and addressed the Board.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:41 A.M. for the purpose of considering the agency subordinate recommendations regarding **Sabina Fayie Hamid, RN Applicant**. Additionally, Ms. Davis moved that Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles, Mr. Rutkowski and Ms. Blose, Board Counsels attend the closed meeting because their presence in the closed meeting is deemed

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

RECONVENTION: The Board reconvened in open session at 9:45 A.M.

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

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Sabina Fayie Hamid** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt and carried unanimously.

#29 – Alisabeth Knight, RN **0001-298938**

Ms. Knight appeared and addressed the Board.

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:53 A.M. for the purpose of considering the agency subordinate recommendations regarding **Alisabeth Knight, RN**. Additionally, Ms. Davis moved that Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles, Mr. Rutkowski and Ms. Blose, Board Counsels attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:02 A.M.

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

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Alisabeth Knight** and

place her on indefinite probation subject to terms and conditions. The motion was seconded by Dr. Cox and carried unanimously.

The following Agency Subordinate Recommendations were accepted by the Board as presented:

#1 – Kadijah Kamara, RN Applicant **Case # 235798**
Ms. Kamara did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Kadijah Kamara** for licensure to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#3 – Salomey Birago, RN Applicant **Case # 235964**
Ms. Birago did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Salomey Birago** for licensure to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#5 – Jasmine Adele Johnson, RN **0001-252917**
Ms. Johnson did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Jasmine Adele Johnson** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#7 – Ifeoma C. Oknokwo, RN Applicant **Case #234889**
Ms. Oknokwo did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Ifeoma C. Okuokwo** for licensure to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#9 – Kaitlyn Surae Grant, RN 0001-304099
Ms. Grant did not appear but submitted a written response.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right to renew the license of **Kaitlyn Surae Grant** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#11 – Syreeta Elisa Brown, LPN 0002-088225
Ms. Brown did not appear.

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

#13 – Esther Emem Huwa, RN Applicant Case #232581
Ms. Iluwa did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Esther Emem Huwa** for licensure to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#15 – Seray Mansaray, LPN Applicant Case # 234152
Ms. Mansaray did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Seray Mansaray** for licensure to practice practical nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#17 – Tammy Scott Wade, CNA 1401-171564
Ms. Wade did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tammy Scott Wade** and to require Ms. Wade, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i)

professionalism and ethics as it relates to the practice of nurse aides; and (ii) maintaining professional boundaries as relate to nurse aide practice . The motion was seconded by Dr. Cox and carried unanimously.

#19 – Tammy Scott Wade, RMA 0031-010696
Ms. Wade did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Tammy Scott Wade** and to require Ms. Wade, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) professionalism and ethics as it relates to the practice of medication aides; and (ii) maintaining professional boundaries as relate to medication aide practice. The motion was seconded by Dr. Cox and carried unanimously.

#21 – Reyonda Paige Garrick, CNA 1401-233876
Ms. Garrick did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Revonda Paige Garrick** and enter a Finding of Abuse against Ms. Garrick in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Cox and carried unanimously.

#23 – Reyonda Paige Garrick, RMA Applicant Case #244136
Ms. Garrick did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Revonda Paige Garrick** for registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#25 – Risa Marie Walter, RN 0001-248269
Ms. Walter did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of **Risa Marie Walter** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#27 – Ashley Michelle Whitlow, LPN 0002-076009
Ms. Whitlow did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to order **Ashley Michelle Whitlow** pursuant to Virginia Code § 54.1-2400(15). The motion was seconded by Dr. Cox and carried unanimously.

#33 – Pratiksha Sharma Ghimire, Applicant Case #237737
Ms. Ghimire did not appear but submitted a written response.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Pratiksha Sharma Ghimire** for licensure to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#35 – Carla Jean Carmona Chapman, CNA 1401-120629
Ms. Chapman did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Carla Jean Carmona Chapman** and to require Ms. Chapman, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) ethics and professionalism as it relates to the practice of nurse aides; and (ii) professional accountability & legal liability as it relates to nurse aide practice; and (iii) the Health Insurance Portability and Accountability Act. The motion was seconded by Dr. Cox and carried unanimously.

#37 – Melissa Maire Johnson, CNA 1401-125413
Ms. Johnson did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Melissa Maire Johnson** and enter a Finding of Misappropriation of patient property against Ms. Johnson in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Cox and carried unanimously.

#38 – Late' Angelique Eddleton, RMA 0031-014313
Ms. Eddleton did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Late' Angelique Eddleton** and to require Ms. Eddleton, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in each of the subjects of (i) professionalism, accountability, and legal liability as it relates to the practice of medication aides; and (ii) proper medication administration procedures as relate to the practice of medication aides. The motion was seconded by Dr. Cox and carried unanimously.

#39 – Gloria E. Witcher, CNA 1401-225645
Ms. Witcher did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Gloria E Witcher** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#40 – Nicole Bittle Rather, CNA 1401-207378
Ms. Rather did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Nicole Bittle Rather** and enter a Finding of Misappropriation of patient property against Ms. Rather in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Cox and carried unanimously.

#41 – Mary Ann Kindvall-Akowuah, RMA 0031-004212
Ms. Kindvall-Akowuah did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Mary Ann Kindvall-Akowuah** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#42 – Mary Ann Kindvall-Akowuah, CNA 1401-107848
Ms. Kindvall-Akowuah did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Mary**

Ann Kindvall-Akowuah and enter a Finding of Misappropriation of patient property against Ms. Kindvall-Akowuah in the Virginia Nurse Aide Registry. The motion was seconded by Dr. Cox and carried unanimously.

#43 – Tanesha Denee Scott, RMA **0031-012313**
Ms. Scott did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of **Tanesha Denee Scott** to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

#44 – Cheyenne Renea Brown, RMA **0031-014517**
Ms. Brown did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to require **Cheyenne Renea Brown**, within 60 days from the date of entry of the Order, to provide written proof of successful completion of Board-approved courses of at least three (3) contact hours in the subject of professional accountability and legal liability as it relates to the practice of medication aides. The motion was seconded by Dr. Cox and carried unanimously.

#45 – Olivia Kellison Laing, RMA **0031-011889**
Ms. Laing did not appear but submitted a written response.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of **Olivia Kellison Laing** to renew her registration to practice as a medication aide in the Commonwealth of Virginia for a period of not less than one year from date of entry of the Order. The motion was seconded by Dr. Cox and carried unanimously.

#46 – Candice Ellis, RMA **0031-012776**
Ms. Ellis did not appear.

Ms. Davis moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of **Candice Ellis** to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded by Dr. Cox and carried unanimously.

RECESS: The Board recessed at 10:04 A.M.

Ms. Vu left the meeting at 10:04 A.M.

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

FORMAL HEARING: **John Hallowell, RN** **0001-306615**

Mr. Hallowell appeared and was represented by Alexander Faig.

Christine Andreoli and Elizabeth Dorsey, Adjudication Specialists, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski and Ms. Blose were legal counsels for the Board. Juan Ortega, court reporter with Freelance Court Reporter, recorded the proceedings.

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

CLOSED MEETING: Ms. Davis moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:47 P.M., for the purpose of deliberation to reach a decision in the matter of **John Hallowell.** Additionally, Ms. Davis moved that Ms. Hardy, Dr. Mangrum, Ms. Giles, Mr. Rutkowski and Ms. Blose, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Cox and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:47 P.M.

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

ACTION: Ms. Davis moved that the Board indefinitely suspend the right of **John Hallowell** to renew his license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Kitt 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 3:48 P.M.

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Randall Mangrum, DNP, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
July 22, 2025

B12

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M., on July 22, 2025, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Carol Cartte, RN, MSN; **First Vice-President**
Margaret J. Friedenberg, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC
Jeanell Webb-Jones, MSN, RN, AMD-RN
Jodi Zehr, RN

STAFF PRESENT:
Claire Morris, RN, LNHA; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist
Shannon Alexander, Licensing/Discipline Specialist

OTHERS PRESENT: M. Brent Saunders, Senior Assistant Attorney General

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#4 - Napolean Alston, Jr., LPN **0002-066187**

Mr. Alston appeared and addressed the Board.

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:08 A.M. for the purpose of considering the agency subordinate recommendations regarding **Napolean Alston, Jr., LPN**. Additionally, Ms. Webb-Jones moved that Ms. Morris, Ms. Bargdill, Ms. Claiborne, Ms. Alexander, and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Kinchen and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:13 A.M.

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

Ms. Kinchen moved that the Board of Nursing modify the recommended decision of the agency subordinate to suspend the license of Napolean Alston, Jr., to practice practical nursing in the Commonwealth of Virginia until he has completed with all terms of the Board Order entered June 7, 2024. The motion was seconded by Ms. Zehr and carried unanimously.

The following Agency Subordinate Recommendations were accepted by the Board as presented:

#6 – Grace N. Nortey, RN Applicant Case # 238968
Ms. Nortey did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Grace N. Nortey** for licensure to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#8 – Geraldine Osuagwa, RN Applicant Case # 235313
Ms. Osuagwa did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Geraldine Osuagwa** for licensure to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#10 - Ghazaleh Dastouri, RN 0001-319099
Ms. Dastouri did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Glazaleh Dastouri** and, within 60 days from the date of entry of the Order, to require Ms. Dastouri to provide written proof of successful completion of Board-approved course(s) of at least three (3) contact hours in the subject of professional

accountability and legal liability for nurses. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#12 - Thelma Addequaye, RN Applicant **Case # 232721**
Ms. Addequaye did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Thelma Addequaye** for licensure to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#14 - Evangline Gyesaw, RN Applicant **Case # 232718**
Ms. Gyesaw did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Evangline Gyesaw** for licensure to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#16 - Lyrae S. Tinsley, CNA **1401-112199**
Ms. Tinsley did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Lyrae S. Tinsley** and continue Ms. Tinsley on probation with terms and conditions. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#18 - Kenneth Whipple, Jr., CNA **1401-108453**
Mr. Whipple did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of **Kenneth Whipple, Jr.**, to renew his certificate to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#20 - Paula D. Brodis, CNA **1401-226690**
Ms. Brodis did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of **Paula D.**

Brodis to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against him in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#22 - Brianna Cofield, CNA **1401-161854**
Ms. Cofield did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Brianna Cofield** and to indefinitely suspend her certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#24 - Khadija Lucy Koroma, LPN Applicant **Case # 233130**
Ms. Koroma did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of **Khadija Lucy Koroma** for licensure to practice as a practical nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#26 - Sherri Marie Gray, RN **North Dakota License # R43109 With Multistate Privileges**
Ms. Gray did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Sherri Marie Gray** and to indefinitely suspend her privilege to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#28 - Casey Marie Leonhardt, RN **0001-210810**
Ms. Leonhardt did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand **Casey Marie Leonhardt** and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#34 - Kayla Hughson, CNA **1401-220325**
Ms. Hughson did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of **Kayla Hughson** to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded by Ms. Webb-Jones and carried unanimously.

#36 - Vernelle Hall, RMA Applicant **Case # 241749**
Ms. Hall did not appear.

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

The Board went into closed session to consider the remaining agency subordinate recommendations:

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:20 A.M. for the purpose of considering the remaining agency subordinate recommendations regarding **#2, 30 and 32**. Additionally, Ms. Webb-Jones moved that Ms. Morris, Ms. Bargdill, Ms. Claiborne, Ms. Alexander, and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was properly seconded by Ms. Kinchen and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:30 A.M.

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

#2 - Rita Abena Addae, LPN **0002-089901**
Ms. Addae did not appear.

Dr. Parke moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the application of Rita Albena Addae,

LPN, a single-state licensee, for multistate privileges under the Nurse Licensure Compact. The motion was seconded by Ms. Kinchen and carried unanimously.

#30 - Yuliya Buliga, RN **0001-328416**
Ms. Buliga did not appear.

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

#32 - Jenny Peguero-Perez, RN **Maryland License # R213626 With Multistate Privileges**
Ms. Peguero-Perez did not appear.

Ms. Kinchen moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the privilege of **Jenny Peguero-Perez** to practice professional nursing in the Commonwealth of Virginia for the period of not less than one (1) year from the date of entry of the Order. The motion was seconded by Dr. Parke and carried unanimously.

RECESS: The Board recessed at 9:34 A.M.

RECONVENTION: The Board reconvened at 10:01 A.M.

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

Ms. West did not appear.

Tammie Jones, Adjudication Consultant, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

Beatrice Shaw, Senior Investigator, Enforcement Division was present and testified.

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 10:31 A.M., for the purpose of deliberation of the medical records of **Hannah West.** Additionally, Ms. Webb-Jones moved that Ms. Morris, Ms. Bargdill, Ms. Claiborne, Ms. Alexander and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kinchen and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:43 P.M.

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

ACTION: Dr. Parke moved that the Board of Nursing revoke the certificate of **Hannah West** to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded by Ms. Kinchen 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 10:44 P.M.

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

FORMAL HEARINGS: **Sarah Ellen Walts, LPN Reinstatement Applicant 0002-098505**

Ms. Walts appeared.

Jovonni Armstead, Adjudication Specialist, Administrative Proceedings, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

Courtney Merkel, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:40 P.M., for the purpose of deliberation to reach a decision in the matter of **Sarah Ellen Walts.** Additionally, Ms. Webb-Jones moved that Ms. Morris, Ms. Bargdill, Ms. Claiborne, Ms. Alexander and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kinchen and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:00 P.M.

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

ACTION: Ms. Kinchen moved that the Board of Nursing reinstate the license of **Sarah Ellen Walts** to practice practical nursing in the Commonwealth of Virginia with terms. The motion was seconded by Ms. Zehr 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 2:02 P.M.

RECONVENTION: The Board reconvened at 2:14 P.M.

FORMAL HEARINGS: **Jacob Price, RN Reinstatement Applicant** **0001-306839**

Mr. Price appeared.

Tammie Jones, Adjudication Consultant, Administrative Proceedings, represented the Commonwealth. Mr. Saunders was legal counsel for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

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

CLOSED MEETING: Ms. Webb-Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:41 P.M., for the purpose of deliberation to reach a decision in the matter of **Jacob Price.** Additionally, Ms. Webb-Jones moved that Ms. Morris, Ms. Bargdill, Ms. Claiborne, Ms. Alexander and Mr. Saunders, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Zehr and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:55 P.M.

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

ACTION: Ms. Zehr moved that the Board of Nursing reinstate the "single state" license of **Jacob Price** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Dr. Parke and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:55 P.M.

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Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL A
July 23, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:14 A.M., on July 23, 2025, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Carol Cartte, RN, BSN; **First Vice-President**
Victoria Cox, DNP, RN
Pamela Davis, LPN
Paul Hogan, Citizen Member
Shelly Smith, PhD, DNP
Jeanell Webb-Jones, MSN, RN, AMD-RN

STAFF PRESENT:
Claire Morris, RN, LNHA; Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist
Shannon Alexander, Licensing/Discipline Specialist

OTHERS PRESENT:
James Rutkowski, Senior Assistant Attorney General
Senior Trooper Christian Womble, Virginia State Police

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

FORMAL HEARING: **Brandon Brice Maryland, RN** **Maryland License # R229028 with Multistate Privileges**

Mr. Maryland appeared, was accompanied by Angela Maryland, his sister, and was represented by Matthias J. Kaseorg, Esq., and Mia Sexena, Associate, Pierce Jewett PLLC.

Avi Efreom, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

Cassandra Gaines, Senior Investigator, Enforcement Division, and Angela Maryland were present and testified.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 11:26 A.M., for the purpose of consideration and discussion of medical records of **Brandon Brice Maryland** that are excluded from the Freedom of Information Act by the Virginia Code Section 1 of 2.2-3705.5**.**

Additionally, Dr. Cox moved Ms. Morris, Ms. Hardy, Ms. Claiborne, Ms. Alexander, Senior Trooper Womble, Ms. Oliver, Court Reporter, Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:23 P.M.

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

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

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

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 1:00 P.M., for the purpose of consideration and discussion of medical records of **Brandon Brice Maryland** that are excluded from the Freedom of Information Act by the Virginia Code Section 1 of 2.2-3705.5**.**

Additionally, Dr. Cox moved Ms. Morris, Ms. Hardy, Ms. Claiborne, Ms. Alexander, Senior Trooper Womble, Ms. Oliver, Court Reporter, Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:23 P.M.

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

RECESS: The Board recessed at 1:26 P.M.

RECONVENTION: The Board reconvened at 1:36 P.M.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(16) of the Code of Virginia at 2:01 P.M., for the purpose of consideration and discussion of medical records of **Brandon Brice Maryland** that are excluded from the Freedom of Information Act by the Virginia Code Section 1 of 2.2-3705.5**.**

Additionally, Dr. Cox moved Ms. Morris, Ms. Hardy, Ms. Claiborne, Ms. Alexander, Senior Trooper Womble, Ms. Oliver, Court Reporter, Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Webb-Jones and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:57 P.M.

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

RECESS: The Board recessed at 2:58 P.M.

RECONVENTION: The Board reconvened at 3:06 P.M.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:12 P.M., for the purpose of deliberation to reach a decision in the matter of **Brandon**

Brice Maryland. Additionally, Dr. Cox moved that Ms. Morris, Ms. Hardy, Ms. Claiborne, Ms. Alexander, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Davis and carried unanimously.

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

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

ACTION: Ms. Davis moved that the Board of Nursing continue the multistate privilege of **Brandon Brice Maryland** to practice professional nursing in the Commonwealth of Virginia on suspension with suspension stayed contingent upon Mr. Maryland's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all HPMP terms and conditions for the period specified by the HPMP. The motion was seconded by Dr. Cox 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 3:42 P.M.

RECONVENTION: The Board reconvened at 3:52 P.M.

FORMAL HEARING: **Chesterfield County Public Schools Practical Nursing Education Program – US28104300**
Kareen Williams and Scott Males, Program's representative, appeared.

Grace Stewart, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Kandi Oliver, court reporter with County Court Reporters, recorded the proceedings.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:33 P.M., for the purpose of deliberation to reach a decision in the matter of **Chesterfield County Public Schools Practical Nursing Education Program.** Additionally, Dr. Cox moved that Ms. Morris, Ms. Hardy, Ms. Claiborne, Ms. Alexander, and Mr. Rutkowski, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Smith and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:41 P.M.

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

ACTION: Dr. Smith moved that the Board of Nursing continue **Chesterfield County Public Schools Practical Nursing Education Program** on condition approval with terms for the period of not less than one (1) year. The motion was seconded by Dr. Cox and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 4:42 P.M.

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Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
PANEL B
July 23, 2025

B14

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M., on July 23, 2025, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia M. Swineford, MSN, RN, CNE; **President**
Margaret J. Friedenberg, Citizen Member
Shantell Kinchen, LPN
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Jodi Zehr, RN

STAFF PRESENT:
Christina Bargdill; BSN, MHS, RN; Deputy Executive Director
Randall Mangrum, DNP, RN; Deputy Executive Director for Advanced Practice
Cheryl Giles, Administrative Support Specialist

OTHERS PRESENT:
M. Brent Saunders, Senior Assistant Attorney General
Sara Blose, Senior Assistant Attorney General

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

FORMAL HEARING: **Shemica Mo'shae Scott, CNA** **1401-159395**

Ms. Scott appeared.

Aaron Timberlake, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders and Ms. Blose were legal counsels for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

Parke Slater, Senior Investigator, Enforcement Division, and April Goad, COTA were present and testified.

CLOSED MEETING: Ms. Zehr moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:48 A.M., for the purpose of deliberation to reach a decision in the matter of **Shemica Mo'shae Scott.** Additionally, Ms. Zehr moved that Ms. Bargdill, Dr.

Mangrum, Ms. Giles, and Ms. Blose and Mr. Saunders, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Peake and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:12 A.M.

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

ACTION: Ms. Kinchen moved that the Board of Nursing reprimand **Shemica Mo'shae Scott** with terms. The motion was seconded by Ms. Zehr 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 10:13 A.M.

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

FORMAL HEARING: **Michael Sim Turay, RN** **0001-303360**
Mr. Turay appeared.

Aaron Timberlake, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders and Ms. Blose were legal counsels for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

Cortney Merkel, Senior Investigator, Enforcement Division, was present and testified.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:52 P.M., for the purpose of deliberation to reach a decision in the matter of **Michael Sim Turay.** Additionally, Dr. Parke moved that Ms. Bargdill, Dr.

Mangrum, Ms. Giles, and Ms. Blose and Mr. Saunders, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Kinchen and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:14 P.M.

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

ACTION: Ms. Kinchen moved that the Board of Nursing revoke the license of **Michael Sim Turay** to practice professional nursing in the Commonwealth of Virginia. The motion was seconded by Ms. Zehr and carried unanimously.

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

RECESS: The Board recessed at 1:15 P.M.

RECONVENTION: The Board reconvened at 2:02 P.M.

FORMAL HEARING: **Tiffany Brooke Harmon,**
RMA Reinstatement Applicant **0031-010869**

Ms. Harmon appeared.

Piero Mannino, Adjudication Specialist, Administrative Proceedings Division, represented the Commonwealth. Mr. Saunders and Ms. Blose were legal counsels for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

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

CLOSED MEETING: Ms. Kinchen moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:20 P.M., for the purpose of deliberation to reach a decision in the matter of **Tiffany Brooke Harmon.** Additionally, Ms. Kinchen moved that Ms. Bargdill, Dr. Mangrum, Ms. Giles, and Ms. Blose and Mr. Saunders, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Parke and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:36 P.M.

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

ACTION: Ms. Zehr moved that the Board of Nursing approve the application for reinstatement of **Tiffany Brooke Harmon's** registration to practice as a medication aide in the Commonwealth of Virginia with terms. The motion was seconded by Ms. Peak and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 2:38 P.M.

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Randall Mangrum, DNP, RN
Deputy Executive Director for Advanced Practice

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
July 24, 2025

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:05 A.M., on July 24, 2025, in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Cynthia Swineford, MSN, RN, CNE; **President**
Carol Cartte, RN, BSN
Pamela Davis, LPN
Shantell Kinchen, LPN
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Jodi Zehr, RN

STAFF PRESENT:
Lelia Claire Morris, RN, LNHA; Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Tamika Claiborne, Senior Discipline Specialist
Shannon Alexander, Licensing/Discipline Specialist

OTHERS PRESENT:
James Rutkowski, Senior Assistant Attorney General
Sarah Blose, Senior Assistant Attorney General

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

FORMAL HEARINGS: **Mohammed Saidu Nabie, RN** **0001-178229**

Mr. Nabie appeared at 9:05 A.M and was represented by Paul Mickelsen, Esq. and Reem Rana, Esq.

Ms. Rana arrived at 9:43 A.M.

Mr. Nabie was accompanied by Dr. Almayehu Beze, MD; Dr. Wesam H. Moustafa Hussein, MD; Ms. Daphne Nelson; Dr. Sandi Rivera, DNP; Ms. Ilyn Martenez; Dr. Stephen S. Amara, DNP, PhD; Dr. Sheku Lahai; and Dr. Isatu Nabie, DNP.

Grace Stewart and Amy Weiss, Adjudication Specialists, Administrative Proceedings Division, represented the Commonwealth. Mr. Rutkowski and Ms. Blose were legal counsels for the Board. Jacqueline Denlinger, court reporter with County Court Reporters, recorded the proceedings.

Rebecca Coffin, Senior Investigator, Enforcement Division; Detective McLaughlin, Prince William County Police Department; Dr. Almayehu Beze, MD; Dr. Wesam H. Moustafa Hussein, MD; Ms. Daphne Nelson; Dr. Sandi Rivera, DNP; Ms. Ilyn Martenez; Dr. Stephen S. Amara, DNP, PhD; Dr. Sheku Lahai, were present and testified.

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

RECONVENTION: The Board reconvened at 10:02 A.M

RECESS: The Board recessed at 11:19 A.M.

RECONVENTION: The Board reconvened at 11:32 A.M

RECESS: The Board recessed at 12:45 P.M.

RECONVENTION: The Board reconvened at 1:31 P.M

Mr. Mickelsen left the meeting at 2:05 pm

RECESS: The Board recessed at 3:37 P.M.

RECONVENTION: The Board reconvened at 3:45 P.M

CLOSED MEETING: Dr. Kitt moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:04 P.M., for the purpose of deliberation to reach a decision in the matter of **Mohammed Saidu Nabie.** Additionally, Dr. Kitt moved that Ms. Morris, Ms. Hardy, Ms. Claiborne, Ms. Alexander, Mr. Rutkowski and Ms. Blose, Board Counsels, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Cartte and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:16 P.M.

Ms. Kinchen moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified

in the motion by which the closed meeting was convened. The motion was seconded by Ms. Cartte and carried unanimously.

ACTION: Ms. Kinchen moved that the Board suspend the license of **Mohammed Saidu Nabie** to practice professional nursing in the Commonwealth of Virginia for a period of not less than one (1) year from the date entry of the Order. The motion was seconded by Ms. Davis and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 5:17 P.M.

_____
Claire Morris, RN, LNHA
Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
July 29, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held July 29, 2025, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Cynthia Swineford, RN, MSN, CNE; **Chair**
Carol Cartte, RN, BSN
Victoria Cox, DNP, RN
Margaret Friedenberg, Citizen Member
Paul Hogan, Citizen Member
Shantell Kinchen, LPN
Cleopatra Kitt, PhD, Citizen Member
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blose, Senior Assistant Attorney General, Board Counsel
Sean Murphy, Senior Assistant Attorney General
Avi Efreom, Adjudication Specialist, APD
Elizabeth Dorsey, Adjudication Specialist, APD
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Randall Mangrum, DNP, RN, Deputy Executive Director for Advanced Practice
Huong Vu, Operations Manager
Cheryl Giles, Administrative Support Specialist

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

Sean Murphy, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Madison York Kiley, RN (0001-227637)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:43 P.M., for the purpose of deliberation to reach a decision in the matter of **Madison York Kiley, RN**. Additionally, Ms. Cartte moved that Ms. Bargdill, Dr. Mangrum, Ms. Vu, Ms. Giles, and Ms. Blose, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Mr. Murphy, Mr. Efreom, and Ms. Dorsey left the meeting at 4:43 P.M.

RECONVENTION: The Board reconvened in open session at 4:51 P.M.

Mr. Murphy, Mr. Efreom, and Ms. Dorsey re-joined the meeting at 4:51 P.M.

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

Ms. Zehr moved to summarily suspend the license of **Madison York Kiley** to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of her license in lieu of a formal hearing. The motion was seconded by Dr. Kitt and carried unanimously.

Sear Murphy, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Maxemilienne Youmbi Ebongo, RN (0001-306323)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Ms. Cartte moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:55 P.M., for the purpose of deliberation to reach a decision in the matter of **Maxemilienne Youmbi Ebongo, RN**. Additionally, Ms. Cartte moved that Ms. Bargdill, Dr. Mangrum, Ms. Vu, Ms. Giles, and Ms. Blose Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Mr. Murphy, Mr. Efreom, and Ms. Dorsey left the meeting at 4:55 P.M.

RECONVENTION: The Board reconvened in open session at 5:01 P.M.

Mr. Murphy, Mr. Efreom, and Ms. Dorsey re-joined the meeting at 5:01 P.M.

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

Ms. Cartte moved to summarily suspend the right of **Maxemilienne Youmbi Ebongo** to renew her license to practice professional nursing in the Commonwealth of Virginia and to offer a consent order for revocation of the right to renew her license in lieu of a formal hearing. The motion was seconded by Ms. Kinchen and carried unanimously.

The meeting was adjourned at 5:03 P.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
August 12, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held August 12, 2025, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Delia Acuna, FNP-C
Victoria Cox, DNP, RN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Cleopatra Kitt, PhD, Citizen Member
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Jeanell Webb-Jones, MSN, RN

Others participating in the meeting were:

Sara Blose, Senior Assistant Attorney General, Board Counsel
David Robinson, Senior Assistant Attorney General
David Kazzie, Deputy Director, APD
Piero Mannino, Adjudication Specialist, APD
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN, Deputy Executive Director for Advanced Practice
Huong Vu, Operations Manager
Cheryl Giles, Administrative Support Specialist

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

David Robinson, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Dawn Michelle Blair, RN (0001-242762)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:40 P.M., for the purpose of deliberation to reach a decision in the matter of **Dawn Michelle Blair, RN**. Additionally, Dr. Cox moved that Ms. Bargdill, Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles, and Ms. Blose, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Ms. Webb-Jones and carried unanimously.

Mr. Robinson, Mr. Kazzie, and Mr. Mannino left the meeting at 4:40 P.M.

RECONVENTION: The Board reconvened in open session at 4:48 P.M.

Mr. Robinson and Mr. Mannino re-joined the meeting at 4:48 P.M.

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

Mr. Hogan moved to summarily suspend the license of **Dawn Michelle Blair** to practice professional nursing in the Commonwealth of Virginia, pending a formal administrative hearing. The motion was seconded by Dr. Gleason and carried unanimously.

Mr. Mannino left the meeting at 4:50 P.M.

Mr. Kazzie rejoined the meeting at 4:51 P.M.

David Robinson, Senior Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Lesai Segers, CNA (0401-232866)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Cox moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:00 P.M., for the purpose of deliberation to reach a decision in the matter of **Lesai Segers, CNA**. Additionally, Dr. Cox moved that Ms. Bargdill, Ms. Hardy, Dr. Mangrum, Ms. Vu, Ms. Giles, and Ms. Blose Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Gleason and carried unanimously.

Mr. Robinson and Mr. Kazzie left the meeting at 5:00 P.M.

RECONVENTION: The Board reconvened in open session at 5:10 P.M.

Mr. Robinson and Mr. Kazzie re-joined the meeting at 5:10 P.M.

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

Dr. Gleason moved to summarily suspend the certificate of **Lesai Segers** to practice as a certified nurse aide in the Commonwealth of Virginia, pending a formal administrative hearing and to offer a consent order for revocation of her certificate with a finding of misappropriation in lieu of a formal hearing. The motion was seconded by Dr. Kitt and carried unanimously.

The meeting was adjourned at 5:13 P.M.

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Christina Bargdill, BSN, MHS, RN
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
August 26, 2025

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held August 26, 2025, at 4:30 P.M.

The Board of Nursing members participating in the call were:

Carol Cartte, RN, BSN; **Chair**
Delia Acuna, FNP-C
Victoria Cox, DNP, RN
Pamela Davis, LPN
A. Tucker Gleason, PhD, Citizen Member
Paul Hogan, Citizen Member
Helen Parke, DNP, FNP-BC
Lila Peake, RN
Jeanell Webb-Jones, MSN, RN
Jodi Zehr, RN

Others participating in the meeting were:

Sara Blose, Senior Assistant Attorney General, Board Counsel
David Kazzie, Assistant Attorney General
Tammie Jones, Adjudication Specialist, APD
Claire Morris, RN, LNHA; Executive Director
Christina Bargdill, BSN, MHS, RN; Deputy Executive Director
Ann Hardy, MSN, RN; Deputy Executive Director
Randall Mangrum, DNP, RN, Deputy Executive Director for Advanced Practice
Cheryl Giles, Administrative Support Specialist

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

Tammie Jones, Senior Adjudication Specialist, presented evidence that the continued practice of professional nursing by **Caitlin Johnston, RN (0001-269047)** may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Parke moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:41 P.M., for the purpose of deliberation to reach a decision in the matter of **Caitlin Johnston, RN**. Additionally, Dr. Parke moved that Ms. Morris, Ms. Bargdill, Ms. Hardy, Dr. Mangrum, Ms. Giles, and Ms. Blose, Board Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Board in its deliberations. The motion was seconded by Dr. Gleason and carried unanimously.

Ms. Jones and Mr. Kazzie left the meeting at 4:41 P.M.

RECONVENTION: The Board reconvened in open session at 4:48 P.M.

Ms. Jones and Mr. Kazzie re-joined the meeting at 4:48 P.M.

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

Ms. Davis moved to summarily suspend the right of **Caitlin Johnston** to practice professional nursing in the Commonwealth of Virginia, pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license with the suspension stayed contingent upon entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the time specified by the HPMP in lieu of a formal hearing. The motion was seconded by Dr. Gleason and carried unanimously.

The meeting was adjourned at 4:50 P.M.

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Claire Morris, RN, LNHA
Executive Director

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BOARD OF NURSING MONTHLY STATS - PAGE 1

License Count	25-Jan	25-Feb	25-Mar	25-Aor	25-May	25-Jun	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec
Nursing												
Practical Nurse	26,851	26,853	26,828	26,782	26,849	26,820	26,788					
Registered Nurse	123,632	123,987	123,919	123,906	124,159	124,978	125,580					
Licensed Certified Midwife (**new regulated profession - effective 2/1/2024**)	5	5	5	5	6	6	6					
Massage Therapy	8,222	8,212	8,190	8,201	8,279	8,329	8,392					
Medication Aide	7,417	7,449	7,453	7,486	7,525	7,530	7,544					
Advanced Practice Registered Nurse (APRN) Total (**effective 7/1/2023 --> NPs are now APRNs)**	22,316	22,611	22,763	22,981	23,163	23,326	23,511					
Autonomous Practice	**4,039**	**4,165**	**4,263**	**4,369**	**4,443**	**4,506**	4,569					
Clinical Nurse Specialist	**366**	**366**	**367**	**366**	**366**	**368**	369					
Certified Nurse Midwife	**527**	**537**	**537**	**542**	**543**	**546**	549					
Certified Registered Nurse Anesthetist	**2,675**	**2,702**	**2,701**	**2,696**	**2,700**	**2,714**	2,734					
Other APRNs	**14709**	**14841**	**14895**	**15008**	**15111**	**15192**	**15290**	**0**	**0**	**0**		**0**
Total for Nursing	**188443**	**189117**	**189158**	**189361**	**189981**	**190989**	**191821**	**0**	**0**	**0**	**0**	**0**

Nurse Aide	**50,643**	**50,732**	**50,773**	**51,244**	**51,791**	**51,848**	**51,970**					
Advanced Nurse Aide	45	45	45	43	43	42	41					
Total for Nurse Aide	**50688**	**50777**	**50818**	**51287**	**51834**	**51890**	**52011**	**0**	**0**	**0**	**0**	**0**
License Count Grand Total	**239131**	**239894**	**239976**	**240648**	**241815**	**242879**	**243832**	**0**	**0**	**0**	**0**	**0**

BOARD OF NURSING MONTHLY STATS - PAGE 2

Open Cases Count													
Nursing	1854	1912	1885	1929	1976	1941	1786						
Nurse Aide	571	560	584	593	647	675	632						
Open Cases Total	**2425**	**2472**	**2469**	**2522**	**2623**	**2616**	**2418**	**0**	**0**	**0**	**0**	**0**	
Case Count by Occupation													
Rec'd RN	92	71	60	88	91	76	84						***562***
Rec'd PN	34	37	22	47	28	43	44						***255***
Rec'd APRN, AP, CNS	40	43	37	45	39	46	40						***290***
Rec'd LCM	0	0	0	0	1	0	0						
Rec'd LMT	2	5	6	7	11	6	6						***43***
Rec'd RMA	16	15	9	14	9	12	11						***86***
Rec'd Edu Program	4	2	3	3	0	2	2						***16***
Total Received Nursing	**188**	**173**	**137**	**204**	**179**	**185**	**187**	**0**		**0**	**0**	**0**	***1,252***
Closed RN	58	48	77	82	44	131	137						
Closed PN	34	33	52	33	21	57	65						***295***
Closed APRN, AP, CNS	51	31	63	47	27	55	34						***308***
Closed LMT	4	7	10	16	5	2	21						***65***
Closed RMA	9	15	4	19	15	6	19						***87***
Closed Edu Program	1	1	2	8	0	0	2		0				***14***
Total Closed Nursing	**157**	**135**	**208**	**205**	**112**	**251**	**278**	**0**	**0**	**0**	**0**	**0**	***769***

Case Count - Nurse Aides													**Total**
Received	48	38	51	72	63	69	58						***399***
Rec'd Edu Program	0	1	0	0	1	0	0						***2***
Total Received CNA	**48**	**39**	**51**	**72**	**64**	**69**	**58**	**0**	**0**			**0**	***401***
Closed	40	59	29	64	28	34	91						***345***
Closed Edu Program	2	0	1	0	0	0	2		0	0			***5***
Total Closed CNA	**42**	**59**	**30**	**64**	**28**	**34**	**93**	**0**	**0**				***350***

All Cases Closed	**199**	**194**	**238**	**269**	**140**	**285**	**371**	**0**	**0**	**0**	**0**		***1,119***
All Cases Received	**236**	**212**	**188**	**276**	**243**	**254**	**245**	**0**	**0**	**0**	**0**	**0**	***1,653***

Agency Subordinate Recommendation Tracking Trend Log - 2018 to Present – Board of Nursing

C2

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	**1363**	**1239**	**90.9%**	**102**	**7.5%**	**29**	**71**	**20**	**27**	**2.0%**	**6**	**23**	**5**	**29**	**34**	**22**	**0**	
CY 2025 to Date:	160	137	**85.6%**	18	**13.1%**	6	9	1	3	**1.9%**	2	2	2	3	6	1	0	
Jul-25	47	44	**93.6%**	2	**4.5%**	1	1	1	1	**2.1%**	0	0	0	1	2	0	0	
May-25	46	37	**80.4%**	7	**18.9%**	1	7	0	0	**0.0%**	1	0	2	0	0	0	0	
Mar-25	28	25	**89.3%**	2	**7.1%**	4	1	0	1	**3.6%**	0	1	0	1	4	1	0	
Jan-25	39	31	**79.5%**	7	**13.1%**	0	0	0	1	**2.6%**	1	1	0	1	0	0	0	
Annual Totals:																		
Total 2024	185	171	92.4%	18	9.7%	7	14	1	3	1.6%	1	3	0	7	6	2	0	
Total 2023	178	161	90.4%	10	5.6%	5	6	4	7	4.0%	1	6	1	5	4	4	0	
Total 2022	140	132	94.3%	4	2.9%	2	2	2	4	2.6%	0	4	0	1	0	0	0	
Total 2021	50	48	96.0%	2	4.0%	0	2	0	0	0.0%	0	0	0	3	4	1	0	
Total 2020	77	69	89.6%	6	7.8%	5	6	0	2	2.6%	0	2	0	4	0	0	N/A	
Total 2019	143	129	90.2%	12	8.4%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Total 2018	200	172	86.0%	24	12.0%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	

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

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

Virginia Board of Nursing

C3

Executive Director Report

September 9, 2025

1 Presentation

- **5/22/2025 -** Jacquelyn Wilmoth, Deputy Executive Director, will virtually present for the NCSBN Model Act and Rules Committee on the proposed changes for education.
- **6/4/2025** – Jacquelyn Wilmoth, Deputy Executive Director, hosted an in-person seminar for Survey Visit Preparation and Review of Regulations for Pre-licensure Nursing Education Programs

- **6/4/2025** – Christine Smith, Manager, hosted an in-person seminar for Survey Visit Preparation and Review of Regulations for Approved Nurse Aide Education Programs.

- **7/9/2025 –** The Board of Nursing hosted NCSBN for an Item Writing Seminar for Nurse Educators. The seminar is expected to have 75 attendees from a variety of nursing education programs around the Commonwealth.

- **7/10/2025** – Jacquelyn Wilmoth, Deputy Executive Director and Christine Smith, Program Manager presented at the Virginia Department of Education Conference for faculty and CTE Directors. There were around 40 attendees at each of the presentations.

- **7/28-30/2025 –** Jacquelyn Wilmoth, Deputy Executive Director attended the 2025 VA State Simulation Alliance Conference and presented on regulatory updates.

2 Meetings attended

- **5/28/2025** - Claire Morris and Cathy Hanchey attended the monthly NLC Operations Virtual Meeting.

- **5/29/2025** Claire Morris attended the NCSBN monthly update meeting.

- **6/3/2025 – 6/4/2025** Claire Moris attended the NCSBN Executive Officer Summit in New Hampshire. The summit's theme is Challenge, Change and Collaboration.

- **6/3/2025** - Jacquelyn Wilmoth, Deputy Executive Director, virtually attended the VNA Board of Directors Meeting.

- **6/3/2025** - Jacquelyn Wilmoth and Christina Bargdill, Deputy Executive Directors met virtually with representatives from the Department of Social Services for a quarterly catch-up meeting.

- **6/5/2025 -** Claire Morris, Executive Director, Jacquelyn Wilmoth and Christina Bargdill, Deputy Executive Directors met with Erin Barrett, Director of Legislative and Regulatory Affairs to discuss implementation of the Advanced Registered Medication Aide.

- **6/16/2025** – Jacquelyn Wilmoth and Christina Bargdill, Deputy Executive Directors met with the Department of Social Services for a quarterly update between the two agencies.

- **6/19-20/2025** – Jacquelyn Wilmoth, Deputy Executive Director attended the NCSBN Model Act and Rules Education subcommittee meeting in Chicago.

- **6/24-26/2025** – Randall Mangrum, DNP, RN, Deputy Executive Director for Advanced Practice attended the NCLEX Item Review Sub-Committee (NIRSC) in In Chicago, IL.

- **6/24/2025** – Stephanie Willinger, Deputy Executive Director and Cathy Hanchey, Compact Compliance Specialist, attended a virtual joint meeting between the NLC Compliance Workgroup and the NLC Technology Task Force to finalize the self-assessment tool for NLC compliance reports to be presented at the NCSBN Annual Meeting in August.

- **6/26/2025** – Jacquelyn Wilmoth, Deputy Executive Director met with the attorney for the 19 plaintiffs regarding the court date scheduled for July 7, 2025 regarding Medical Learning Center. 19 former students are suing the owner of Medical Learning Center. The Board withdrew approval for MLC last year but MLC continued to admit students. The attorney, Matt Rosendahl, shared the types of questions that would be asked to ensure they did not fall within prohibited information. Enforcement did refer to the Commonwealth's Attorney that MLC was continuing to admit students.

- **7/9/2025** – Claire Morris and Christina Bargdill attended the Nursing Facility Advisory Committee meeting hosted by Virgina Health Care Association & Virginia Center for Assisted Living. The goal of the committee is to provide a platform for LTC providers to meet with relevant stakeholders and discuss important issues and share experiences as well as serve as a resource for information and education on topics related to quality, financial matters and staffing within the long-term care sector.

- **7/11/2025** – Christina Bargdill met with Credentia staff virtually to review the template for the historical data applications and approved the template for production. Credentia staff will notify the Board on Monday, July 14, 2025, of the projected date that all applicant information will be uploaded to the SFTP site for Board access.

- **7/17/2025 -** Christina Bargdill attended the Senior Housing Advancement and Pathways Event (SHAPE) coordinated by the Virginia Assisted Living Association (VALA) in partnership with Argentum. This was an opportunity to share national and state level information about the assisted living industry and to discuss current challenges and opportunities for workforce development. Assisted Living Facilities (ALFs) are struggling with recruitment, training, and retention of employees and some of Virginia's workforce programs need additional employers to support benefit recipients/customers. The goals of the meeting were to begin an informational discussion where industry professionals and Virginia agencies come together to learn from each other and to brainstorm potential collaborations and next steps.

- **7/18/2025** – Jacquelyn Wilmoth, Deputy Executive Director virtually attended the LEARN Collaborative Meeting where an unofficial update on the second cohort of Earn to Learn was provided and opportunities were discussed regarding the orientation of nursing faculty.

- **7/24/2025 –** Jacquelyn Wilmoth attended/viewed the live stream meeting of Subcommittee for School Health Services regarding SB 1303 (2025) related to diabetic management in schools.

- **7/28/2025 – 7/30/2025 –** Jacquelyn Wilmoth, Deputy Executive Director attended the 2025 VA State Simulation Alliance Conference and presented on regulatory updates.

- **7/31/2025 –** Claire Morris attended a meeting of the Hospital Violence Reporting Workgroup for HB2269/SB1260.

- **8/6/2025 –** Jacquelyn Wilmoth, Deputy Executive Director and Christine Smith, Program Manager virtually met with PSI, medication aide testing company, to review the second quarter testing results.

- **8/11/2025 –** Randall Mangrum, Deputy Executive Director and Ann Hardy, Deputy Executive Director participated in the Evoke Demonstration with the Discipline Stakeholder group.

- **8/12/2025** – Claire Morris attended the annual NLC commissioner meeting in Chicago.

- **8/12/2025 -** Randall Mangrum, Deputy Executive Director participated in the Therapeutic Interchange Workgroup as the representative from the Board of Nursing.

- **8/13/2025 – 8/15/2025** – Claire Morris, Kimberly Glazier and Board Members Jodi Zehr and Pamela Davis attended the NCSBN Annual meeting with the theme being "Going Beyond". Many board staff attended the meeting virtually.

- **8/20/2025 –** Claire Morris, Executive Director and Jacquelyn Wilmoth, Deputy Executive Director met with Marianne Barenholdt, Government Relations Chair for Virginia Association of the Colleges of Nursing (VACN).

- **8/22/2025** – Claire Morris met with Maryland BON regarding their legislation mandating they meet with bordering states to discuss APRN reciprocity.

- **8/26/2025** – Claire Morris and Randall Mangrum met with Bill Lombardi, Administrator, UVA Center for Advanced Practice and his colleagues to discuss APRN certification as it relates to scope.

- **9/5/2025 –** Claire Morris met with Carol Timmings, Editor in Chief of the Journal of Nursing Regulation to discuss perspective of a new BON ED related to JNR's environmental scans.

OTHER:

The Board of Nursing has been made aware of a second opportunity for programs to apply for an Earn to Learn Grant, with an application deadline of May 31, 2025. This opportunity has been shared with all approved nursing education programs in the Commonwealth.

The Board has completed entry of the first digitally signed Pre-Hearing Consent Order for approval of a non-routine application for registration as a medication aide by examination. The Board will continue to review cases for applicability of offer of PHCO by digital signature as part of a pilot project to solidify process development and internal training before expanding to consideration and processes development for consent orders following a proceeding. The project team, coordinated by Christina Bargdill, consists of Lakisha Goode, Tamika Claiborne and Candis Stoll. This team will work through multiple scenarios involved in the processing of consent orders, identify key considerations and processes for transition to digital signature and processing of various types of consent orders, develop standard operating procedures and educate discipline support staff and other board staff involved in the associated processes.

5/19/2025 – Program were notified of the upcoming effective date (July 16, 2025) for regulatory changes regarding faculty requirements for nursing education programs resulting from HB 1290 in the 2024 General Assembly session. Board staff are responding to inquiries regarding potential impact to programs.

6/17/2025 – The Board of Nursing received an inquiry regarding Medical Learning Center, Practical Nursing Program. The inquirer stated they were to pay their bill this week and wanted to ensure the program was "reputable." The Board of Nursing withdrew approval of Medical Learning Centers Practical Nursing Program in an order dated June 7, 2023 and November 20, 2023 with a withdrawal date of December 31, 2024. The Department of Health Professions submitted a case to the Fairfax Commonwealth Attorney Office on May 7, 2024 regarding the alleged continued admission of students into the unapproved program.

6/20/2025 – Jacquelyn Wilmoth, Deputy Executive Director received a subpoena to testify in Fairfax Circuit Court in reference to Medical Learning Center, practical nursing program in a case where 19 plaintiffs (former students) were not informed of the BON withdrawal and the program continued to operate.

7/7/2025 – Jacquelyn Wilmoth, Deputy Executive Director testified as a fact witness in Fairfax Circuit Court in a civil case with 19 plaintiffs alleging Medical Learning Center operated after the Board withdrew program approval.

7/28/2025 – MLC has sent inflammatory emails to students with copy to BON indicating the BON's and SCHEV's actions were fraudulent.

8/4/2025 – A Medical Learning Center Practical Nursing student contacted the Board regarding obtaining an official transcript and transferring credits to another institution as the program had "recently closed." Board staff informed the student that, to date, transcripts had not been received, and Medical Learning

Center remained custodian of record. Board staff explained that the Board does not possess the authority to prescribe specific program policies regarding admission, progression, retention, and graduation.

In response to increased concerns over illicit massage businesses and human trafficking, Fairfax County has proposed the first revision of the County's massage therapy regulations in 25 years. These changes, if passed, will shift regulatory oversight of the massage industry in Fairfax County from the Department of Cable and Consumer Services to the county's Health Department. The amendments also include provisions to allow faster responses to concerns raised about individual massage establishments. Although the regulatory changes are not yet final, the Department of Cable and Consumer Services (DCCS) has begun to implement more stringent requirements for issuing permits to individuals to operate a massage establishment in the County. On June 23, 2025, DCCS notified the Board that they denied a permit for a licensed massage therapist as a result of a prostitution conviction in Spotsylvania County in 2022.

The Board of Nursing has been made aware that the spring 2025 (Cohort II) Earn to Learn grant application has now closed. The proposals are under review, and it is anticipated the grants applicants will be notified of their status by July 1, 2025. The contract period for Cohort II is July 1, 2025, to June 30, 2026. No additional funding is anticipated during this award period but may be revisited in May 2026.

8/4/2025 – The Board was made aware of a DOE memo that was provided to all CTE Nurse Aide programs regarding curricular changes for the 2025-2026 academic year. The CTE nurse aide program will now be 140 clock hours to align with the regulatory requirements. DOE will hold virtual office hours to discuss the changes later this month.

313 Operation Nightingale cases are in the process of being adjudicated at the Board or APD level or have been adjudicated. Approximately 100 cases are at the investigation stage.

Keana Goodywn, Vice President of Nursing & Clinical Informatics for HDH, has been shadowing at the Board as a DNP student.

MEDIA CONTACTS:

6/5/2025 - Conor Thiel, 13Newsnow in Hampton Roads, inquired information regarding the license renewal of Kevin James Coolong, RN (0001-164890) and APRN (0024-164868) being denied by DHP.

Kelly Smith, DHP Director of Communication, provided two public orders that are available on DHP website noting that the Board's Orders speak for themselves. DHP is unable to provide any further information, as details gathered during investigations or disciplinary proceedings which are prohibited from release pursuant to 54.1-2400.2 of the *Code of Virginia*.

6/6/2025 - Claire Morris answered an inquiry from Christine Pelisek of People Magazine regarding Kevin Coolong, RN, APRN. Pelisek requested comments on the case but was provided copies of the applicable board orders and told the orders speak for themselves.

Anusha Subramanian, identifying themselves as a journalist out of New York City with a Columbia University email address requested information on SANE nurses. (Sexual Assault Nurse Examiner) Claire Morris provided a response:

Thank you for emailing the board. We apologize for the delayed response.

The Virginia Board of Nursing has no laws or regulations specific to forensic nursing or Sexual Assault Nurse Examiner (SANE) practice. We are aware of this specialty training, but it does not result in a license or certification regulated by the Board of Nursing therefore, we do not have a listing of SANE nurses.

You may find helpful reaching out to the Virginia Sexual Assault Forensic Services Program https://www.dcjs.virginia.gov/victims-services/victims-services/virginia-sexual-assault-forensic-services-program and/or the Virginia Nurses Association https://virginianurses.com/

7/3/2025 – Layne Tyler of CBS6 inquired regarding cases on a 2 C.N.A.s which have been considered at IFC but are still within the appeal window. Kelly Smith, per code, provided the notices and screenshots of the informal conference minutes.

7/11/2025 - Tyler Layne with CBS 6 inquired regarding Christina Schasse, a licensed certified registered nurse anesthetist who has a diversion case at APD for drafting of a PHCO. For the same conduct, the DOJ has pressed charges. (U.S. District Court Eastern District of Virginia) Essentially Tyler Layne was asking questions regarding the process of criminal courts reporting to DHP. Kelly Smith responded.

7/28/2025 - Melissa Hipolit from the local CBS affiliate inquired regarding Danielle White, RMA who's registration was revoked on 7/25/25 by the Board related to abuse which took place at Lakewood Manor assisted living.

The Washington Post published an article with information provided by the Board of Nursing regarding the withdrawn approval of Medical Learning Center's practical nursing program in Fairfax, Virginia. The article includes the verdict from the civil trial in which Jacquelyn Wilmoth, Deputy Executive Director was subpoenaed to testify.

Tom Jackson, reporter with the Washington Post, inquired regarding Medical Learning Center (MLC). MLC's RN and LPN program approval had been withdrawn in 2024 but MLC's owner, Gullalai Safi, continued to admit students. Enforcement made a referral to the Fairfax Commonwealth's attorney. Since then 19 students sued MLC in civil court and won. MLC's owner did not comply with the judge's order and a warrant has been issued for Safi's arrest.

Tyler Lane with CBS inquired regarding a case on Latarsha Brown, RN involving failure to report abuse at Henrico Health and Rehabilitation. Brown received a continuance of a formal hearing which has been rescheduled for November.

Annabelle Timsit with the Washington Post inquired regarding tracking of the number of “fake nurses reported per year in Virginia. “The Board of Nursing responded indicating specific case types are not numerically tracked and directed the inquirer to recent case decisions posted on the Board’s website

Letter FROM THE President

POST-BOARD MEETING UPDATE

May 19, 2025

Dear Colleagues:

The NCSBN Board of Directors (BOD) convened in Chicago on May 6-7, 2025, for a two-day board meeting. As is customary at this time of year, the BOD considered agenda items related to the upcoming Delegate Assembly (DA), which include:

- Approval of the 2026-2028 NCSBN Strategic Initiative Statement.
- Leadership Succession Committee (LSC) 2025 Slate of Candidates.
- NCLEX® Examination Committee (NEC) recommendations for approving the 2026 NCLEX-RN® Test Plan and the 2026 NCLEX-PN® Test Plan.

The LSC has prepared the 2025 Slate of Candidates for leadership positions within the organization. These candidates have been selected with due regard for the qualifications required by the positions open for election, fairness to all candidates, and attention to the goals and purpose of NCSBN.

The slate includes candidates for various leadership roles, each bringing a unique set of skills and experiences to the table.

Following the evaluations of the 2024 RN and PN Practice Analysis results, draft NCLEX RN and PN test plans were developed and distributed to the nursing regulatory bodies (NRBs) for review and feedback. Draft documents were presented to the BOD and will be presented at the Annual Meeting for review and approval by the DA. The BOD approved the above recommendations for the 2025 DA.

The BOD periodically reviews and updates NCSBN policies regularly, and it did so at this meeting. Policies considered related to the use of the Nursys® license by endorsement, public dissemination of data and NCLEX examination-related policies. The BOD approved the following policy revisions:

- Policy 12.20 Use of Nursys by NRB when processing License Applications by Endorsements: The policy revisions were necessary to align with the Nursys system enhancements, which will automatically delete verifications based on their age and/or the NRB system configuration. This commitment to adaptability is a testament to our dedication to serving the nursing community.
- Policy 13.2 Public Dissemination of Data: The proposed revisions provide that board orders shall not contain PII “unless the data is otherwise publicly available or applicable law authorizes the Member Board to make the data publicly available.”
- NCLEX policies: The NEC reviews and recommends revisions to the BOD on the Board’s examination-related policies and procedures on an annual basis.

POST-BOARD MEETING UPDATE, CONTINUED

The BOD acted on reports and recommendations from the Finance Committee, which included:

- Acceptance of the financial statements for the period ended March 31, 2025. The statements present the financial position of NCSBN as of March 31, 2025.
- Approval of revisions of Policy 8.5 Investments to change the asset allocation range for international equity to a minimum of 0% and a maximum of 18% of the total value of the investment portfolio. The asset allocation is appropriate for the organization's investment goals and risk tolerance.
- Approval of the proposal to increase the NCLEX exam fee and establish a timeline to present the proposal to the DA.

Additional agenda items included CEO and Chief updates on operations, updates on Government Affairs, the Governance and Bylaws Committee, and the Model Act and Rules Committee. The BOD also acted upon the approval of a recipient of the NCSBN Founders Award.

The BOD, the CEO and the chiefs will participate in a facilitated strategy-setting meeting in October to assess the status of current work, review member input related to strategic objectives, and consider future work and its alignment with the Strategic Initiatives. More to come when that is done!

Sincerely,

Phyllis Polk Johnson, DNP, RN, FNP-BC

President
pjohnson@msbn.ms.gov

Letter FROM THE President

POST-BOARD MEETING UPDATE

July 22, 2025

Dear Members:

NCSBN's mission is to empower and support nursing regulators in their mandate to protect the public. With our mission in mind, the Board of Directors (BOD) met July 8–9, 2025, in Chicago. It will be the last time this year that the current BOD members will convene for a board meeting. As your president, I am writing to inform you about the key discussions and decisions made during this meeting. A concise overview of the meeting's highlights, significant decisions and key takeaways is provided.

The NCSBN Annual Meeting will take place Aug. 13–15, 2025. We look forward to seeing everyone in Chicago. This year's meeting will focus on "One NCSBN" and "being in the moment of nursing." It is an exciting yet challenging time for nursing regulation. We have experienced significant change over the past year, and one thing we can be certain of is that nothing in the world is constant but change. During Annual Meeting, the delegates will vote on members to serve on the BOD and the Leadership Succession Committee (LSC). Review of the 2025 NCSBN Business Book will ensure that members are informed and that the votes reflect the needs of your jurisdiction and the public you serve.

The BOD heard formal reports from the CEO and the chief officers about activities and work updates related to government affairs (state and federal), NCSBN meeting performance outcomes and fiscal year 2025 (FY25) meeting evaluations. A review of the NCSBN committee volunteer programs is conducted annually. The committee members expressed a high level of satisfaction with the overall committee process, a testament to the dedication and hard work of our members. Additionally, the BOD met in executive session to review the CEO's performance assessment, which is a process conducted annually by the BOD.

The BOD appointed and reappointed committee members to FY26 committees. The committees receiving appointments included Awards, Finance, NCLEX® Exam (NEC), NCLEX® Item Review Subcommittee (NIRSC), Governance and Bylaws, and the Model Act and Rules Committee. The utilization of committees is essential to accomplish the work of the organization on behalf of the BOD. Our members provide expertise and variability to the work of NCSBN that the BOD highly values. Participation in committees also provides opportunities for leadership development to members and external participants.

The Government Affairs department continues to promote the organization's three state legislative campaigns, lobby for federal legislation, track legislation that impacts nursing regulation, strengthen public policy knowledge among members, and build and bolster relationships with key policy partners at both the state and federal levels. The BOD welcomed Ashley Shelton, director of Federal and External Affairs. Ashley presented an insightful report on activities at the federal level. Since her appointment in May, she has been meeting with stakeholders, attending congressional meetings and contributing to the weekly legislative

POST-BOARD MEETING UPDATE, CONTINUED

updates. The team reported that the FY26 budget process continues, and the latest presidential Budget Brief has eliminated all Title VIII Nursing Workforce Development Funds, with the exception of the Nurse Corps.

Additionally, the proposal calls for the elimination of the National Institute for Nursing Research (NINR). The Nursing Community Coalition has issued a statement calling for the funding of Title VIII programs and the continuation of NINR operations. Advocacy efforts also continue around the SHARE Act, the Title VIII Nursing Workforce Reauthorization Act of 2025, as well as work in the NLC, APRN Compact and the Nursing America campaigns.

The BOD engaged in a strategic thinking session, during which they examined the NCSBN ID. It is a public, unique identifier for all nurses and is used exclusively for the identification of licensed nurses. NCSBN promotes the ID through interactions with nursing regulatory bodies, nurses and other stakeholders. The BOD considered incorporating the NCSBN ID into nursing data sets as an effort to improve integration and facilitate research, as well as potential future applications of the identifier.

Thank you for your guidance to the nursing profession, particularly in the area of regulation. Your commitment is vital for the advancement of nursing and patient safety. Safe travels to all who are attending the NCSBN Annual Meeting.

Sincerely,

Phyllis Polk Johnson, DNP, RN, FNP-BC

President
pjohnson@msbn.ms.gov

C4

HPMP Quarterly Report – April – June 2025

Board	License Type	Intake Interviews	Enrollments			Discharges						Stays Processed	Vacate Stays Processed	Participant Census as of 6/30/2025	Percent Census Represents of Total
			Board Order	Voluntary w/ Invest	Voluntary	Resignation	Ineligible	Dismissal	Urgent Dismissal	Completion	Successful Completion				
Nursing	CNA	1		1										1	0.34%
	RMA	1	1											1	0.34%
	LPN	4	2		1									18	6.10%
	RN	10	2	1	1	2.5				1		2	1	106.5	35.93%
	APRN	1	1		1				1		1			14.5	4.75%
Medicine	OT													1	0.34%
	SurgTech													1	0.34%
	RT (respiratory)	1	2											5	1.69%
	LRT (radiological)					0.5								4	1.36%
	PA	1												10	3.39%
	Intern/Resident	1			1									7	2.37%
	DPM													1	0.34%
	DC			1										1	0.34%
	DO	3	1		1						3			11	3.73%
	MD	8	3		3	1					3	1		68	23.05%
Pharmacy	PharmTech		1											1	0.34%
	RPh	1		1					1	1	1	1		17	5.76%
Dentistry	RDH													2	0.68%
	DDS													2	0.68%
	DMD													1	0.34%
Social Work	LCSW	2		1	1									3	1.02%
Counseling	Trainee for QMHP													0.5	0.34%
	Resident in Counseling	1							1					2	0.68%
	LPC													2	0.68%
Veterinary Medicine	Vet Tech	1		1										2	0.68%
	DVM													5	1.69%
Audiology/Speech Pathology	SLP													3	1.02%
Physical Therapy	PT													3	1.02%
Long-Term Care Administrator	NHA Admin in training														
	NHA													1.5	0.68%
Optometry	OD													1	0.34%
TOTALS		*36*	*13*	*6*	*9*	*4*	*0*	*0*	*3*	*2*	*8*	*4*	*1*	*295*	*100.02%*

**There were 8 individuals who became "intake failure" due to not returning packets for various reasons (1 Resident in Counseling; 1 RN; 1 LPN; 1 CNA; 1 NHA Admin in training; 1 DO; and 2 MD).
Of these 8, five (5) individuals completed their intake interviews during last quarter (2 MD; 1 DO; 1 NHA Admin; and 1 CNA).

**Those showing entries but no intake interview completed their intake interview during last quarter.
**All others showing intake interview completed but no entry, were still pending entry as of 6/30/2025.
**This quarter, everyone who started an intake interview, completed the interview and was sent an enrollment packet.
**There are 2 participants that I failed to adjust in the first quarter who are counted in Counseling % and Long-Term Care % but also have orders under nursing.

Virginia Department of

Health Professions

Health Practitioners' Monitoring Program

ANNUAL REPORT 2024

July 2025

hpmp@dhp.virginia.gov

TABLE OF CONTENTS

I. PROGRAM OVERVIEW

Since 1997, the Virginia Health Practitioners' Monitoring Program (HPMP) has provided comprehensive and effective monitoring services to hundreds of healthcare professionals.

We offer an alternative to disciplinary action to qualified healthcare practitioners with a substance use diagnosis, a mental health or physical diagnosis, that may alter their ability to practice their profession safely.

The role of HPMP is to provide each practitioner with the identification, and continuous monitoring of the treatment recovery process to achieve and maintain optimal physical, mental, and emotional health in order to promote self, and patient safety. Our goal is to assist and support healthcare professionals in our program to returning to safe and productive clinical practice.

HPMP IS A RECOVERY MONITORING PROGRAM - HPMP REFERS HEALTHCARE PROFESSIONALS FOR APPROPRIATE TREATMENT AND PROVIDES ONGOING MONITORING OF TREATMENT PROGRESS.

The Department of Health Professions (DHP) contracts with the Virginia Commonwealth University Health System (VCUHS), Department of Psychiatry, Division of Addiction Psychiatry to provide monitoring and clinical services including:

- Confidential intake to determine program eligibility.
- Referrals to treatment providers for clinical assessment and treatment.
- Monitoring of treatment progress and clinical practice.
- Maintaining the alcohol and drug toxicology screening process.
- And for those participants with Board involvement, the team provides support including participant preparation for hearings and providing the Board with documentation or testimony of monitoring compliance.

Participation, in what is most often a one-to-five-year program is voluntary. Disciplinary action may be avoided, and, in the absence of criminal or Board action, public records may not be generated. For those participants with Board involvement, the HPMP team provides support including participant preparation for hearings, documentation of participation for the Board, and by testifying to monitoring compliance at Board hearings.

HPMP services are available to anyone who holds a current, active license, certification or registration by a health regulatory board in Virginia or a multi-state licensure privilege. An applicant for initial or reinstatement of licensure, certification, or registration is also eligible to participate for up to one year from the date of receipt of their application.

If you have been referred to HPMP and would like to get started, or have questions, contact Virginia HPMP toll-free at 1-866-206-4747 or email vahpmp@vcuhealth.org.

II. THE HPMP PROCESS

Healthcare professionals may enter the program at any time either voluntarily or by referral to the program.

Most of the referrals received in 2024 were from DHP Licensing Boards.

DHP Licensing Boards - 38

DHP Enforcement Personnel - 25

Employers - 16

Other Monitoring Programs - 9

Treatment Providers - 13

Self-Referrals - 15

Other - 7

The first point of contact is the HPMP Intake Coordinator. The HPMP Intake Coordinator will discuss the general processes and then will schedule a more thorough interview. Through a telephone interview, the Intake Coordinator collects:

- Demographic information;
- Vocational information;
- Reason for referral;
- Current treatment providers and medications; and
- A brief history of treatment for physical, mental health, and/or substance use disorders.

An eligible practitioner will then be sent a participation contract to sign and return to HPMP. Upon receipt an acknowledgement of program participation will be sent and the practitioner will be assigned a dedicated case manager. The case manager will provide a recovering monitoring contract with compliance requirements tailored to the specific needs of the participant during their recovery and monitoring process.

While participation in the program is at no cost to the practitioner, treatment costs and toxicology costs are the responsibility of the participant. As some participants find themselves in financial distress early in the recovery process, HPMP refers individuals to work through their insurance plans, while vetting potential providers, and/or recommend participants to enroll in Medicaid. The Third-Party Administrator for toxicology screens also can work with participants for payment plan options.

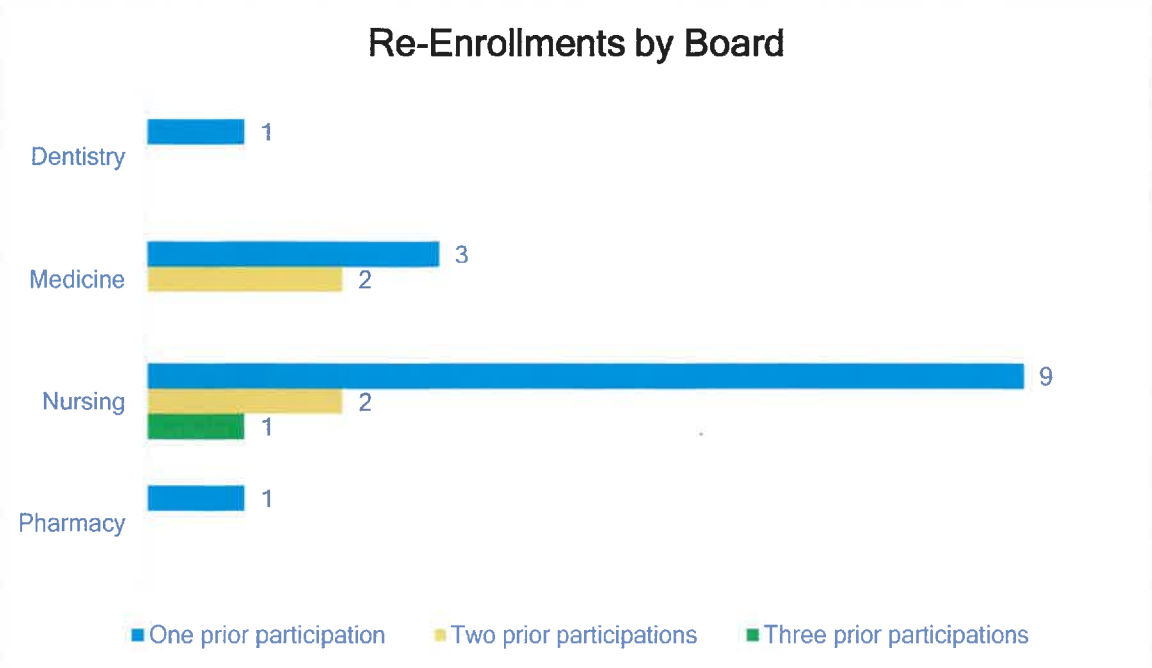
III. PROGRAM PARTICIPATION

During January 1, 2024 – December 31, 2024 the Health Practitioners' Monitoring Program received 216 program inquiries.

Intake interviews were begun or completed for 168 individuals. Of those who completed an intake interview:

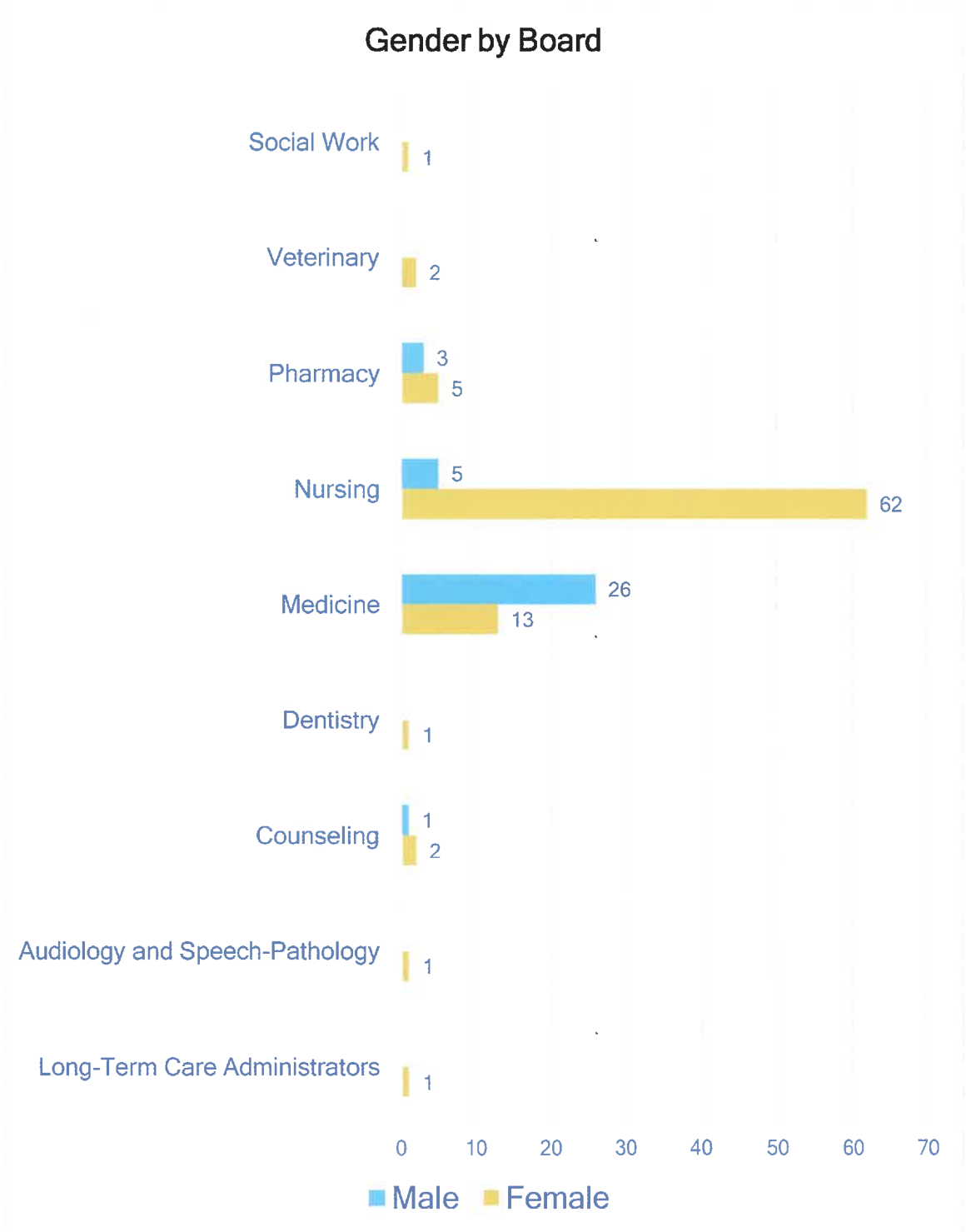
- 168 Intake interviews were begun/completed.
- 120 were enrolled into the program.
- 19 decided not to enroll.
- 16 did not complete the intake process.
- 11 were pending return of the enrollment packet on December 31, 2024.
- 35 were ineligible to participate in the program, expressed they did not wish to enter the program, or failed to return the enrollment packet.

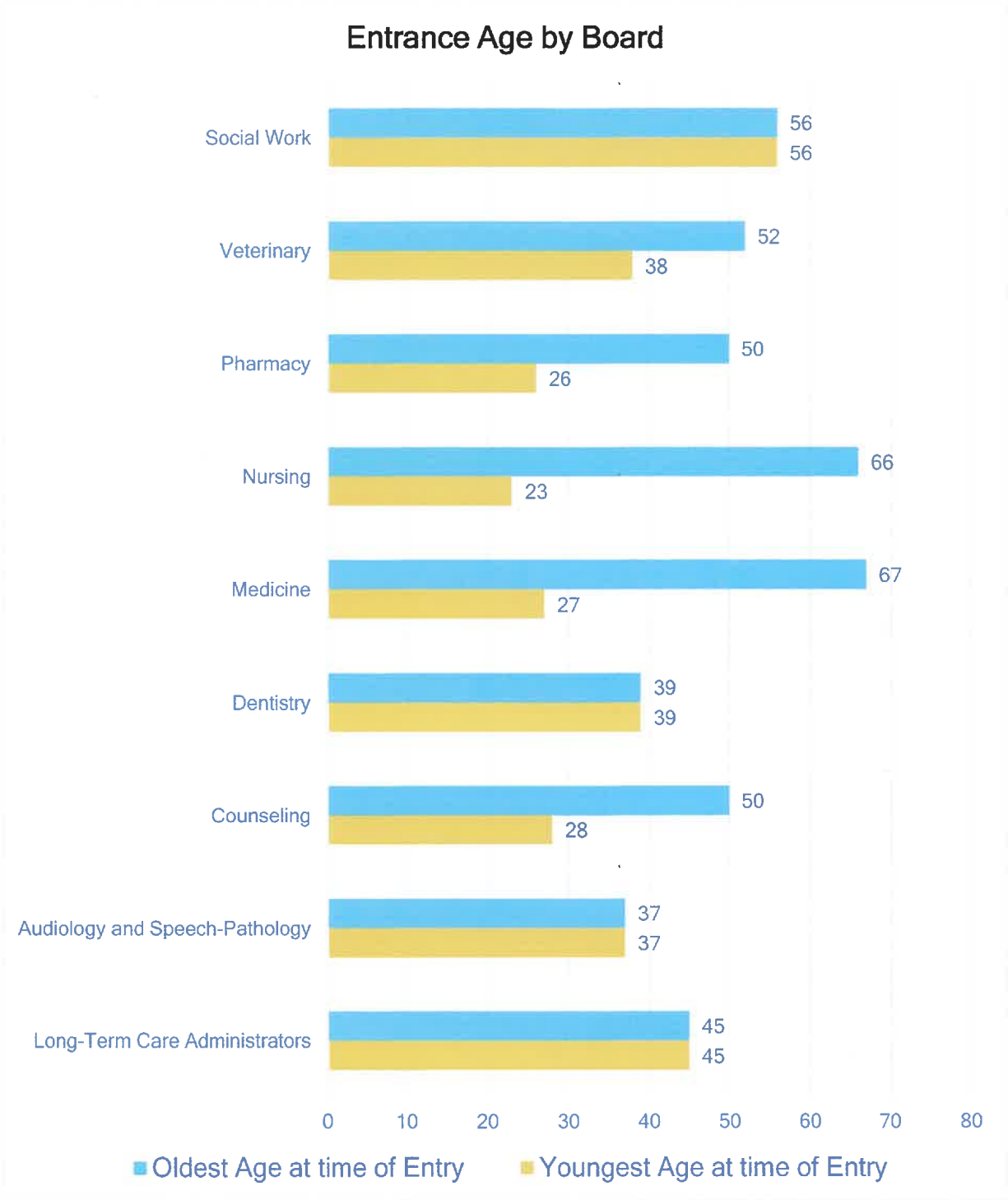
Out of the 123* who enrolled in 2024, 19 were previous participants. The majority of re-entries were from the Board of Nursing.



*This enrollment number includes 3 pending intake interviews from 2023 that were carried over and processed in 2024.

Demographics of 2024 Enrollees:

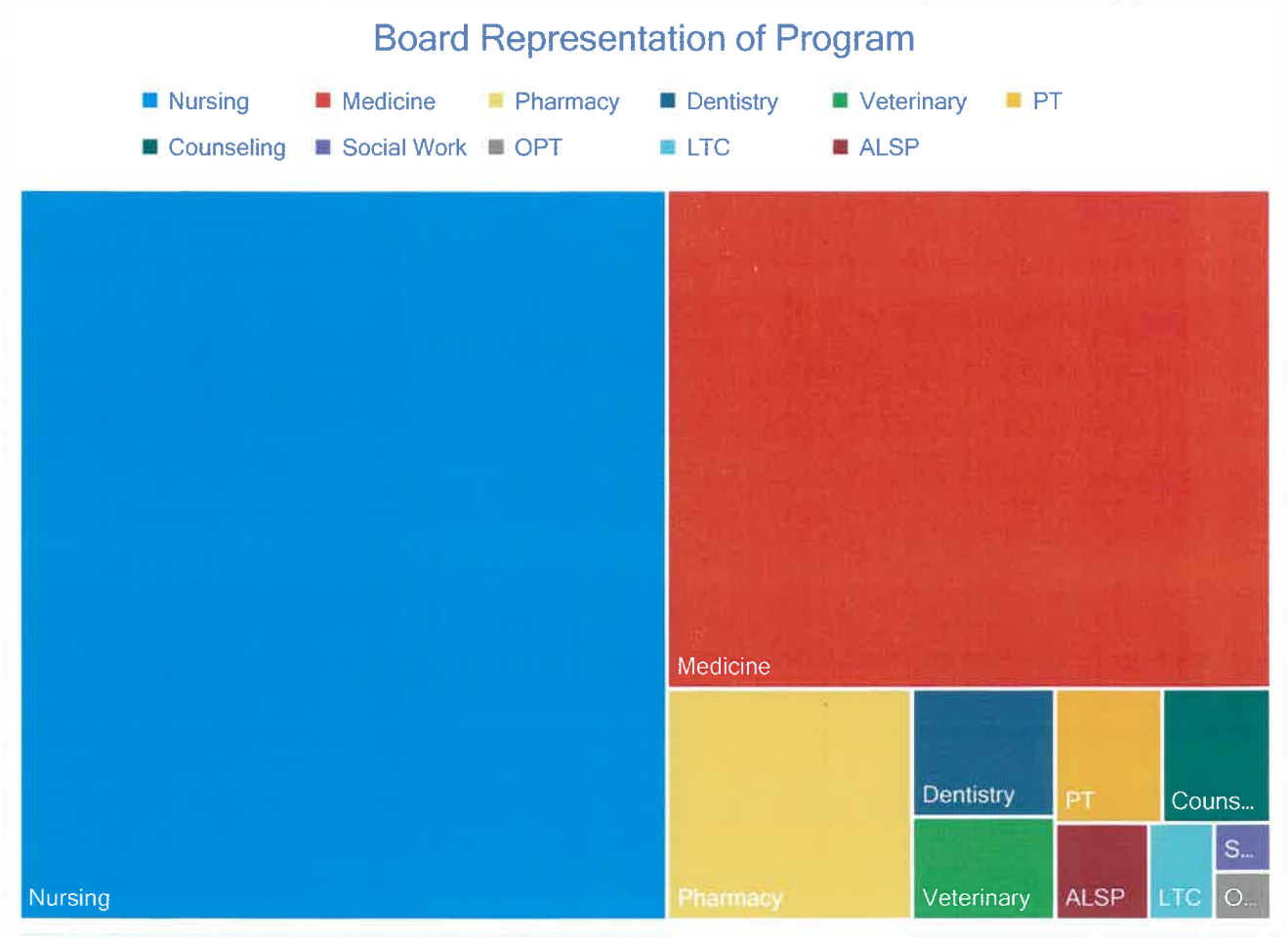



Entrance Age by Board
Social Work
56
56
Veterinary
52
38
Pharmacy
50
26
Nursing
66
23
Medicine
67
27
Dentistry
39
39
Counseling
50
28
Audiology and Speech-Pathology
37
37
Long-Term Care Administrators
45
45
0
10
20
30
40
50
60
70
80
Oldest Age at time of Entry
Youngest Age at time of Entry

FOR THOSE 123 THAT ENTERED IN 2024, 83 REMAINED ACTIVE AT THE END OF THE YEAR AND 40 WERE DISMISSED.

At the end of December 2024 there were 298 total active participants. There were 307 active participants at the end of December 2023; the number of total enrollees is decreasing yearly.

As of December 31st, 2024, the Board of Nursing participants made up approximately 48% of the program, Board of Medicine made up 37%, the Board of Pharmacy made up 7%, with the other Boards making up 2% or less each.



A. Enrollments

The 123 individuals who enrolled in 2024 were healthcare professionals from 9 of the 13 Regulatory Boards.

Boards with participants who enrolled during 2024 are approximately as shown below, with Board of Nursing having the highest percentage, followed by Board of Medicine.

Counseling = 2%

Dentistry =1%

Medicine = 32%

Nursing = 54%

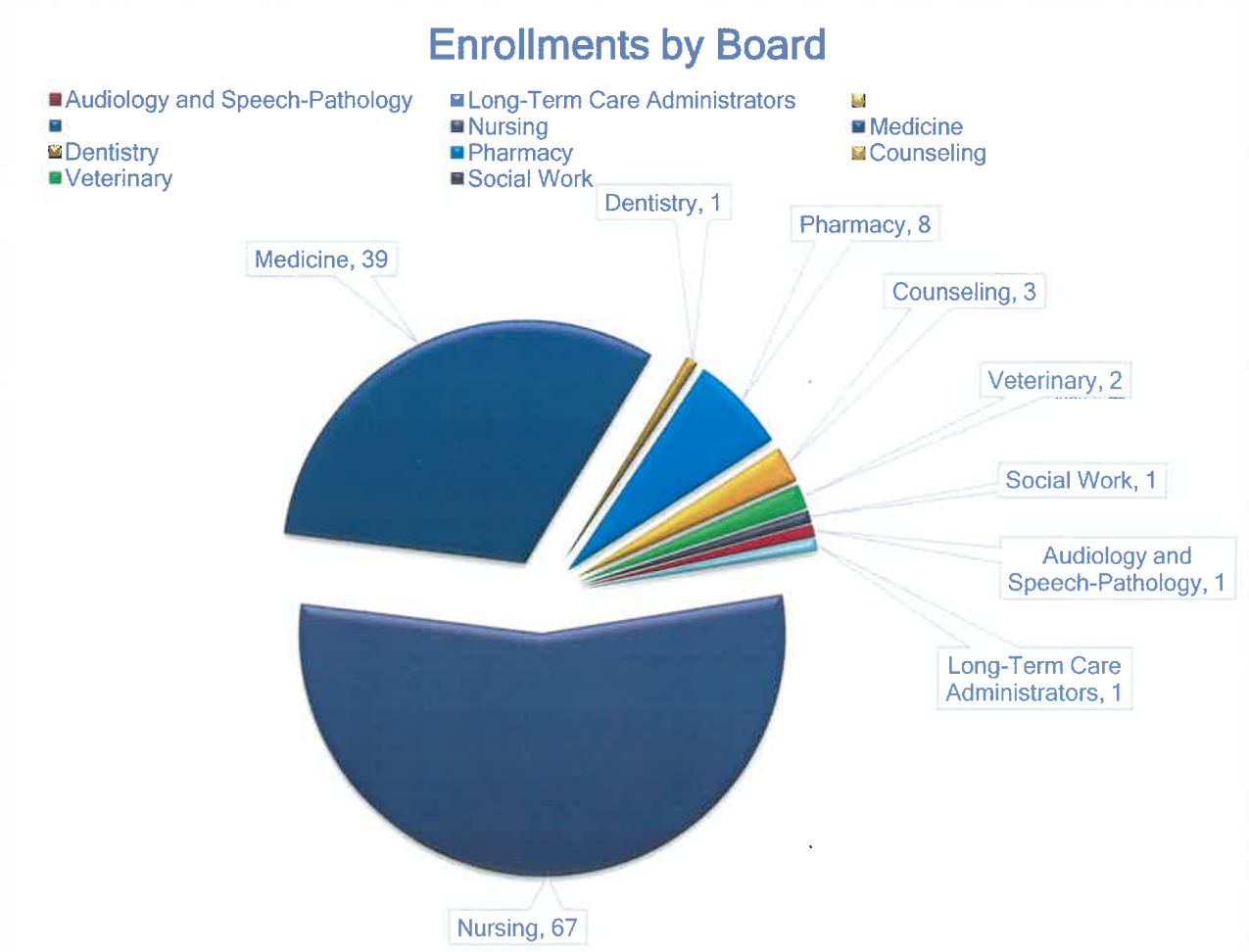
Long-Term Care Administrators = 1%

Social Work = 1%

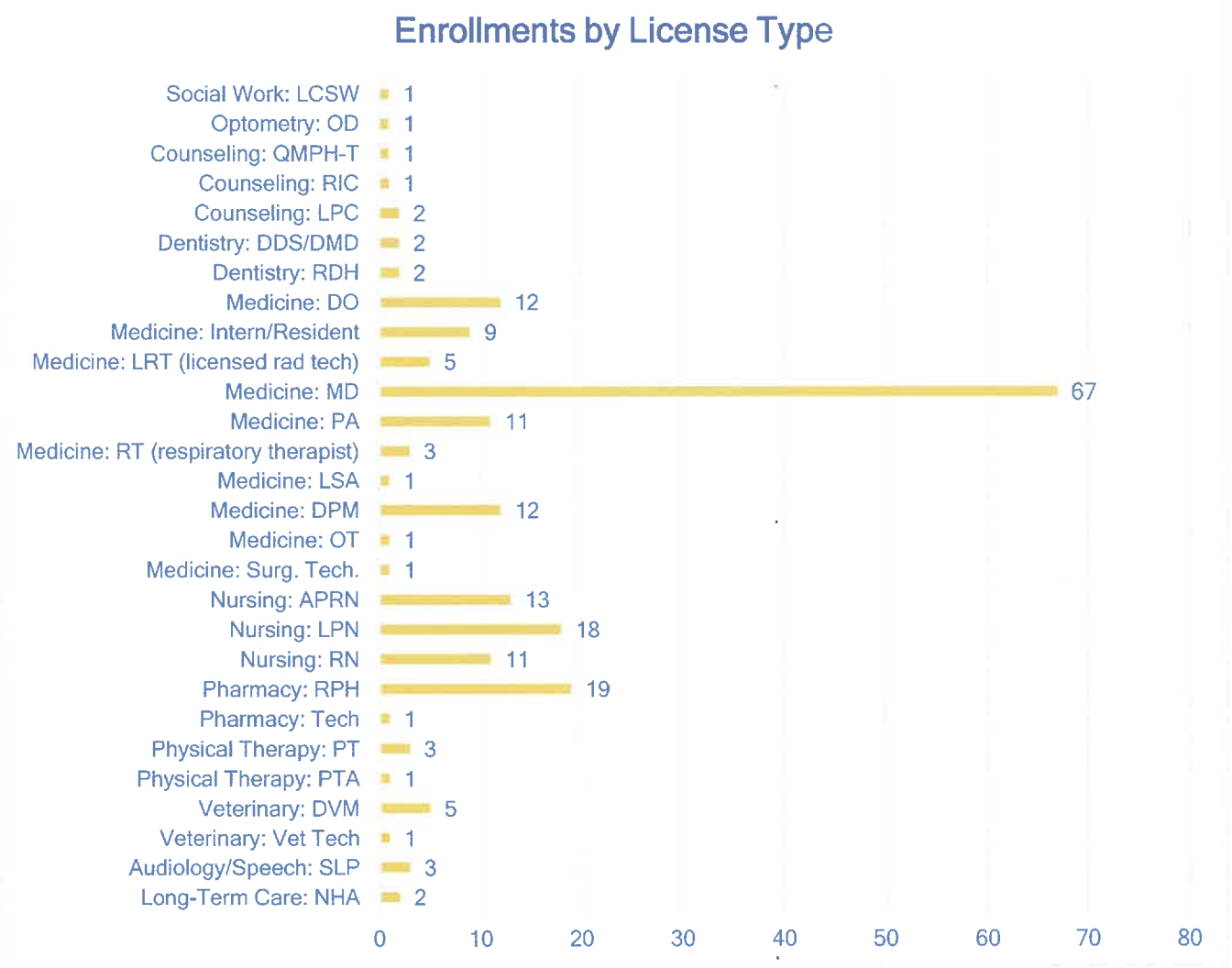
Pharmacy = 7%

Veterinary Medicine = 2%

Audiology + Speech Pathology = 1%

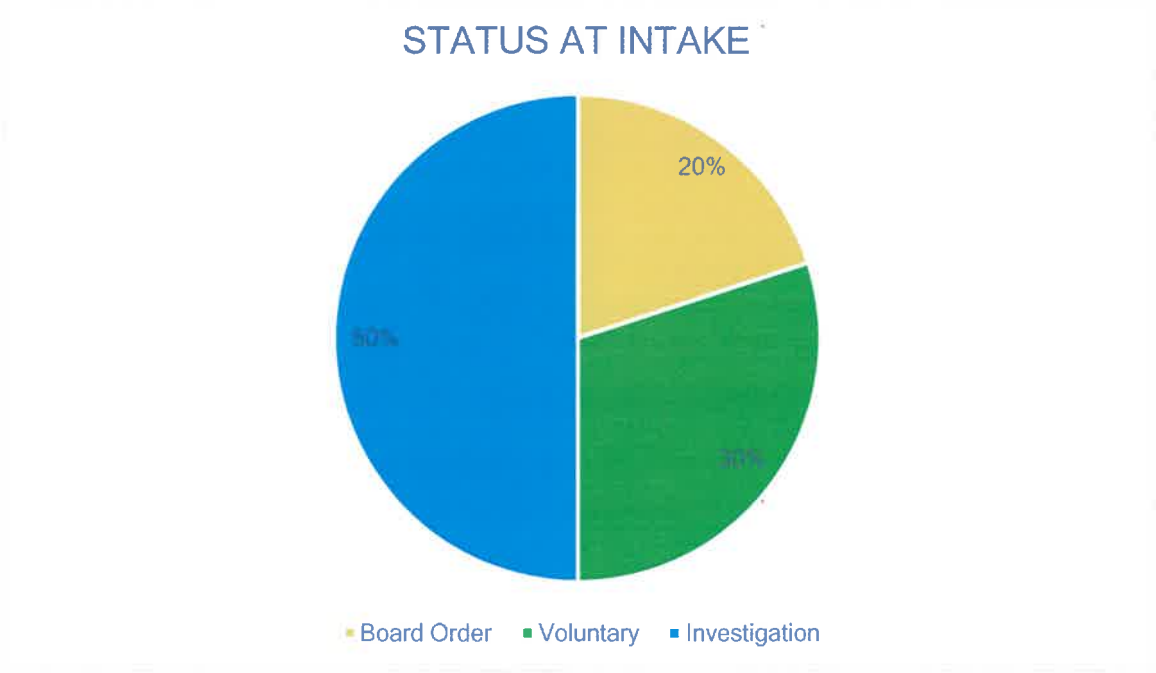


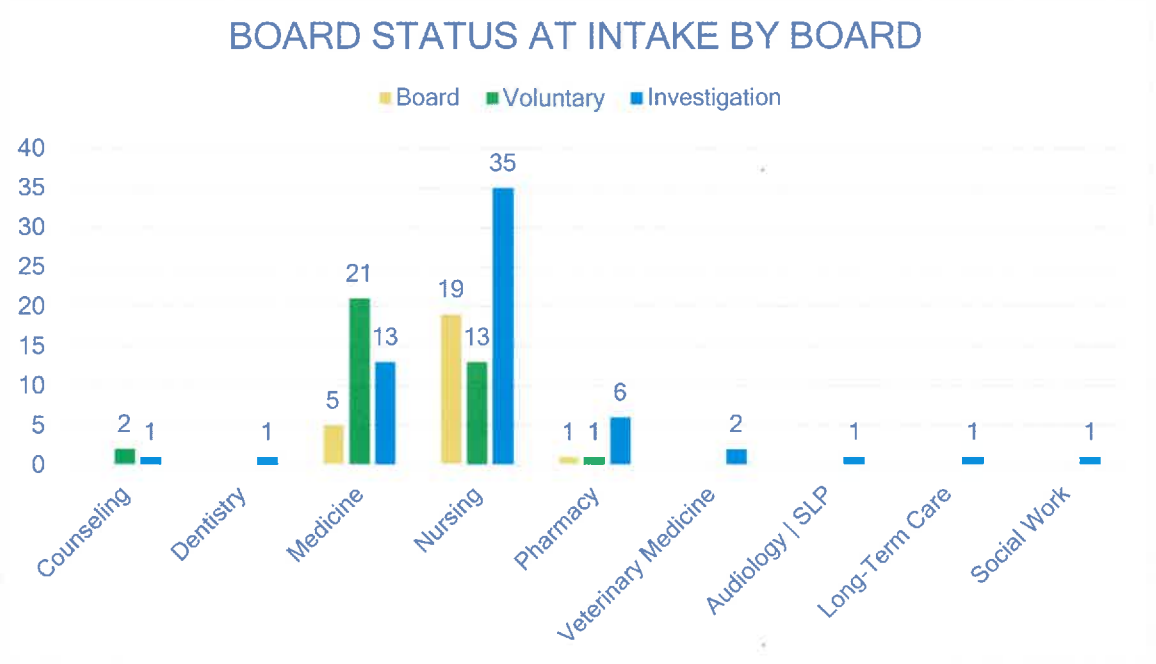
Total program participants enrolled by the end of 2024 were from 29 out of the 129 licensee types that DHP regulates.



Participants can enter HPMP voluntarily on their own at any time or be referred by a DHP investigator during an investigation or by a Board Order.

During 2024, 50% of participants who entered had an open investigation.





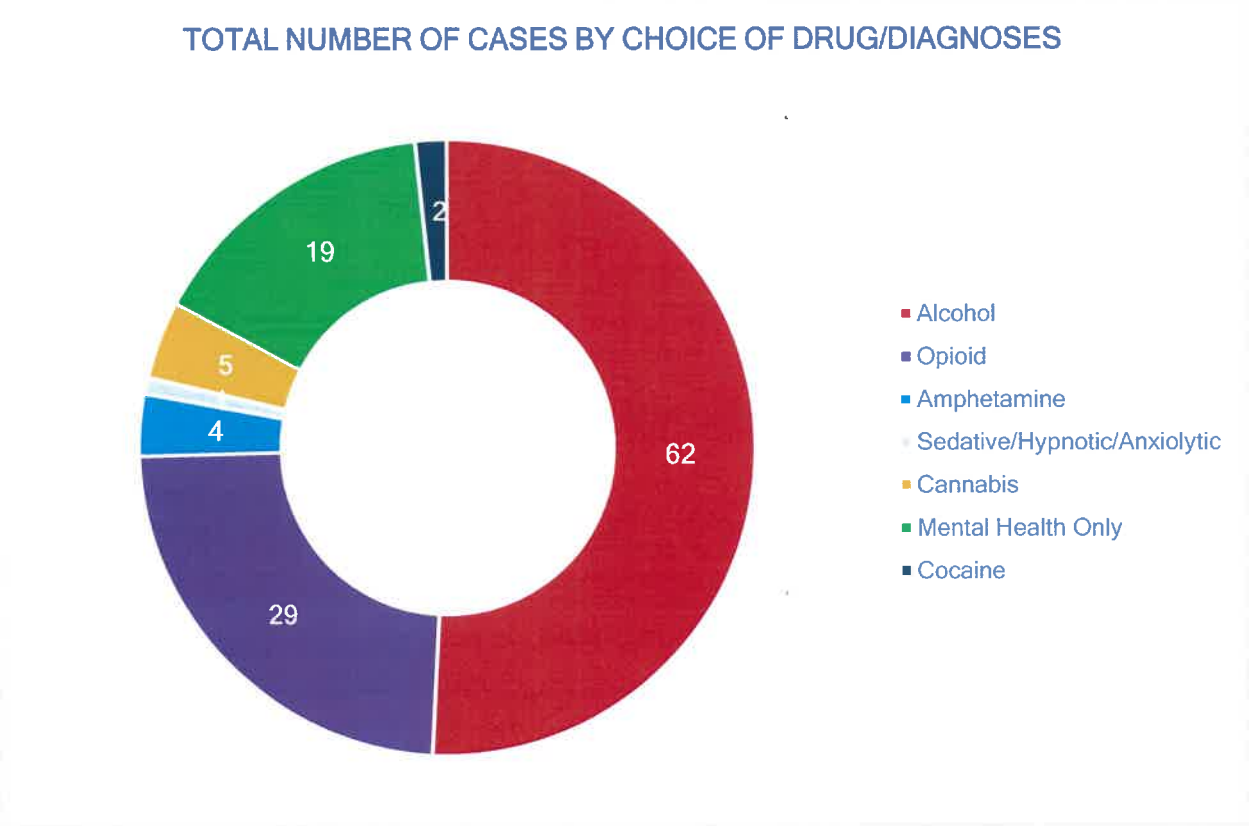
B. Diagnoses/Drug of Choice

The most frequent diagnoses from the 2024 enrollments were substance abuse and mental health disorders.

- 85% were monitored primarily for substance use disorders.
- 15% were monitored primarily for mental health disorders.

❖ *27 participants had secondary substance diagnoses.*

The most frequent drug of choice reported was alcohol at 50%, with opioids second at 24%.



Cases by Primary Drug of Choice by Licensure

Board	Alcohol	Opioid	Amphetamine	Cocaine	Sedative / Hypnotic / Anxiolytic	Cannabis	Mental Health Only	Other Drug of Choice	Total
Nursing	25	21	2	1	1	3	14	0	67
Medicine	28	4	1	1	0	0	4	1	39
Dentistry	0	1	0	0	0	0	0	0	1
Pharmacy	3	2	1	0	0	2	0	0	8
Veterinary	2	0	0	0	0	0	0	0	2
Counseling	1	1	0	0	0	0	1	0	3
Audiology / SLP	1	0	0	0	0	0	0	0	1
Long-Term Care	1	0	0	0	0	0	0	0	1
Social Work	1	0	0	0	0	0	0	0	1

C. Stays Granted

In 2024, there were 6 Stay of Disciplinary Actions authorized by the licensing Boards.

- Medicine Board: MD – 3
  DO – 2
- Nursing Board: RN – 1

D. Medication Assisted Treatment (MAT) for Health Practitioners

HPMP allows participants to be on MAT medications during participation, whether they enter the program already on MAT medications or they start MAT medications after entry.

In 2024, 9 participants enrolled already on MAT medications:

- Medicine Board: 2
- Nursing Board: 4
- Counseling Board: 1
- Long-Term Care Administrators Board: 1
- Social Work Board: 1

13 participants started on MAT medications after entry:

- Medicine Board: 7
- Nursing Board: 5
- Pharmacy Board: 1

E. Return to Practice

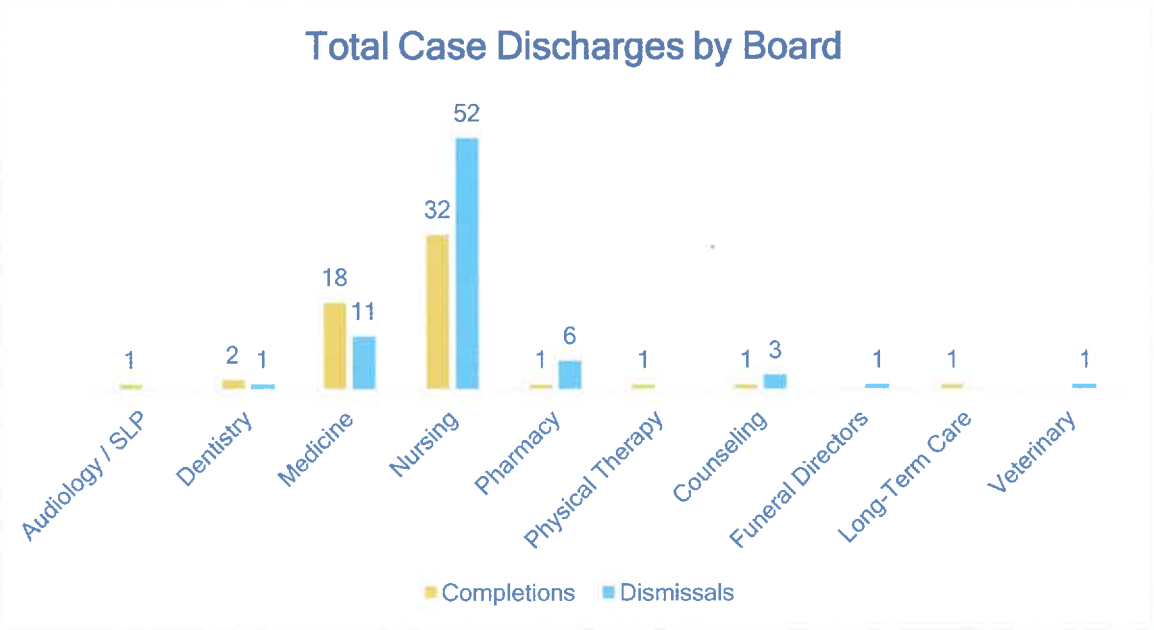
Practitioner and patient safety are our primary concerns. In order to ensure practitioners are safe to return to practice, several milestones in program participation must be reached. The timeframe for return to practice is different for each and every participant and is dependent on an individual's participation.

For those allowed to return to practice in 2024:

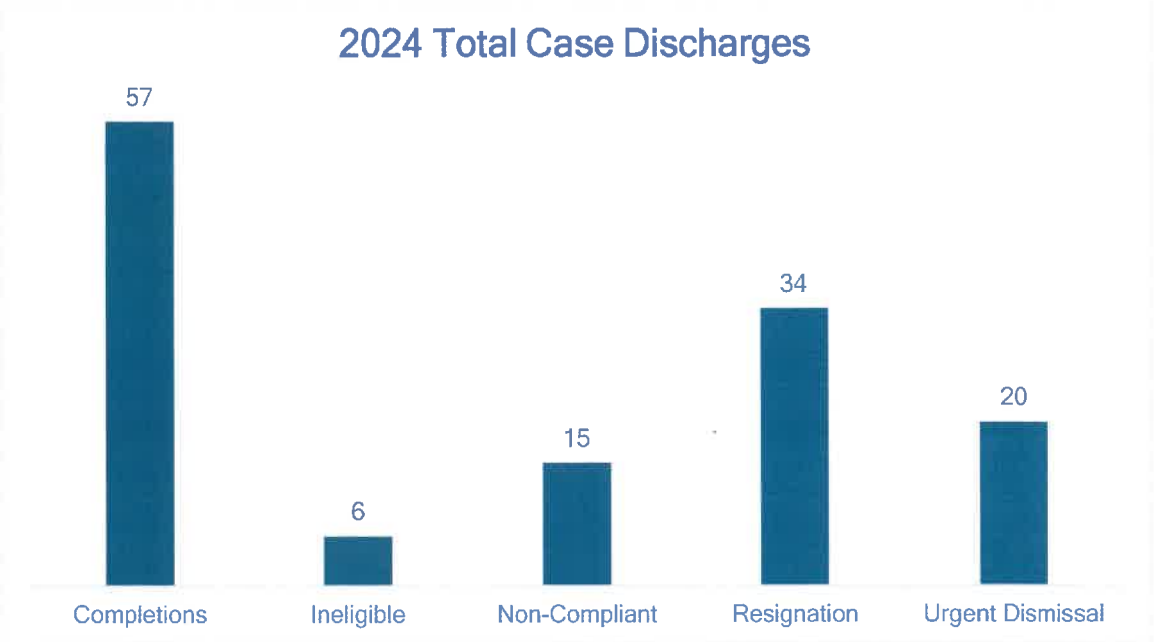
- From time of entry to approval to look for practice: 128 - 183 days.
- From time of entry to return to practice: 142 - 185 days.

F. Discharges

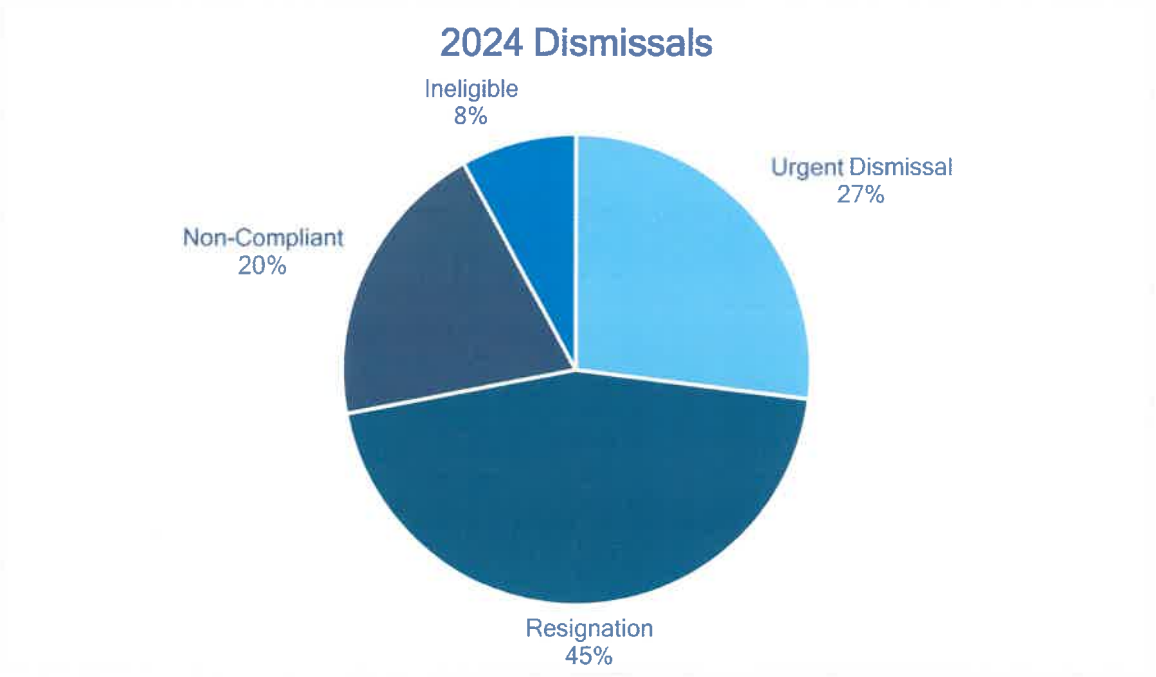
The HPMP discharged 132 participants during 2024.



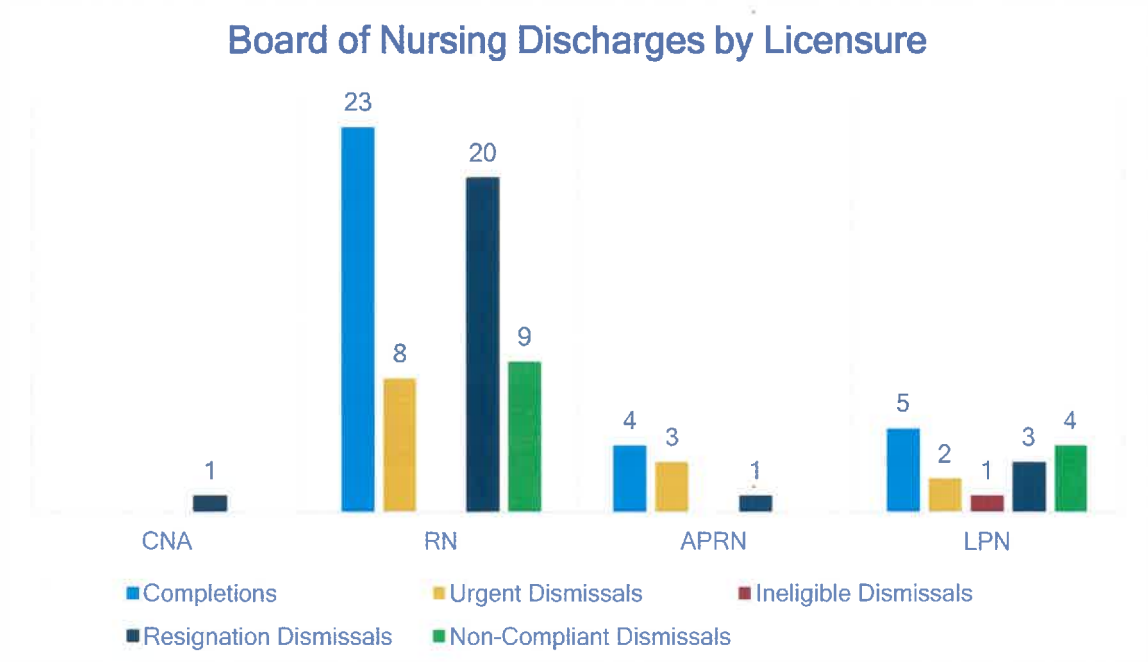
43% of discharges were the result of completion of the program.



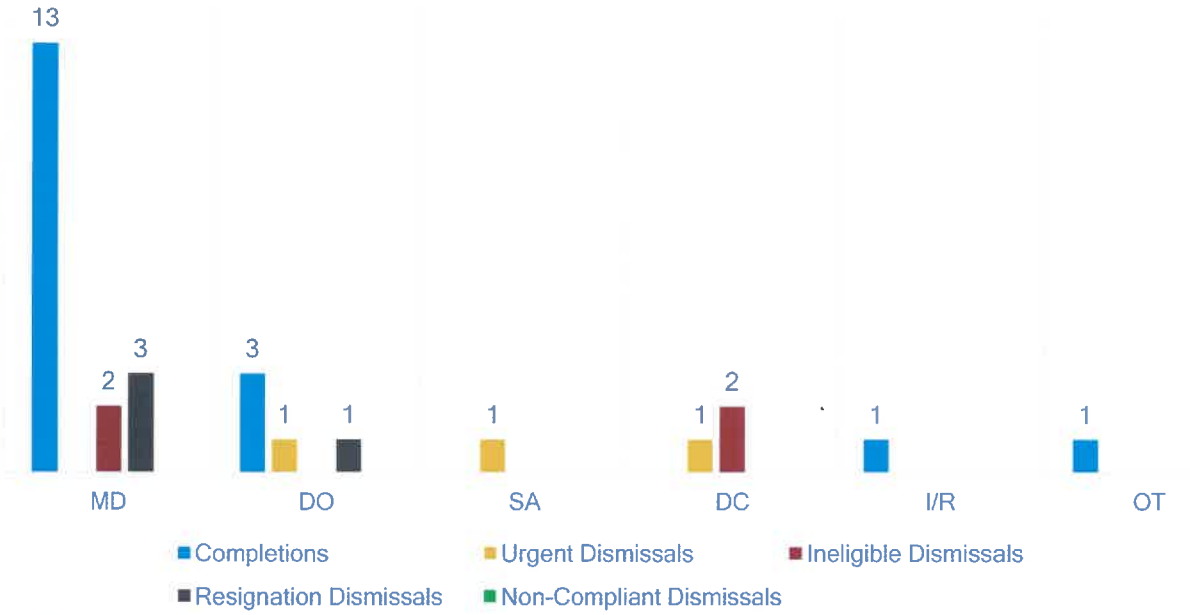
56% of participants discharged were dismissed:



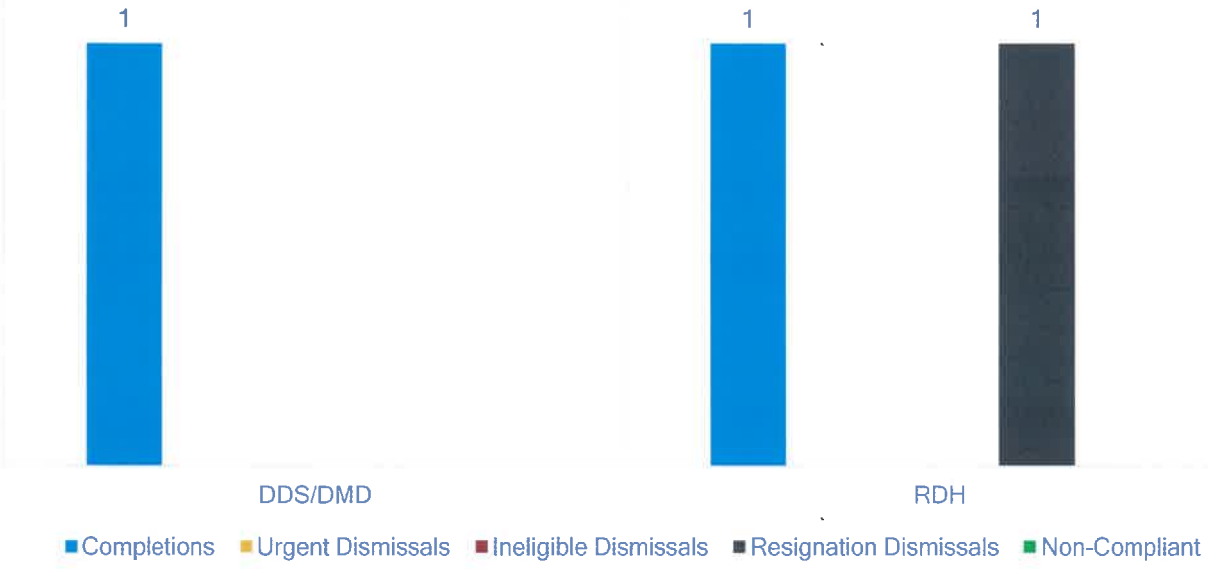
Board Discharges by Licensure:



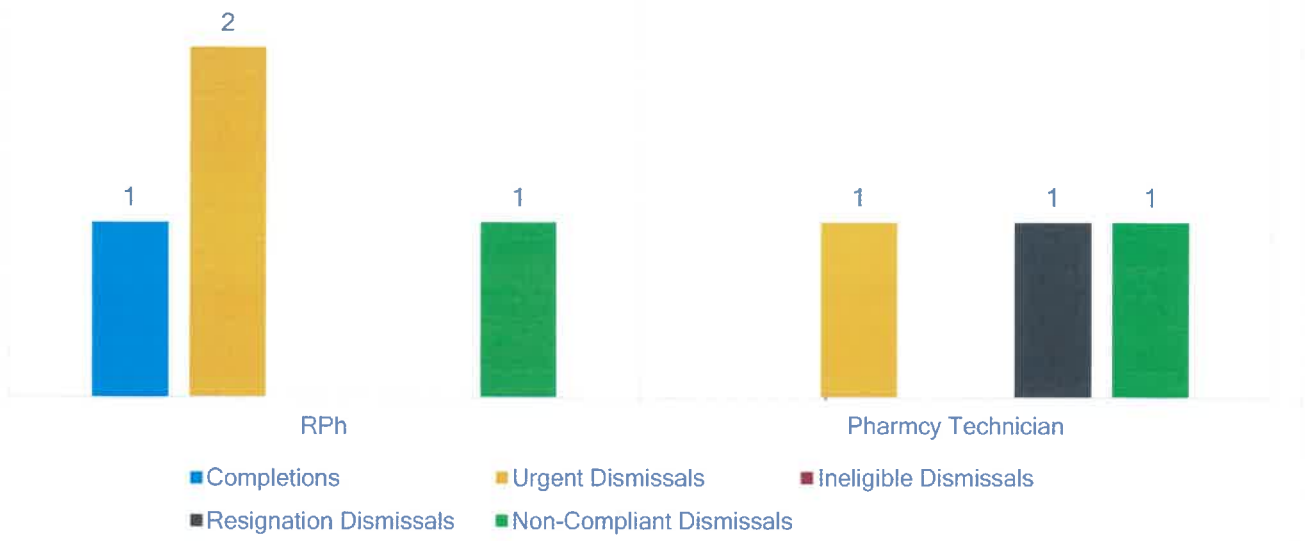
Board of Medicine Discharges by Licensure



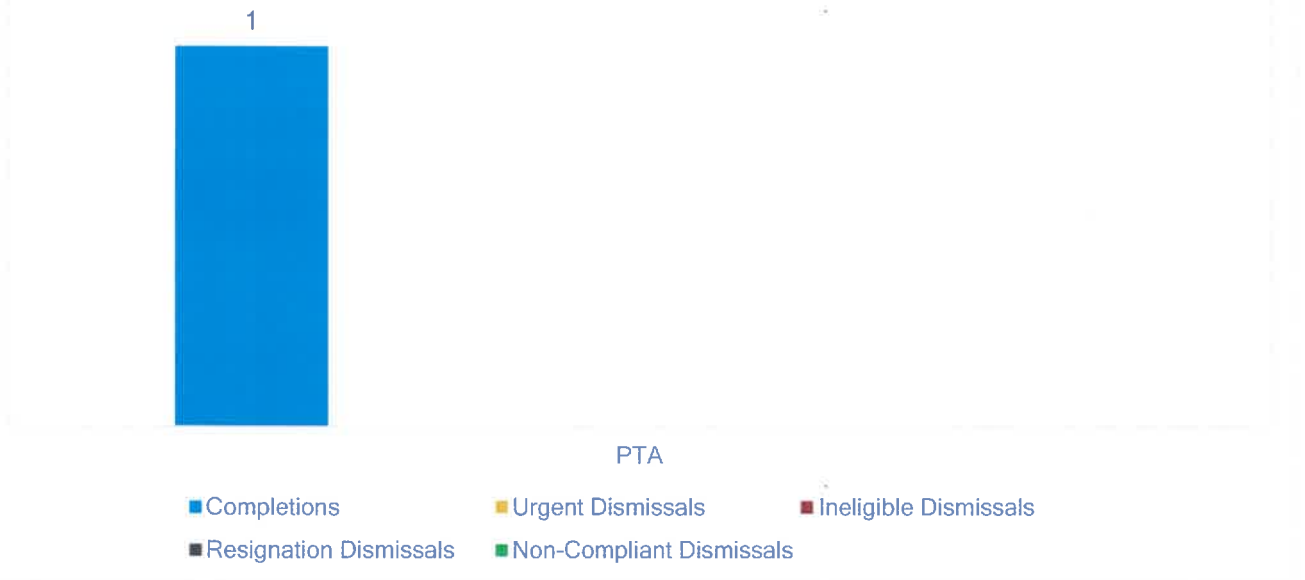
Board of Dentistry Discharges by Licensure



Board of Pharmacy Discharges by Licensure



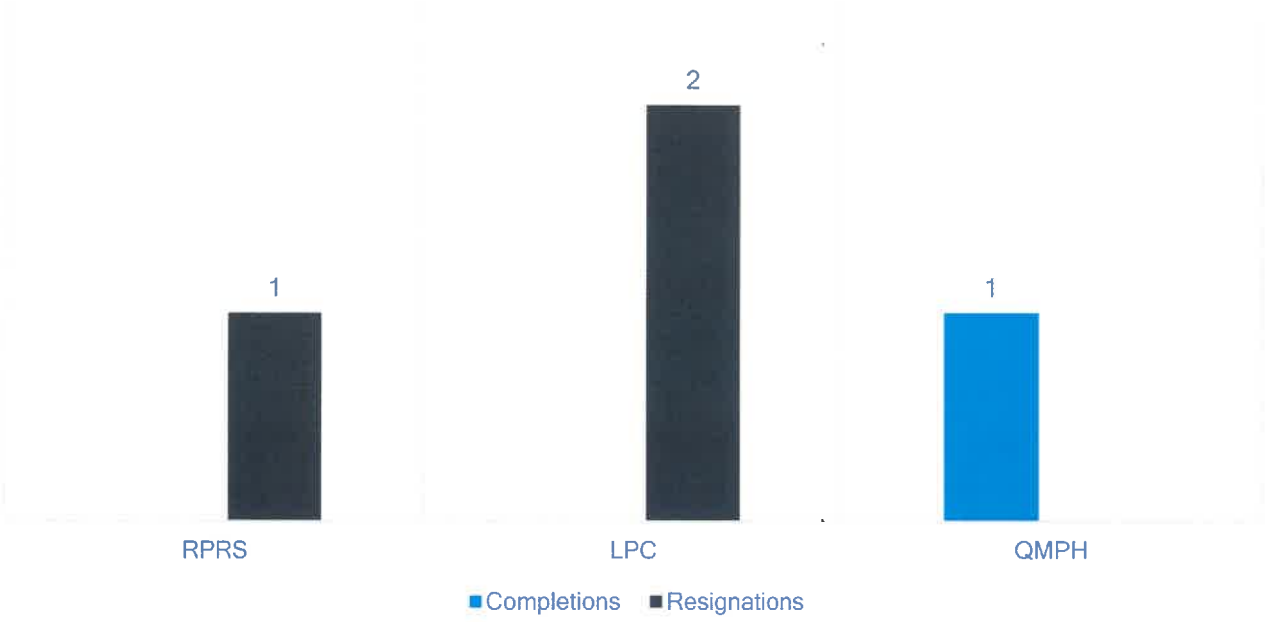
Board of Physical Therapy Discharges by Licensure



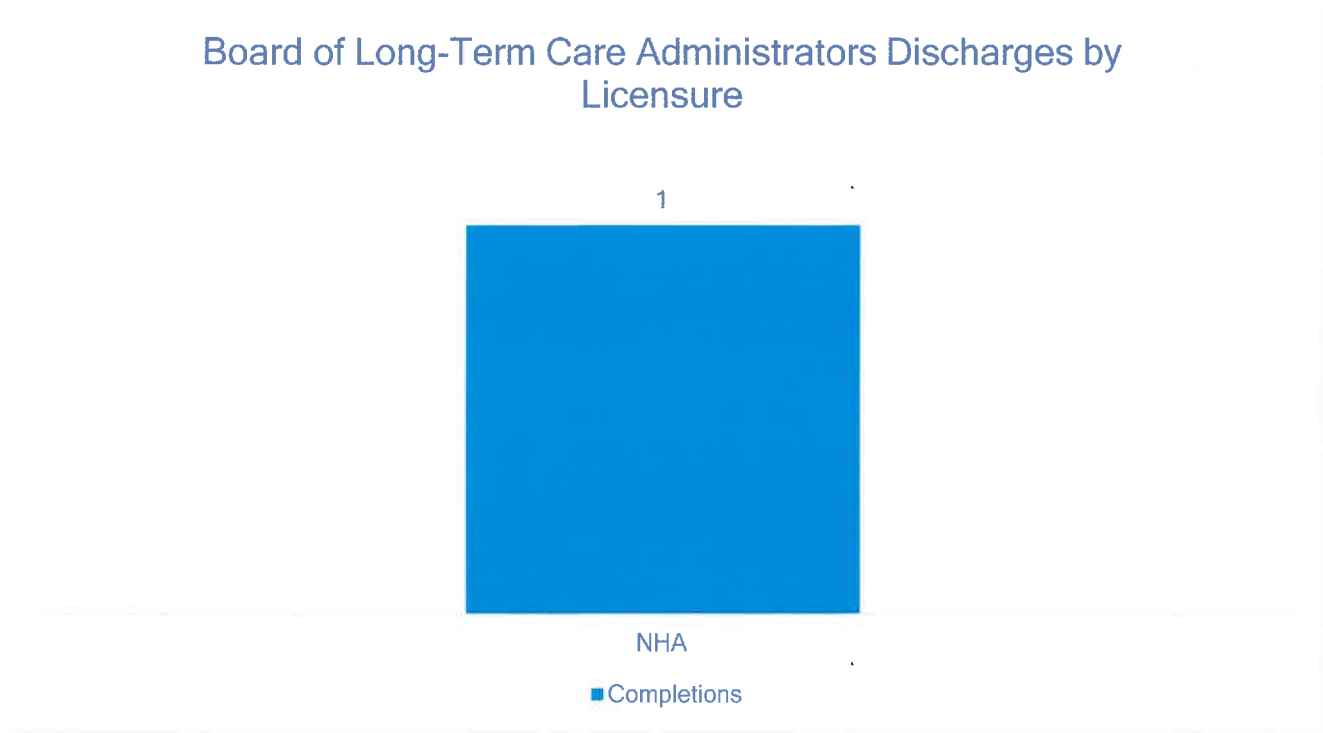
Board of Veterinary Medicine Discharges by Licensure

Board of Audiology/Speech Pathology Discharges by Licensure

Board of Counseling Discharges by Licensure



Board of Funeral Directors / Embalmers Discharges by Licensure


Board of Long-Term Care Administrators Discharges by Licensure
1
NHA
Completions

C5

COMMONWEALTH of VIRGINIA

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Director

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July 11, 2025

Randall Mangrum, Deputy Executive Director for Advanced Practice attended the NCSBN NCLEX Item Review Subcommittee (NIRSC) in Chicago, IL on June 24 – 26, 2025. During this meeting the committee reviewed 825 NCLEX RN and PN pretest and master pool items.

The NCLEX Item Review Subcommittee (NIRSC) is a subcommittee of the NCLEX Examination Committee (NEC) within the National Council of State Boards of Nursing (NCSBN). During the meeting members review new, pre-test NCLE items to ensure they are accurate, relevant, and appropriate for entry-level nurses. The subcommittee also examines items already in the NCLEX item pool to maintain quality and currency.

Report on NCSBN Annual Meeting: Pam Davis **C6**

Major points of the Annual Meeting for me:

- New "Strategic Statement" for NCSBN was approved by the membership. CEO, Phil Dickinson described the process of how the board came to the decision of the NCSBN Strategic Statement. During his presentation, he described that the Board has moved from strategic planning to strategic thinking in its courses of action. Strategic planning gets you from point A to point B. Strategic thinking tells you why you are making the journey. A strategic statement must contain an organization's mission, vision and values. NCSBN's mission is to support nursing regulatory boards in the mandate to protect the public. NCSBN's vision is leading regulatory excellence worldwide "The Flagship" of regulatory excellence. NCSBN's values are collaboration, transparency and innovation.

- The Strategy Statement of the NCSBN "To protect the public and the trust in nursing by providing innovative regulatory solutions and expertise".

- Journal of Nursing Regulation has risen to #2 of 192 Nursing journals in the US.
- The "Every Moment Matters" campaign has received 261.2 million internet views
- AI is quickly evolving in nursing. "AI isn't going to replace people, but people who don't learn to use AI will be replaced by people who do."
- Regarding education, most facilities across the US are facing the same issues, insufficient faculty and insufficient clinical sites and preceptors. Also, a problem is insufficient faculty with no vacancies available.
- Keynote presentation by Matthew Lundh, illustrator for Pixar, talked about the art of telling a story. No matter what job you do, you can bring your thoughts, ideas and presentations to life with a story.

NCSBN ANNUAL MEETING

"GOING BEYOND"

Chicago, August 13-15, 2025

I attended the NCSBN Annual Meeting on "Going Beyond" conducted by President Phyllis Johnson and CEO Phil Dickison from August 13 – August 15, 2025. The session aimed to reinforce that Energy is the key to going beyond. How do we go beyond? Doing things different and doing it together!

▪DAY 1

Welcome Reception/Networking

▪DAY 2

President's Address-Phyllis Johnson

CEO's Address-Phil Dickison

AI for Regulatory Efficiency-Jack Shaw (Business Technologies)

Candidate Forum

My Takeaway

▪Always keep listening and open to change

Change is always coming!

▪Energy is required

-Recognize great work being done

-Participate

-Take advantage of learning

-Be positive

Workforce Recovery since COVID

▪Rebound nurses returning

▪2022-138k nurses left in the past 2 years

-short staff

-increased workloads

-stress

▪Next 5 years analysis

-40% survey that nurses will leave/retire

25-35% high workloads/low staff load

2 in every 5 will experience burn out

Nursing Education Database

(36 boards participating)

NCLEX

-42 subject matter panels

4655 new items

20634 items reviewed

4 Pillars of NCSBN

▪DUTY

Profound responsibility

It's not what we do but why we exist.

We are providing intelligence to help us make critical decisions; NOT just Completing a list of tasks!

▪UNITY

Embrace shared mission as the foundation of everything we do

We are partners in a shared calling; the individual strength combined as a team

▪PRIORITY

Aligning our daily efforts with what matters most in advancing our mission & supporting our candidates

▪SYNERGY

Building trust and collaborating

We accomplish more together than any of us could alone

GOING BEYOND is not doing more; its doing things that seem impossible & doing the possible

AI Awareness

-existed since 1950's

-this has changed our world since the invention of the printing press

AI will not replace people; but people who understand how to use it will replace those who don't!

-AI agents can replicate expert decision making

-Can improve performance capturing institutional knowledge

How is it used on our board?

-Licensing/credentialing

Complaint intake & discipline

Governance, meetings & rule making

Enhance education and communication

Driven standards & public health

Enhances documents to be more attractive

Other State BON applications, using AI

▪**Florida SBON**-2019

"ELI" Enforcement Licensure & information

Answers 15k/week-No extra staff needed

Auto routes callers

▪**Mississippi SBON**

Aviator videos with voiceover

AI generated video

In 24 hours-2000 views/4000shares

FREE AI TOOLS (safe)

ChatGPT

Claude (Amazon)

Google Gemini

Perplexity

The human comes up with the idea and AI refines it-NOT THE REVERSE

▪DAY 3

Election Results

CEO's/President's Message-Phil Dickison/Phyllis Johnson

Bringing Clarity to Action: From Mission to Strategy

Awards Dinner Reception

My Takeaway

APRN STATISTICS

Preceptor shortage

-Retire/burnout

-19 programs denied clinical sites

32 programs did not have easier access

-Faculty retirement concerns

-Difficulty recruiting DNP/PhD into academia

MSN

-increased enrollment

Increased post master's certification(s)

Increase in masters returning to doctorate programs

Reasons Programs are turning away students

Funding to hire faculty

(Salaries 30-60k less for academia positions)

Online vs In-person

50-75% online

Clinical Sites are the largest challenge!!

Simulation

Need more data

Needs to be used and cannot be replaced.

Expensive

Midwifery Statistics

Mostly females entering programs

22y.o-enter program

26y.o.-residential program

30y.o.-after residential program

They marry, grow families; leave the workforce after 10 years of combined education +work

DNP DEBATE

Not a regulation for midwives

No evidence improves maternal outcomes

75% midwives come through nursing

Need to strengthen the CNM pathway!

Desperate need for midwives!

1/3 program online

1/3 hybrid

1/3 traditional onsite

57% of students report that it is their responsibility to find a clinical site

CNS

Overall decline Master's/Post Masters

-Increase in online options 60%, 40% hybrid

DNP's continue to grow

▪DAY 4

Keynote Presentation-Matthew Luhn-Pixar Story Artist/Writer

My Takeaway

As Matthew gave his testimony to become an artist/writer, he shared effective tactics on how to communicate your story and how to link it to a business.

Thank you NCSBN and VSBON for giving me the opportunity to attend this event. To be surrounded by such highly driven, like-minded nurses was very humbling, yet inspiring! I encourage anyone who has not attended, to take advantage of upcoming meetings

Jodi Zehr, RN

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days Removed): Quarterly Performance Measurement, Q4 2021 - Q4 2025

Arne W. Owens
Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

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

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

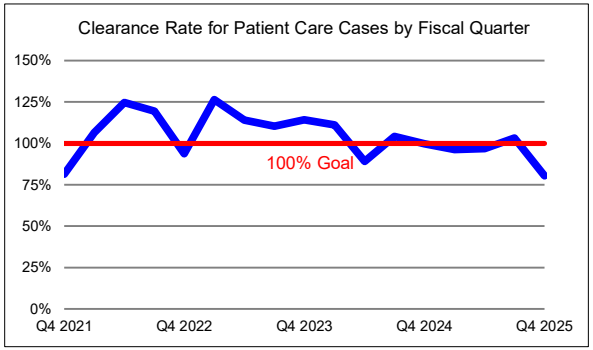
The current quarter's clearance rate is 80%, with 1,453 patient care cases received and 1,168 closed.

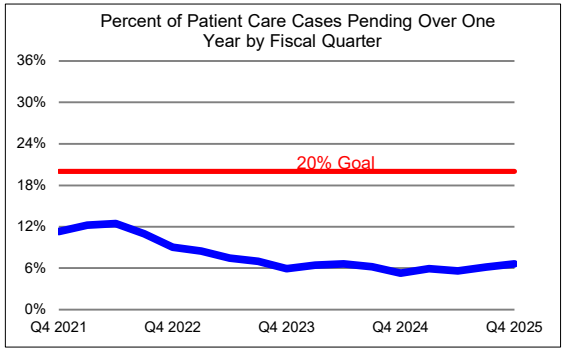
Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older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

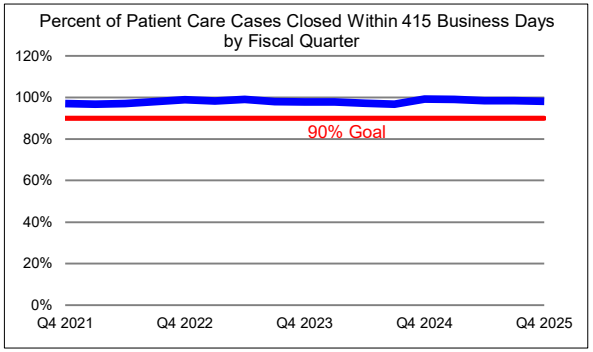
The current quarter shows 7% patient care cases pending over 415 business days, with 264 of the 3,995 patient care cases pending over 415 business days.

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

The current quarter shows 98% patient care cases closed within 415 business days, with 1,094 of the 1,114 cases closed within 415 business days.







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

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

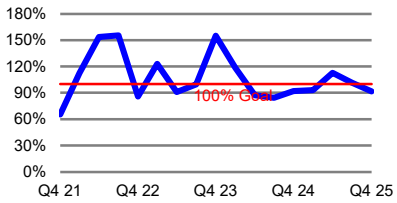
Nursing

Clearance Rate: 92%
559 Cases Received
512 Cases Closed

Pending Caseload Over 415 Days: 3%
57 cases out of 1,757 are pending over 415 Days

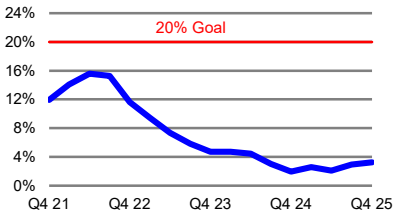
Time to Disposition Within 415 Days: 98%
481 cases out of 490 were closed within 415 Days

Clearance Rate

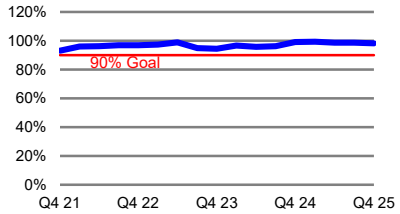


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

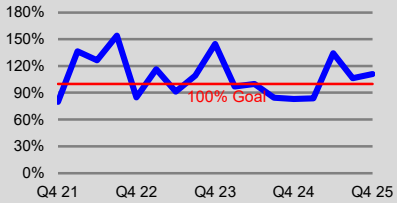


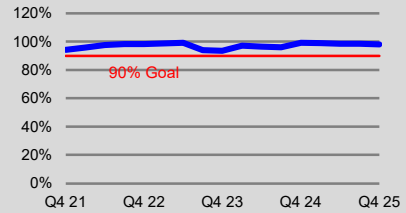
Nurses

Clearance Rate: 111%
365 Cases Received
405 Cases Closed

Pending Caseload Over 415 Days: 4%
42 cases out of 1,187 are pending over 415 Days

Time to Disposition Within 415 Days: 98%
379 cases out of 387 were closed within 415 Days



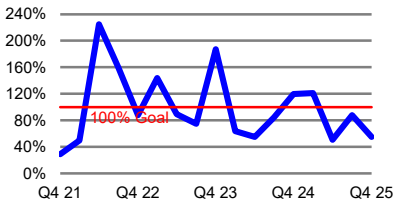


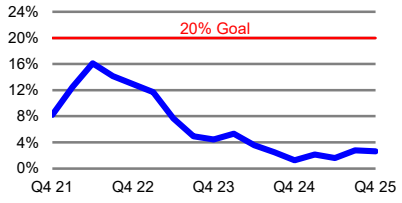
CNA

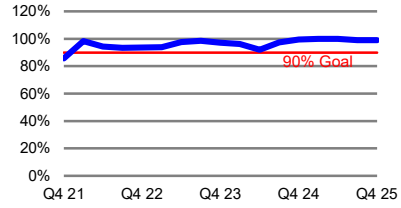
Clearance Rate: 55%
194 Cases Received
107 Cases Closed

Pending Caseload Over 415 Days: 3%
15 cases out of 570 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
102 cases out of 103 were closed within 415 Days







Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

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

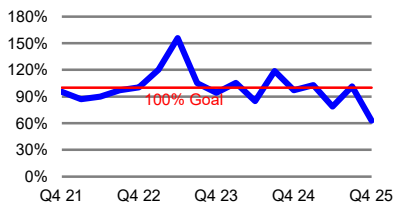
Medicine

Clearance Rate: 63%
442 Cases Received
278 Cases Closed

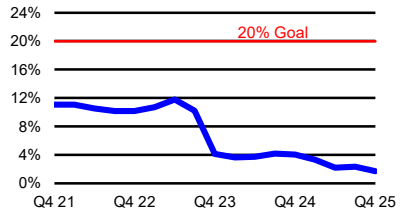
Pending Caseload Over 415 Days: 2%
14 cases out of 802 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
270 cases out of 271 were closed within 415 Days

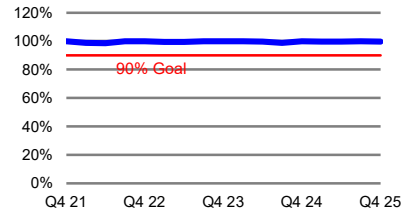
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition

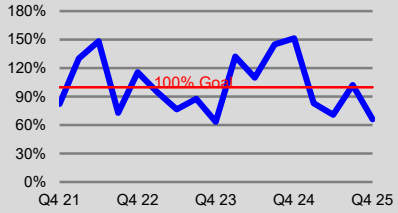


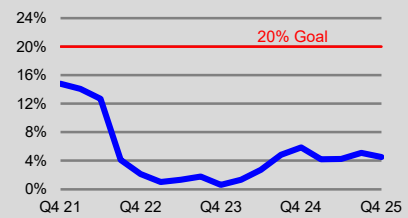
Dentistry

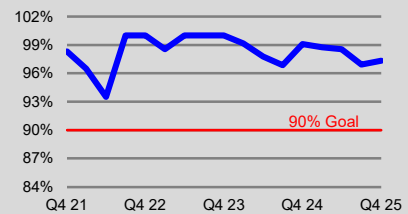
Clearance Rate: 66%
115 Cases Received
76 Cases Closed

Pending Caseload Over 415 Days: 5%
17 cases out of 376 are pending over 415 Days

Time to Disposition Within 415 Days: 97%
73 cases out of 75 were closed within 415 Days





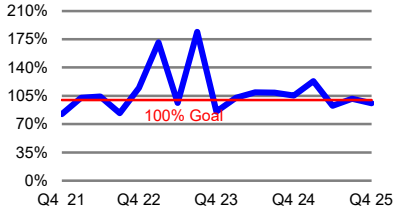


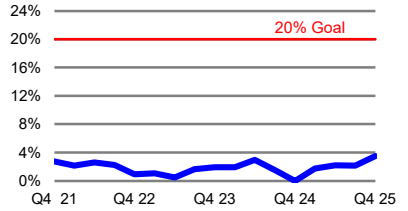
Pharmacy

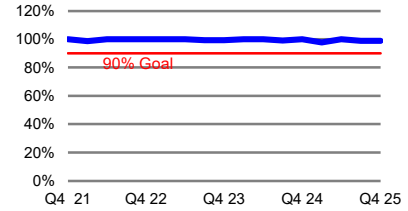
Clearance Rate: 96%
91 Cases Received
87 Cases Closed

Pending Caseload Over 415 Days: 4%
7 cases out of 199 are pending over 415 Days

Time to Disposition Within 415 Days: 99%
84 cases out of 85 were closed within 415 Days







Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

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

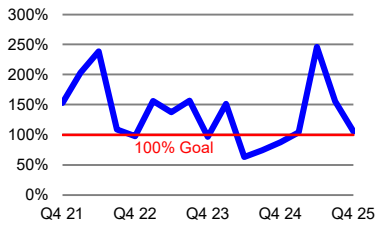
Veterinary Medicine

Clearance Rate: 106%
54 Cases Received
57 Cases Closed

Pending Caseload Over 415 Days: 6%
7 cases out of 119 are pending over 415 Days

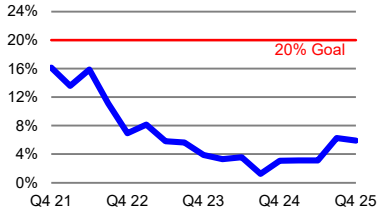
Time to Disposition Within 415 Days: 98%
52 cases out of 53 were closed within 415 Days

Clearance Rate

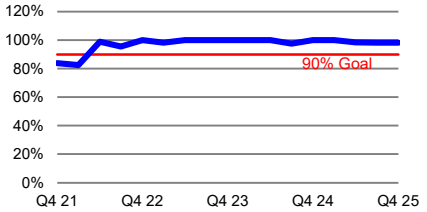


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

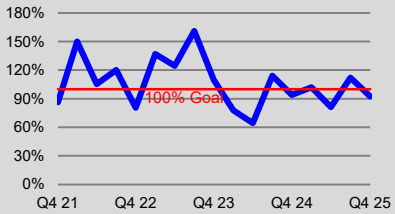


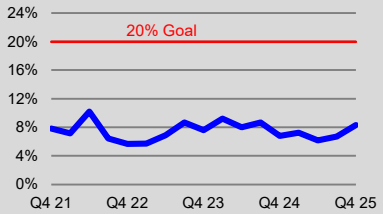
Counseling

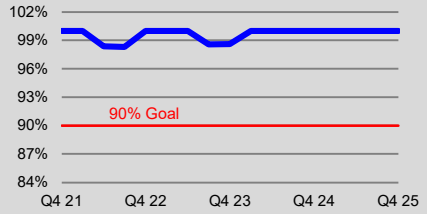
Clearance Rate: 92%
88 Cases Received
81 Cases Closed

Pending Caseload Over 415 Days: 8%
19 cases out of 229 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
78 cases out of 78 were closed within 415 Days





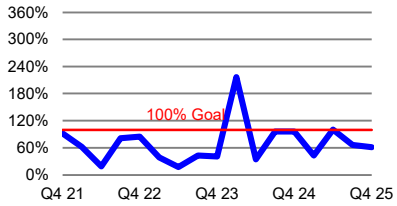


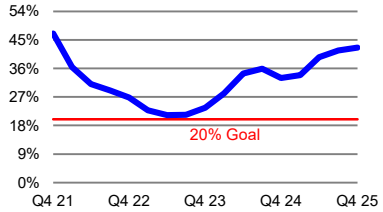
Social Work

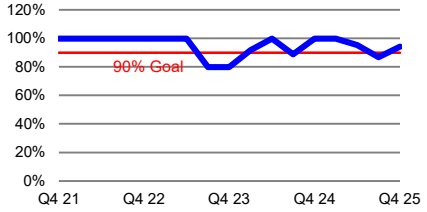
Clearance Rate: 62%
34 Cases Received
21 Cases Closed

Pending Caseload Over 415 Days: 43%
91 cases out of 214 are pending over 415 Days

Time to Disposition Within 415 Days: 94%
16 cases out of 17 were closed within 415 Days







Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

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

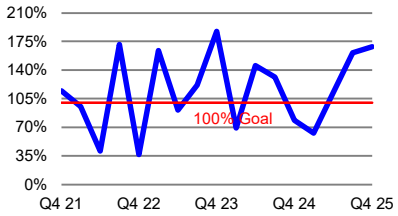
Psychology

Clearance Rate: 168%
19 Cases Received
32 Cases Closed

Pending Caseload Over 415 Days: 19%
23 cases out of 119 are pending over 415 Days

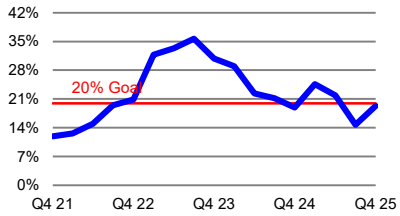
Time to Disposition Within 415 Days: 84%
21 cases out of 25 were closed within 415 Days

Clearance Rate

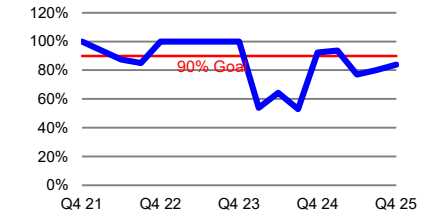


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition

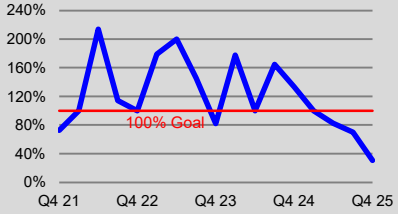


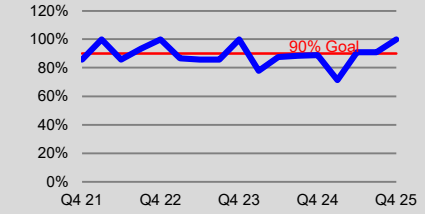
Long Term Care

Clearance Rate: 31%
26 Cases Received
8 Cases Closed

Pending Caseload Over 415 Days: 20%
22 cases out of 108 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
5 cases out of 5 were closed within 415 Days



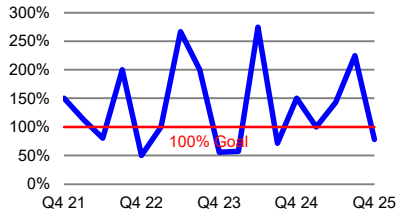


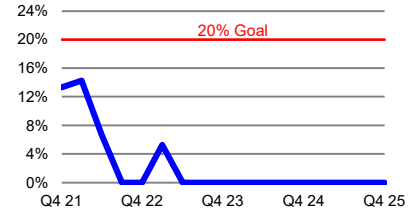
Optometry

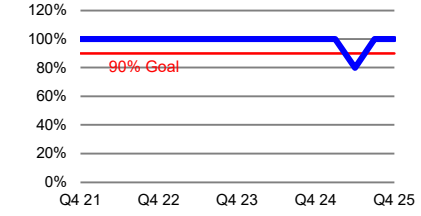
Clearance Rate: 78%
9 Cases Received
7 Cases Closed

Pending Caseload Over 415 Days: 0%
0 cases out of 13 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
7 cases out of 7 were closed within 415 Days







Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

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

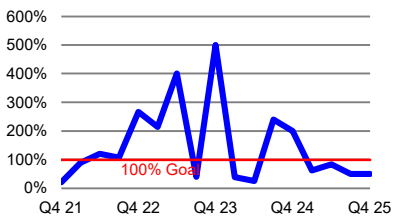
Physical Therapy

Clearance Rate: 50%
10 Cases Received
5 Cases Closed

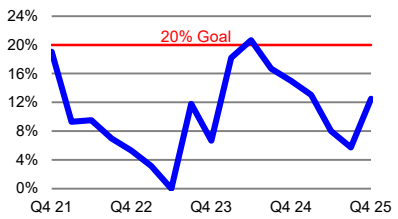
Pending Caseload Over 415 Days: 13%
5 cases out of 40 are pending over 415 Days

Time to Disposition Within 415 Days: 100%
4 cases out of 4 were closed within 415 Days

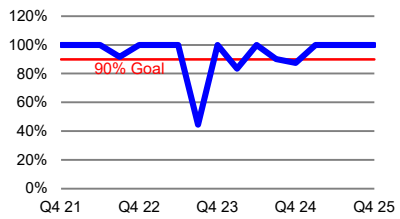
Clearance Rate



Age of Pending Caseload
(percent of cases pending over one year)



Time to Disposition

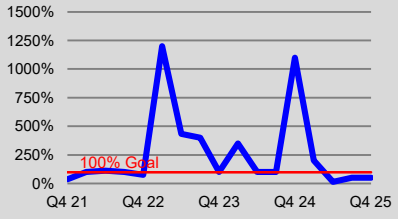


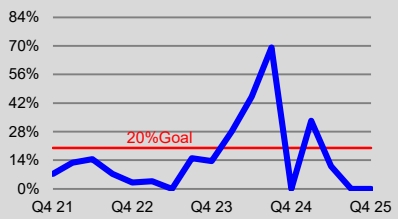
Funeral

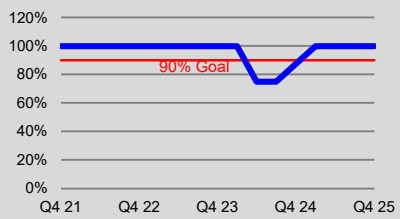
Clearance Rate: 50%
2 Cases Received
1 Case Closed

Pending Caseload Over 415 Days: 0%
0 cases out of 10 is pending over 415 Days

Time to Disposition Within 415 Days: 100%
1 case out of 1 was closed within 415 Days





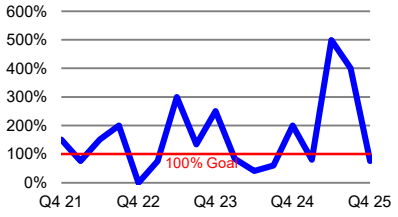


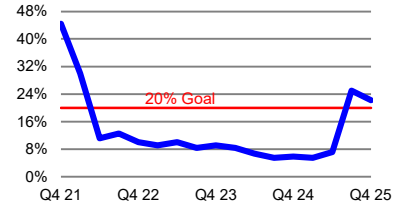
Audiology

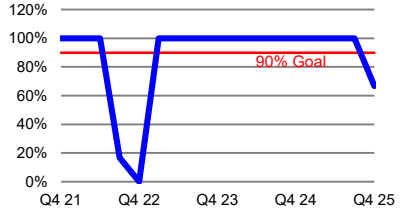
Clearance Rate: 75%
4 Cases Received
3 Cases Closed

Pending Caseload Over 415 Days: 22%
2 cases out of 9 is pending over 415 Days

Time to Disposition Within 415 Days: 67%
2 cases out of 3 were closed within 415 Days







Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Special Conference Committee (SCC) Composition

For February, April and June 2026

as of 1/1/2026

"" Chair**

SCC-A

Carol Cartte, RN, BSN**

Paul Hogan, Citizen Member

SCC-B

Delina Acuna, FNP-C**

Pamela Davis, LPN

SCC-C

A Tucker Gleason, PhD, Citizen Member**

Lila Peake, RN

SCC-D

Victoria Cox, DNP, RN**

Jodi Zehr, RN

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Arne W. Owens
Director

Virginia Board of Nursing
Claire Morris, RN, LNHA
Executive Director

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

D2

TO: BOARD MEMBERS

FROM: Claire Morris

DATE: September 9, 2025

RE: SPECIAL CONFERENCE COMMITTEE (SCC) DATE AVAILABILITY FOR FEBRUARY, APRIL AND JUNE 2026

It is that time again - we need to look at dates for SCCs in the **FIRST half of 2026**. It may seem early to be planning, but we need adequate time to obtain rooms and ensure APD coverage, staffing etc.

As you know, we ask you serve on a SCC to conduct informal conferences (IFC) once every other month, during the EVEN months of the year.

Please plan to bring your calendars to the Board Meeting and meet with your SCC committee partner to establish dates that will work for you both to schedule your IFC dates. We have attached a worksheet that you can work with to put your first and second choice of dates. It is important that you include a first and a second choice. We have to consider several variables (more than one committee on same day; room availability, etc.), so it is important to have a first and second choice. We always try to honor the first choice for everyone, but we need the option in case.

You or your SCC partner can give your completed sheet containing your mutually agreed to dates to one of the Deputies and we will develop a schedule that works for everyone.

Thanks very much for doing this and for all that you do as a member of the Board of Nursing.

INFORMAL CONFERENCE SCHEDULE
PLANNING SHEET for SCCs
February, April, and June
2026

D3

Please include 1st and 2nd choice of dates each month

SCC-A: *Cartte/Hogan

FEBRUARY	**1**	_____	_____
	2	_____	
APRIL	**1**	_____	_____
	2	_____	
JUNE	**1**	_____	_____
	2	_____	_____

SCC-B : *Acuna/Davis

FEBRUARY	**1**		_____
	2	_____	
APRIL	**1**	_____	_____
	2	_____	
JUNE	**1**	_____	_____
	2	_____	

SCC-C: *Gleason/Peake

FEBRUARY	**1**	_____	_____
	2	_____	
APRIL	**1**	_____	_____
	2	_____	
JUNE	**1**	_____	_____
	2	_____	

SCC-D: *Cox/Zehr

FEBRUARY	**1**	_____	_____
	2	_____	
APRIL	**1**	_____	_____
	2	_____	
JUNE	**1**	_____	_____
	2	_____	_____

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Executive Director

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MEMORANDUM

To: Board Members

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: August 21, 2025

Subject: 2024 NCSBN Nursing Education Annual Report Data Summary

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Virginia Board of Nursing has participated in the NCSBN Annual Report since its inception in 2020. While not required in regulation for programs to complete, many of our approved nursing programs complete the survey providing valuable information to both NCSBN and the Virginia Board of Nursing.

Attached is a summary of the results from the survey completed by Virginia programs in January 2025, including a summary of the responses to the questions provided by board members.

The Board continues to have the opportunity to recommend additional questions for the NCSBN survey to obtain data that is not collected in the regulatory required annual report. **Please consider question topics and provide them to me in advance of the November Business Meeting** for compiling and presentation. The next NCSBN Annual Report will be sent to programs early 2026 for voluntary completion.

Note: The Annual Report that is required in regulation has a workforce focus. The data is compiled by the Healthcare Workforce Data Center (HWDC) and presented annually to the Board. The results are also posted on the HWDC website.

Programs Completion Rates

73 (52.9%) programs in the Commonwealth completed the optional report

- 29% PN
- 9% RN – accelerated bachelor's
- 32% RN – associate degree
- 28% RN Bachelor's degree
- 3% RN Master's Entry

ESL Services

35 (48%) programs offer resources for ESL students to practice reading, listening, speaking and writing

*This was a significant decrease since 2023 (57 (60%)) – A comparison of programs that voluntarily responded to each survey was not completed.

Student to Faculty Ratio

Didactic/theory courses

12% - less than 15 students

67% - 16-30 students

19% - over 30 students

Clinical Experiences

67% - 10 students

32.8% - less than 10 students

Errors/Near Misses in Clinical

64 (88%) programs have formal remediation in place for students who commit errors/near misses in their clinical experiences

Learning Modalities

36 programs report an online component to their program ranging from 4% - 55%

Simulation

70 programs offer simulated clinical experiences

- For the programs that utilize simulation, 0.36%-19.69% of total clinical hours are simulated
- 10 institutions have a SSH certified simulation lab

Formal remediation for students needing academic support

65 programs offer formal remediation to promote success for students who are "at risk" of failure

Student enrollment

There were 10, 889 students enrolled in nursing education programs at the beginning of the 2024 academic year.

NCSBN Quality Indicators

1. Accreditation
2. Without full approval
3. Experience organizational changes
4. Younger than 7 years
5. Less than 50% direct client care
6. Director Turnover
7. Percentage of FTE Faculty (≥35%)
8. Less than 70% graduation rates

ACCREDITATION

24.7% programs do not hold national nursing accreditation

WITHOUT FULL APPROVAL

13.7% programs do not have full approval

EXPERIENCED ORGANZATIONAL CHANGES

*50.7% programs experienced organizational changes

DIRECTOR TURNOVER

*27.4% programs experienced director turnover

PROGRAM LEADERSHIP

16 programs have a new program director in the last year

6 programs have a new assistant/associate director in the last year

20 programs have had 4 or more program directors in the past 5 years

7 programs have programs directors who have administrative responsibilities over allied health programs in addition to nursing

13 programs do not have dedicated administrative support

PROGRAM AGE

23.3% of programs are younger than 7 years

GRADUATION RATES

57.5% of programs have <70% graduation rates

DIRECT CLIENT CARE

2.7% programs have <50% direct client care

FACULTY

39.7% of programs have less than 35% full-time (37.5 hours) faculty

- 5 programs do not offer formal orientation for part-time faculty
- 1 program does not offer formal orientation for full time faculty
- 3 programs do not offer formal mentoring for new full-time faculty

SUMMARY OF QUALITY INDICATORS

17 programs do not meet 2 of the quality indicators
21 programs do not meet 3 of the quality indicators
9 programs do not meet 4 of the quality indicators
5 programs do not meet 5 or more of the quality indicators

Quality indicators compared to program NCLEX success rates

14 programs do not meet 4 or more of the quality indicators:
- 5 of those programs are new and did not have NCLEX pass rates for 2019-2023
- 7 of those programs have at least one year of NCLEX pass rates <80% for 2019-2023

59 programs do not meet 1-3 of the quality indicators:
- 22 of those programs have at least one year of NCLEX pass rates <80% for 2019-2023
  - 6 of the 22 programs (27%) do not meet 3 of the quality indicators

Board of Nursing Questions

Simulation as a learning modality (not direct client care)

None: 38 programs
1-10 hours:12 programs
11-20 hours: 4 programs
21-30 hours: 4 programs
31-40 hours: 1 program
>40 hours: 14 programs

Virtual/Screen Based Simulation (as direct client care)

No virtual simulation: 29 programs have
1-25% simulation: 35 programs have
26-50% virtual simulation: 6 programs have
>50% virtual simulation: 3 programs (1 RN and 1 PN program are using 76-100% virtual sim)

Virtual Reality Simulation (as direct client care)

None: 62 programs
1-25%:10 programs
76-100%:1 programs

High Fidelity Simulation

None: 14 programs
1-25%Z: 25 programs
26-50%: 2 programs
51-75%: 6 programs
76-100%: 26 programs

Standardized Patients

None: 42 programs
1-46 %: 19 programs
26-50%: 5 programs
51-75Z%: 1 program
76-100%: 6 programs

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MEMORANDUM

To: Members of the Board of Nursing

From: Jacquelyn Wilmoth, RN, MSN
Deputy Executive Director

Date: August 19, 2025

Subject: 2026 Dates for Education Informal Conference Meetings

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Scheduled dates of the Education Informal Conference Committee meetings for the calendar year 2026:

Wednesday, February 11, 2026

Wednesday, April 8, 2026

Wednesday, June 17, 2026

Wednesday, August 12, 2026

Wednesday, October 14, 2026

Thursday, December 10, 2026

All meetings are currently scheduled to begin at 9:00 am.

Board of Nursing
Current Regulatory Actions
As of August 12, 2025

F1

Regulations at the Governor's office

None.

Regulations at the Secretary's office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC90-21	NOIRA	Implementation of 2022 periodic review	3/22/2023	861 days (2.4 years)	Implementation of amendments of Chapter 21 resulting from the 2022 periodic review of regulations.
18VAC90-19 18VAC90-25 18VAC90-27 18VAC90-30 18VAC90-50 18VAC90-60 18VAC90-70	Proposed	Fee increase	3/20/2025	130 days	Fee increase needed to maintain Board operations.

Regulations at the Department of Planning and Budget

None.

Regulations at the OAG

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC90-27	Proposed	Periodic review changes to Chapter 27	3/25/2025	140 days	Changes resulting from 2023 periodic review.
18VAC90-27	Fast-Track	Amendment to make informal conference orders consistent with the Virginia Administrative	5/22/2025	82 days	Eliminates unnecessary approvals to nursing education IFC orders by the Board.

		Process Act and Board policies			
18VAC90-70	Final	Changes to LCM practice agreement requirements pursuant to 2025 General Assembly	7/1/2025	42 days	Implements changes to LCM practice agreements as directed by the General Assembly.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC90-27	Exempt	Changes to nursing education faculty requirements pursuant to 2024 legislation	6/16/2025	Implements changes to nursing faculty requirements as directed by the General Assembly.

F2

Agenda Item: Adoption of New Policy Document Regarding 15:1 Clinical Experience Ratio Waiver

Included in your Agenda Package:

- Draft language of new policy document outlining waiver requirements

Staff Note: HB1860 of the 2025 General Assembly session created a waiver that a program could apply to the Board for to expand the student-faculty ratio currently in regulation from 10:1 up to 15:1. This policy document outlines the requirements for the waiver application by an education program and was recommended by the Education special conference committee.

Action Needed:

- Motion to adopt a new policy document on requirements for the waiving of the student-faculty ratio for clinical experience.

Adopted: 9/9/2025

Policy on Student to Faculty Ratio Wavers Pursuant to HB1860 of the 2025 General Assembly Session

HB1860 of the 2025 General Assembly session permitted a nursing education program to request a waiver from the Board of Nursing to increase the ratio of students to faculty engaged in direct client care from 10 students per faculty member as permitted under 18VAC90-27-60 B(2) up to, but not to exceed, 15 students per faculty member.

The waiver must be approved prior to the start of the clinical experience and will expire at the end of each semester. To be considered for a waiver, a program shall provide:

- Clinical facility signed contract or memorandum of understanding to support the ratio requested by the program. This evidence must be provided for each clinical experience or unit for which the waiver of regulation is being requested;
- Hours and days the clinical experience will occur and the total number of clinical hours earned per student;
- Academic level (e.g. 1st semester, 2nd semester) of students, to include competencies and objectives that will be fulfilled by the clinical experience;
- Written evidence of faculty agreement for the specific clinical experience, to include the faculty's plan for maintaining safety of students, faculty, the facility, facility staff, and patients; and
- Faculty resume or curriculum vitae of supervising clinical faculty, to include faculty years of clinical and teaching experience.

The approval of such waiver shall be delegated to Board staff. To request an extension of the waiver, the program shall resubmit all documentation required above.

F3

Agenda Item: Consideration of NOIRA to Implement the Massage Therapy Compact

Included in your Agenda Package:

- Chapter 274 of the 2025 Acts of Assembly

Action Needed:

- Motion to issue a NOIRA to implement the Massage Therapy Compact.

CHAPTER 274

An Act to amend the Code of Virginia by adding in Article 5 of Chapter 30 of Title 54.1 a section numbered 54.1-3029.2, relating to Interstate Massage Compact.

[H 2448]

Approved March 21, 2025

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 5 of Chapter 30 of Title 54.1 a section numbered 54.1-3029.2 as follows:

§ 54.1-3029.2. Interstate Massage Compact.

The General Assembly hereby enacts, and the Commonwealth of Virginia hereby enters into, the Interstate Massage Compact with any and all states legally joining therein according to its terms, in the form substantially as follows:

INTERSTATE MASSAGE COMPACT.

Article 1. Purpose.

The purpose of this Compact is to reduce the burdens on state governments and to facilitate the interstate practice and regulation of massage therapy with the goal of improving public access to, and the safety of, massage therapy services. Through this Compact, the Member States seek to establish a regulatory framework which provides for a new multistate licensing program. Through this additional licensing pathway, the Member States seek to provide increased value and mobility to licensed massage therapists in the Member States, while ensuring the provision of safe, competent, and reliable services to the public.

This Compact is designed to achieve the following objectives, and the Member States hereby ratify the same intentions by subscribing hereto:

1. Increase public access to massage therapy services by providing for a multistate licensing pathway;

2. Enhance the Member States' ability to protect the public's health and safety;

3. Enhance the Member States' ability to prevent human trafficking and licensure fraud;

4. Encourage the cooperation of Member States in regulating the multistate practice of massage therapy;

5. Support relocating military members and their spouses;

6. Facilitate and enhance the exchange of licensure, investigative, and disciplinary information between the Member States;

7. Create an Interstate Commission that will exist to implement and administer the Compact;

8. Allow a Member State to hold a licensee accountable, even where that licensee holds a multistate license;

9. Create a streamlined pathway for licensees to practice in Member States, thus increasing the mobility of duly licensed massage therapists; and

10. Serve the needs of licensed massage therapists and the public receiving their services; however,

Nothing in this Compact is intended to prevent a state from enforcing its own laws regarding the practice of massage therapy.

Article 2. Definitions.

As used in this Compact, except as otherwise provided and subject to clarification by the rules of the Commission, the following definitions shall govern the terms herein:

"Active military member" means any person with full-time duty status in the Armed Forces of the United States, including members of the National Guard and Reserve.

"Adverse action" means any administrative, civil, equitable, or criminal action permitted by a Member State's laws that is imposed by a licensing authority or other regulatory body against a licensee, including actions against an individual's authorization to practice, such as revocation, suspension, probation, surrender in lieu of discipline, monitoring of the licensee, limitation of the licensee's practice, or any other encumbrance on licensure affecting an individual's ability to practice massage therapy, including the issuance of a cease and desist order.

"Alternative program" means a non-disciplinary monitoring or prosecutorial diversion program approved by a Member State's licensing authority.

"Authorization to practice" means a legal authorization by a remote state pursuant to a multistate license permitting the practice of massage therapy in that remote state, which shall be subject to the enforcement jurisdiction of the licensing authority in that remote state.

"Background check" means the submission of an applicant's criminal history record information, as further defined in 28 C.F.R. § 20.3(d), as amended, from the Federal Bureau of Investigation and the agency responsible for retaining state criminal records in the applicant's home state.

"Charter Member States" means Member States who have enacted legislation to adopt this Compact

where such legislation predates the effective date of this Compact as defined in Article 12.

"Commission" means the government agency whose membership consists of all states that have enacted this Compact, which is known as the Interstate Massage Compact Commission, as defined in Article 8, and which shall operate as an instrumentality of the Member States.

"Compact" means the Interstate Massage Compact.

"Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and completion of, educational or professional activities that maintain, improve, or enhance massage therapy fitness to practice.

"Current significant investigative information" means investigative information that a licensing authority, after an inquiry or investigation that complies with a Member State's due process requirements, has reason to believe is not groundless and, if proved true, would indicate a violation of that state's laws regarding the practice of massage therapy.

"Data system" means a repository of information about licensees who hold multistate licenses, which may include but is not limited to license status, investigative information, and adverse actions.

"Disqualifying event" means any event that shall disqualify an individual from holding a multistate license under this Compact, which the Commission may by rule specify.

"Encumbrance" means a revocation or suspension of, or any limitation or condition on, the full and unrestricted practice of massage therapy by a licensing authority.

"Executive Committee" means a group of delegates elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

"Home state" means the Member State that is a licensee's primary state of residence where the licensee holds an active single-state license.

"Investigative information" means information, records, or documents received or generated by a licensing authority pursuant to an investigation or other inquiry.

"Licensee" means an individual who currently holds a license from a Member State to fully practice massage therapy, whose license is not a student, provisional, temporary, inactive, or other similar status.

"Licensing authority" means a state's regulatory body responsible for issuing massage therapy licenses or otherwise overseeing the practice of massage therapy in that state.

"Massage therapy," "massage therapy services," and the "practice of massage therapy" means the care and services provided by a licensee as set forth in the Member State's statutes and regulations in the state where the services are being provided.

"Member State" means any state that has adopted this Compact.

"Multistate license" means a license that consists of authorizations to practice massage therapy in all remote states pursuant to this Compact, which shall be subject to the enforcement jurisdiction of the licensing authority in a licensee's home state.

"National licensing examination" means a national examination developed by a national association of massage therapy regulatory boards, as defined by Commission rule, that is derived from a practice analysis and is consistent with generally accepted psychometric principles of fairness, validity, and reliability and is administered under secure and confidential examination protocols.

"Remote state" means any Member State, other than the licensee's home state.

"Rule" means any opinion or regulation promulgated by the Commission under this Compact, which shall have the force of law.

"Single-state license" means a current, valid authorization issued by a Member State's licensing authority allowing an individual to fully practice massage therapy, that is not a restricted, student, provisional, temporary, or inactive practice authorization and authorizes practice only within the issuing state.

"State" means a state, territory, possession of the United States, or the District of Columbia.

Article 3. Member State Requirements.

A. To be eligible to join this Compact, and to maintain eligibility as a Member State, a state must:

1. License and regulate the practice of massage therapy;

2. Have a mechanism or entity in place to receive and investigate complaints from the public, regulatory or law-enforcement agencies, or the Commission about licensees practicing in that state;

3. Accept passage of a national licensing examination as a criterion for massage therapy licensure in that state;

4. Require that licensees satisfy educational requirements prior to being licensed to provide massage therapy services to the public in that state;

5. Implement procedures for requiring the background check of applicants for a multistate license, and for the reporting of any disqualifying events, including but not limited to obtaining and submitting, for each licensee holding a multistate license and each applicant for a multistate license, fingerprint or other biometric-based information to the Federal Bureau of Investigation for background checks; receiving the results of the Federal Bureau of Investigation record search on background checks and considering the results of such a background check in making licensure decisions;

6. Have continuing competence requirements as a condition for license renewal;

7. Participate in the data system, including through the use of unique identifying numbers as described herein;

8. Notify the Commission and other Member States, in compliance with the terms of the Compact and rules of the Commission, of any disciplinary action taken by the state against a licensee practicing under a multistate license in that state, or of the existence of investigative information or current significant investigative information regarding a licensee practicing in that state pursuant to a multistate license;

9. Comply with the rules of the Commission;

10. Accept licensees with valid multistate licenses from other member states as established herein;

B. Individuals not residing in a Member State shall continue to be able to apply for a Member State's single-state license as provided under the laws of each Member State. However, the single-state license granted to those individuals shall not be recognized as granting a multistate license for massage therapy in any other Member State;

C. Nothing in this Compact shall affect the requirements established by a Member State for the issuance of a single-state license; and

D. A multistate license issued to a licensee shall be recognized by each remote state as an authorization to practice massage therapy in each remote state.

Article 4. Multistate License Requirements.

A. To qualify for a multistate license under this Compact, and to maintain eligibility for such a license, an applicant must:

1. Hold an active single-state license to practice massage therapy in the applicant's home state;

2. Have completed at least six hundred and twenty-five (625) clock hours of massage therapy education or the substantial equivalent that the Commission may approve by rule.

3. Have passed a national licensing examination or the substantial equivalent which the Commission may approve by rule.

4. Submit to a background check;

5. Have not been convicted or found guilty, or have entered into an agreed disposition, of a felony offense under applicable state or federal criminal law within five (5) years prior to the date of his application, where such a time period shall not include any time served for the offense, and provided that the applicant has completed any and all requirements arising as a result of any such offense;

6. Have not been convicted or found guilty, or have entered into an agreed disposition, of a misdemeanor offense related to the practice of massage therapy under applicable state or federal criminal law within two (2) years prior to the date of his application, where such a time period shall not include any time served for the offense, and provided that the applicant has completed any and all requirements arising as a result of any such offense;

7. Have not been convicted or found guilty, or have entered into an agreed disposition, of any offense, whether a misdemeanor or a felony, under state or federal law, at any time, relating to any of the following:

a. Kidnapping;

b. Human trafficking;

c. Human smuggling;

d. Sexual battery, sexual assault, or any related offenses; or

e. Any other category of offense which the Commission may by rule designate.

8. Have not previously held a massage therapy license that was revoked by, or surrendered in lieu of discipline, to an applicable licensing authority;

9. Have no history of any adverse action on any occupational or professional license within two (2) years prior to the date of his application; and

10. Pay all required fees.

B. A multistate license granted pursuant to this Compact may be effective for a definite period of time concurrent with the renewal of the home state license.

C. A licensee practicing in a Member State is subject to all scope of practice laws governing massage therapy services in that state.

D. The practice of massage therapy under a multistate license granted pursuant to this Compact will subject the licensee to the jurisdiction of the licensing authority, the courts, and the laws of the Member State in which the massage therapy services are provided.

Article 5. Authority of Interstate Massage Compact Commission Member State Licensing Authorities.

A. Nothing in this Compact, nor any rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a Member State to enact and enforce laws, regulations, or other rules related to the practice of massage therapy in that state, where those laws, regulations, or other rules are not inconsistent with the provisions of this Compact.

B. Nothing in this Compact, nor any rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a Member State to take adverse action against a licensee's single-state license to practice massage therapy in that state.

C. Nothing in this Compact, nor any rule of the Commission, shall be construed to limit, restrict, or in any

way reduce the ability of a remote state to take adverse action against a licensee's authorization to practice in that state.

D. Nothing in this Compact, nor any rule of the Commission, shall be construed to limit, restrict, or in any way reduce the ability of a licensee's home state to take adverse action against a licensee's multistate license based upon information provided by a remote state.

E. Insofar as practical, a Member State's licensing authority shall cooperate with the Commission and with each entity exercising independent regulatory authority over the practice of massage therapy according to the provisions of this Compact.

Article 6. Adverse Actions.

A. A licensee's home state shall have exclusive power to impose an adverse action against a licensee's multistate license issued by the home state.

B. A home state may take adverse action on a multistate license based on the investigative information, current significant investigative information, or adverse action of a remote state.

C. A home state shall retain authority to complete any pending investigations of a licensee practicing under a multistate license who changes his home state during the course of such an investigation. the licensing authority shall also be empowered to report the results of such an investigation to the Commission through the data system as described herein.

D. Any Member State may investigate actual or alleged violations of the scope of practice laws in any other Member State for a massage therapist who holds a multistate license.

E. A remote state shall have the authority to:

1. Take adverse actions against a licensee's authorization to practice;

2. Issue cease and desist orders or impose an encumbrance on a licensee's authorization to practice in that state.

3. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing authority in a Member State for the attendance and testimony of witnesses or the production of evidence from another Member State shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings before it. The issuing licensing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

4. If otherwise permitted by state law, recover from the affected licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

5. Take adverse action against the licensee's authorization to practice in that state based on the factual findings of another Member State.

F. If an adverse action is taken by the home state against a licensee's multistate license or single-state license to practice in the home state, the licensee's authorization to practice in all other Member States shall be deactivated until all encumbrances have been removed from such license. All home state disciplinary orders that impose an adverse action against a licensee shall include a statement that the massage therapist's authorization to practice is deactivated in all Member States during the pendency of the order.

G. If adverse action is taken by a remote state against a licensee's authorization to practice, that adverse action applies to all authorizations to practice in all remote states. A licensee whose authorization to practice in a remote state is removed for a specified period of time is not eligible to apply for a new multistate license in any other state until the specific time for removal of the authorization to practice has passed and all encumbrance requirements are satisfied.

H. Nothing in this Compact shall override a Member State's authority to accept a licensee's participation in an alternative program in lieu of adverse action. A licensee's multistate license shall be suspended for the duration of the licensee's participation in any alternative program.

I. Joint Investigations.

1. In addition to the authority granted to a Member State by its respective scope of practice laws or other applicable state law, a Member State may participate with other Member States in joint investigations of licensees.

2. Member States shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

Article 7. Active Military Members and Their Spouses.

Active military members, or their spouses, shall designate a home state where the individual has a current license to practice massage therapy in good standing. The individual may retain his home state designation during any period of service when that individual or his spouse is on active duty assignment.

Article 8. Establishment and Operation of Interstate Massage Compact Commission.

A. The Compact Member States hereby create and establish a joint government agency whose membership consists of all Member States that have enacted the Compact known as the Interstate Massage Compact Commission. The Commission is an instrumentality of the Compact States acting jointly and not an instrumentality of any one state. The Commission shall come into existence on or after the effective date of

the Compact as set forth in Article 12.

B. Membership, voting, and meetings.

1. Each Member State shall have and be limited to one (1) delegate selected by that Member State's state licensing authority.

2. The delegate shall be the primary administrative officer of the state licensing authority or his designee.

3. The Commission shall by rule or bylaw establish a term of office for delegates and may by rule or bylaw establish term limits.

4. The Commission may recommend removal or suspension of any delegate from office.

5. A Member State's state licensing authority shall fill any vacancy of its delegate occurring on the Commission within 60 days of the vacancy.

6. Each delegate shall be entitled to one vote on all matters that are voted on by the Commission.

7. The Commission shall meet at least once during each calendar year. Additional meetings may be held as set forth in the bylaws. The Commission may meet by telecommunication, video conference, or other similar electronic means.

C. The Commission shall have the following powers:

1. Establish the fiscal year of the Commission;

2. Establish code of conduct and conflict of interest policies;

3. Adopt rules and bylaws;

4. Maintain its financial records in accordance with the bylaws;

5. Meet and take such actions as are consistent with the provisions of this Compact, the Commission's rules, and the bylaws;

6. Initiate and conclude legal proceedings or actions in the name of the Commission, provided that the standing of any state licensing authority to sue or be sued under applicable law shall not be affected;

7. Maintain and certify records and information provided to a Member State as the authenticated business records of the Commission, and designate an agent to do so on the Commission's behalf;

8. Purchase and maintain insurance and bonds;

9. Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a Member State;

10. Conduct an annual financial review;

11. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

12. Assess and collect fees;

13. Accept any and all appropriate gifts, donations, grants of money, other sources of revenue, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;

14. Lease, purchase, retain, own, hold, improve, or use any property, real, personal, or mixed, or any undivided interest therein;

15. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

16. Establish a budget and make expenditures;

17. Borrow money;

18. Appoint committees, including standing committees, composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

19. Accept and transmit complaints from the public, regulatory or law-enforcement agencies, or the Commission, to the relevant Member State(s) regarding potential misconduct of licensees;

20. Elect a chair, vice chair, secretary, and treasurer and such other officers of the Commission as provided in the Commission's bylaws;

21. Establish and elect an Executive Committee, including a chair and a vice chair;

22. Adopt and provide to the Member States an annual report.

23. Determine whether a state's adopted language is materially different from the model Compact language such that the state would not qualify for participation in the Compact; and

24. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact.

D. The Executive Committee.

1. The Executive Committee shall have the power to act on behalf of the Commission according to the terms of this Compact. The powers, duties, and responsibilities of the Executive Committee shall include:

a. Overseeing the day-to-day activities of the administration of the Compact including compliance with the provisions of the Compact, the Commission's rules and bylaws, and other such duties as deemed necessary;

b. Recommending to the Commission changes to the rules or bylaws, changes to this Compact legislation, fees charged to Compact Member States, fees charged to licensees, and other fees;

c. Ensuring Compact administration services are appropriately provided, including by contract;

d. Preparing and recommending the budget;

e. Maintaining financial records on behalf of the Commission;

f. Monitoring Compact compliance of Member States and providing compliance reports to the Commission;

g. Establishing additional committees as necessary;

h. Exercise the powers and duties of the Commission during the interim between Commission meetings, except for adopting or amending rules, adopting or amending bylaws, and exercising any other powers and duties expressly reserved to the Commission by rule or bylaw; and

i. Other duties as provided in the rules or bylaws of the Commission.

2. The Executive Committee shall be composed of seven voting members and up to two ex-officio members as follows:

a. The chair and vice chair of the Commission and any other members of the Commission who serve on the Executive Committee shall be voting members of the Executive Committee; and

b. Other than the chair, vice-chair, secretary, and treasurer, the Commission shall elect three voting members from the current membership of the Commission; and

c. The Commission may elect ex-officio, nonvoting members as necessary as follows:

(1) One ex-officio member who is a representative of the national association of state massage therapy regulatory boards; and

(2) One ex-officio member as specified in the Commission's bylaws.

3. The Commission may remove any member of the Executive Committee as provided in the Commission's bylaws.

4. The Executive Committee shall meet at least annually.

a. Executive Committee meetings shall be open to the public, except that the Executive Committee may meet in a closed, non-public session of a public meeting when dealing with any of the matters covered under subdivision F 4.

b. The Executive Committee shall give five business days advance notice of its public meetings, posted on its website and as determined to provide notice to persons with an interest in the public matters the Executive Committee intends to address at those meetings.

5. The Executive Committee may hold an emergency meeting when acting for the Commission to:

a. Meet an imminent threat to public health, safety, or welfare;

b. Prevent a loss of Commission or participating state funds; or

c. Protect public health and safety.

E. The Commission shall adopt and provide to the Member States an annual report.

F. Meetings of the Commission.

1. All meetings of the Commission that are not closed pursuant to this subsection shall be open to the public. Notice of public meetings shall be posted on the Commission's website at least thirty (30) days prior to the public meeting.

2. Notwithstanding subdivision 1, the Commission may convene an emergency public meeting by providing at least twenty-four (24) hours' prior notice on the Commission's website, and any other means as provided in the Commission's rules, for any of the reasons it may dispense with notice of proposed rulemaking under subsection L of Article 10. The Commission's legal counsel shall certify that one of the reasons justifying an emergency public meeting has been met.

3. Notice of all Commission meetings shall provide the time, date, and location of the meeting, and if the meeting is to be held or accessible via telecommunication, video conference, or other electronic means, the notice shall include the mechanism for access to the meeting.

4. The Commission may convene in a closed, non-public meeting for the Commission to discuss:

a. Non-compliance of a Member State with its obligations under the Compact;

b. The employment, compensation, or discipline or other matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

c. Current or threatened discipline of a licensee by the Commission or by a Member State's licensing authority;

d. Current, threatened, or reasonably anticipated litigation;

e. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

f. Accusing any person of a crime or formally censuring any person;

g. Trade secrets or commercial or financial information that is privileged or confidential;

h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

i. Investigative records compiled for law-enforcement purposes;

j. Information related to any investigative reports prepared by or on behalf of or for use of the

Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact;

k. Legal advice;

l. Matters specifically exempted from disclosure to the public by federal or Member State law; or

m. Other matters as promulgated by the Commission by rule.

5. If a meeting, or portion of a meeting, is closed, the presiding officer shall state that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes.

6. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

G. Financing of the Commission.

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

2. The Commission may accept any and all appropriate sources of revenue, donations, and grants of money, equipment, supplies, materials, and services.

3. The Commission may levy on and collect an annual assessment from each Member State and impose fees on licensees of Member States to whom it grants a multistate license to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount for Member States shall be allocated based upon a formula that the Commission shall promulgate by rule.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any Member States, except by and with the authority of the Member State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the financial review and accounting procedures established under its bylaws. All receipts and disbursements of funds handled by the Commission shall be subject to an annual financial review by a certified or licensed public accountant, and the report of the financial review shall be included in and become part of the annual report of the Commission.

H. Qualified immunity, defense, and indemnification.

1. The members, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, both personally and in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties, or responsibilities, provided that nothing in this subdivision shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person. The procurement of insurance of any type by the Commission shall not in any way compromise or limit the immunity granted hereunder.

2. The Commission shall defend any member, officer, executive director, employee, and representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or as determined by the Commission that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his own counsel at his own expense, and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, executive director, employee, and representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

4. Nothing herein shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

5. Nothing in this Compact shall be interpreted to waive or otherwise abrogate a Member State's state action immunity or state action affirmative defense with respect to antitrust claims under the Sherman Act, Clayton Act, or any other state or federal antitrust or anticompetitive law or regulation.

6. Nothing in this Compact shall be construed to be a waiver of sovereign immunity by the Member States

or by the Commission.

Article 9. Data System.

A. The Commission shall provide for the development, maintenance, operation, and utilization of a coordinated database and reporting system.

B. The Commission shall assign each applicant for a multistate license a unique identifier, as determined by the rules of the Commission.

C. Notwithstanding any other provision of state law to the contrary, a Member State shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;

2. Licensure data;

3. Adverse actions against a license and information related thereto;

4. Non-confidential information related to alternative program participation, the beginning and ending dates of such participation, and other information related to such participation;

5. Any denial of application for licensure, and the reason(s) for such denial (excluding the reporting of any criminal history record information where prohibited by law);

6. The existence of investigative information;

7. The existence or presence of current significant investigative information; and

8. Other information that may facilitate the administration of this Compact or the protection of the public, as determined by the rules of the Commission.

D. The records and information provided to a Member State pursuant to this Compact or through the data system, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a Member State.

E. The existence of current significant investigative information and the existence of investigative information pertaining to a licensee in any Member State will only be available to other Member States.

F. It is the responsibility of the Member States to report any adverse action against a licensee who holds a multistate license and to monitor the database to determine whether adverse action has been taken against such a licensee or license applicant. Adverse action information pertaining to a licensee or license applicant in any Member State will be available to any other Member State.

G. Member States contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

H. Any information submitted to the data system that is subsequently expunged pursuant to federal law or the laws of the Member State contributing the information shall be removed from the data system.

Article 10. Rulemaking.

A. The Commission shall promulgate reasonable rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A rule shall be invalid and have no force or effect only if a court of competent jurisdiction holds that the rule is invalid because the Commission exercised its rulemaking authority in a manner that is beyond the scope and purposes of the Compact, or the powers granted hereunder, or based upon another applicable standard of review.

B. The rules of the Commission shall have the force of law in each Member State, provided however that where the rules of the Commission conflict with the laws of the Member State that establish the Member State's scope of practice as held by a court of competent jurisdiction, the rules of the Commission shall be ineffective in that state to the extent of the conflict.

C. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules shall become binding as of the date specified by the Commission for each rule.

D. If a majority of the legislatures of the Member States rejects a rule or portion of a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the rule, then such rule shall have no further force and effect in any Member State or to any state applying to participate in the Compact.

E. Rules shall be adopted at a regular or special meeting of the Commission.

F. Prior to adoption of a proposed rule, the Commission shall hold a public hearing and allow persons to provide oral and written comments, data, facts, opinions, and arguments.

G. Prior to adoption of a proposed rule by the Commission, and at least thirty (30) days in advance of the meeting at which the Commission will hold a public hearing on the proposed rule, the Commission shall provide a notice of proposed rulemaking:

1. On the website of the Commission or other publicly accessible platform;

2. To persons who have requested notice of the Commission's notices of proposed rulemaking; and

3. In such other way(s) as the Commission may by rule specify.

H. The notice of proposed rulemaking shall include:

1. The time, date, and location of the public hearing at which the Commission will hear public comments

on the proposed rule and, if different, the time, date, and location of the meeting where the Commission will consider and vote on the proposed rule;

2. If the hearing is held via telecommunication, video conference, or other electronic means, the Commission shall include the mechanism for access to the hearing in the notice of proposed rulemaking;

3. The text of the proposed rule and the reason therefor;

4. A request for comments on the proposed rule from any interested person; and

5. The manner in which interested persons may submit written comments.

I. All hearings will be recorded. A copy of the recording and all written comments and documents received by the Commission in response to the proposed rule shall be available to the public.

J. Nothing in this article shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this article.

K. The Commission shall, by majority vote of all commissioners, take final action on the proposed rule based on the rulemaking record.

1. The Commission may adopt changes to the proposed rule provided the changes do not enlarge the original purpose of the proposed rule.

2. The Commission shall provide an explanation of the reasons for substantive changes made to the proposed rule as well as reasons for substantive changes not made that were recommended by commenters.

3. The Commission shall determine a reasonable effective date for the rule. Except for an emergency as provided in subsection L, the effective date of the rule shall be no sooner than thirty (30) days after the Commission issuing the notice that it adopted or amended the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule with 24 hours' notice, provided that the usual rulemaking procedures provided in the Compact and in this article shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Member State funds;

3. Meet a deadline for the promulgation of a rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

N. No Member State's rulemaking requirements shall apply under this Compact.

Article 11. Oversight, Dispute Resolution, and Enforcement.

A. Oversight.

1. The executive and judicial branches of state government in each Member State shall enforce this Compact and take all actions necessary and appropriate to implement the Compact.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a licensee for professional malpractice, misconduct, or any such similar matter.

3. The Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the Compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Commission service of process shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

B. Default, technical assistance, and termination.

1. If the Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall provide written notice to the defaulting state. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the Commission may take and shall offer training and specific technical assistance regarding the default.

2. The Commission shall provide a copy of the notice of default to the other Member States.

C. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the delegates of the Member States, and all rights, privileges, and benefits conferred on that state by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period

of default.

D. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, the defaulting state's state licensing authority and each of the Member States' state licensing authority.

E. a state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

F. Upon the termination of a state's membership from this Compact, that state shall immediately provide notice to all licensees who hold a multistate license within that state of such termination. The terminated state shall continue to recognize all licenses granted pursuant to this Compact for a minimum of one hundred eighty (180) days after the date of said notice of termination.

G. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

H. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

I. Dispute resolution.

1. Upon request by a Member State, the Commission shall attempt to resolve disputes related to the Compact that arise among Member States and between Member and non-Member States.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

J. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions of this Compact and the Commission's rules.

2. By majority vote as provided by Commission rule, the Commission may initiate legal action against a Member State in default in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or the defaulting Member State's law.

3. A Member State may initiate legal action against the Commission in the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices to enforce compliance with the provisions of the Compact and its promulgated rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney fees.

4. No individual or entity other than a Member State may enforce this Compact against the Commission.

Article 12. Effective Date, Withdrawal, and Amendment.

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the seventh Member State.

1. On or after the effective date of the Compact, the Commission shall convene and review the enactment of each of the Charter Member States to determine if the statute enacted by each such Charter Member State is materially different than the model Compact statute.

a. A Charter Member State whose enactment is found to be materially different from the model Compact statute shall be entitled to the default process set forth in Article 11.

b. If any Member State is later found to be in default, or is terminated or withdraws from the Compact, the Commission shall remain in existence and the Compact shall remain in effect even if the number of Member States should be less than seven (7).

2. Member States enacting the Compact subsequent to the Charter Member States shall be subject to the process set forth in subdivision C 23 of Article 8 to determine if their enactments are materially different from the model Compact statute and whether they qualify for participation in the Compact.

3. All actions taken for the benefit of the Commission or in furtherance of the purposes of the administration of the Compact prior to the effective date of the Compact or the Commission coming into existence shall be considered to be actions of the Commission unless specifically repudiated by the Commission.

4. Any state that joins the Compact shall be subject to the Commission's rules and bylaws as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

B. Any Member State may withdraw from this Compact by enacting a statute repealing that state's enactment of the Compact.

1. A Member State's withdrawal shall not take effect until one hundred eighty (180) days after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's licensing authority to comply with the investigative and adverse action reporting requirements of this Compact prior to the effective date of withdrawal.

3. Upon the enactment of a statute withdrawing from this Compact, a state shall immediately provide notice of such withdrawal to all licensees within that state. Notwithstanding any subsequent statutory enactment to the contrary, such withdrawing state shall continue to recognize all licenses granted pursuant to this Compact for a minimum of one hundred eighty (180) days after the date of such notice of withdrawal.

C. Nothing contained in this Compact shall be construed to invalidate or prevent any licensure agreement or other cooperative arrangement between a Member State and a non-Member State that does not conflict with the provisions of this Compact.

D. This Compact may be amended by the Member States. No amendment to this Compact shall become effective and binding upon any Member State until it is enacted into the laws of all Member States.

Article 13. Construction and Severability.

A. This Compact and the Commission's rulemaking authority shall be liberally construed so as to effectuate the purposes and the implementation and administration of the Compact. Provisions of the Compact expressly authorizing or requiring the promulgation of rules shall not be construed to limit the Commission's rulemaking authority solely for those purposes.

B. The provisions of this Compact shall be severable and if any phrase, clause, sentence, or provision of this Compact is held by a court of competent jurisdiction to be contrary to the constitution of any Member State, a state seeking participation in the Compact, or of the United States, or the applicability thereof to any government, agency, person, or circumstance is held to be unconstitutional by a court of competent jurisdiction, the validity of the remainder of this Compact and the applicability thereof to any other government, agency, person, or circumstance shall not be affected thereby.

C. Notwithstanding subsection B, the Commission may deny a state's participation in the Compact or, in accordance with the requirements of subsection B of Article 11, terminate a Member State's participation in the Compact, if it determines that a constitutional requirement of a Member State is a material departure from the Compact. Otherwise, if this Compact shall be held to be contrary to the constitution of any Member State, the Compact shall remain in full force and effect as to the remaining Member States and in full force and effect as to the Member State affected as to all severable matters.

Article 14. Consistent Effect and Conflict With Other State Laws.

Nothing herein shall prevent or inhibit the enforcement of any other law of a Member State that is not inconsistent with the Compact.

Any laws, statutes, regulations, or other legal requirements in a Member State in conflict with the Compact are superseded to the extent of the conflict.

All permissible agreements between the Commission and the Member States are binding in accordance with their terms.

2. That any applicant for a multistate license shall pay the costs of performing any background check required by the Interstate Massage Compact, as entered into by this act.

3. Pursuant to Article 12 of § 54.1-3029.2 of the Code of Virginia, as created by this act, the Interstate Massage Compact (the Compact) shall become effective on the date the Compact is enacted by a seventh participating state or upon the effective date of this act, whichever is later.

Agenda Item: Consideration of Fast-Track Action Regarding IFC Decisions

F4

Included in your Agenda Package:

- Draft changes to 18VAC90-26 and 18VAC90-60

Staff Note: In May, the Board voted to amend nursing education regulations to alleviate some administrative burden regarding taking decisions of the IFCs to the full Board for approval. In the meantime, we have discovered those requirements also exist for nurse aide and medication aide. These should also be changed.

Action Needed:

- Motion to amend 18VAC90-26 and 18VAC90-60 by Fast-Track action.

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 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. 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.

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 by an agent of the board or by a written program evaluation. Each program shall be reviewed by 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 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 timeframe specified by the board.

B. Continued, conditional, or withdrawal of approval.

1. The board shall receive and review the report of the survey visit or program evaluation report and may grant continued approval, place a program on conditional approval, or 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 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 program may request 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, the board may withdraw approval.

c. Withdrawing approval.

(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~~ informal conference withdraws approval, no further action will be required unless the program requests a formal hearing.

(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 withdrawal of approval.

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.

18VAC90-60-75. Conditional or Withdrawal of Approval of a Medication Aide Training Program.

A. If the board determines that a medication aide training program is not maintaining the requirements of Part II (18VAC90-60-40 et seq.) of this chapter, the board may:

1. Place the program on conditional approval with terms and conditions to be met within the timeframe specified by the board; or

2. Withdraw program approval.

B. If the board either places a program on conditional approval with terms and conditions to be met within a timeframe specified by the board or withdraws approval, the following shall apply:

1. No further action will be required of the board unless the program requests an informal conference pursuant to §§ 2.2-4019 and 54.1-109 of the Code of Virginia.

2. If ~~withdrawal or continued program approval with terms and conditions is recommended following the informal conference~~ the informal conference denies approval, ~~the recommendation shall be presented to the board or a panel of the board for review and action.~~

~~3. If the recommendation of the informal conference committee is accepted by the board or a panel of the board,~~ the decision shall be reflected in a board order, and no further action by the board is required unless the program requests a formal hearing within 30 days from entry of the order in accordance with § 2.2-4020 of the Code of Virginia.

4. If the decision of the board or a panel of the board 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.

F5

Agenda Item: Consideration of Exempt Regulations to License Advanced Registered Medication Aides

Included in your Agenda Package:

- Draft exempt changes to 18VAC90-60; and
- Chapter 277 of the 2025 Acts of Assembly

Action Needed:

- Motion to adopt exempt regulatory amendments to 18VAC90-60.

18VAC90-60-20. Identification; accuracy of records.

A. Any person regulated by this chapter shall, while on duty, wear identification that is clearly visible to the client and that indicates the appropriate title issued to such person by the board under which the person is practicing in that setting. Name identification on a badge shall follow the policy of the facility in which the medication aide or advanced registered medication aide is employed.

B. A medication aide or advanced registered medication aide who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or a court order evidencing the change. A duplicate certificate shall be issued by the board upon receipt of such evidence.

C. A medication aide or advanced registered medication aide shall maintain an address of record with the board. Any change in the address of record or in the public address, if different from the address of record, shall be submitted electronically or in writing to the board within 30 days of such change. All notices required by law and by this chapter to be sent by the board to any registrant shall be validly given when sent to the latest address of record on file with the board.

18VAC90-60-30. Fees.

A. The following fees shall apply:

1. Application for program approval	$500
2. Application for registration as a medication aide	$50
3. Application for registration as an advanced registered medication aide	$100
~~3.~~ 4. Annual renewal for medication aide and advanced registered medication aide	$30
~~4.~~ 5. Late renewal	$15
~~5.~~ 6. Reinstatement of registration	$90
~~6.~~ 7. Handling fee for returned check or dishonored credit card or debit card	$50
~~7.~~ 8. Duplicate registration	$15
~~8.~~ 9. Reinstatement following suspension, mandatory suspension, or revocation	$120

B. Fees shall not be refunded once submitted.

C. The fee for the state examination shall be paid directly to the examination service contracted by the board for its administration.

18VAC90-60-110. Standards of practice.

A. A medication aide shall:

1. Document and report all medication errors and adverse reactions immediately to the licensed health care professional in the facility or to the client's prescriber;

2. Give all medications in accordance with the prescriber's orders and instructions for dosage and time of administration and document such administration in the client's record; and

3. Document and report any information giving reason to suspect the abuse, neglect, or exploitation of clients immediately to the licensed health care professional in the facility or to the facility administrator.

B. A medication aide shall not:

1. Transmit verbal orders to a pharmacy;

2. Make an assessment of a client or deviate from the medication regime ordered by the prescriber;

3. Mix, dilute, or reconstitute two or more drug products, with the exception of insulin or glucagon;

4. Administer by intramuscular or intravenous routes or medications via a nasogastric or percutaneous endoscopic gastric tube; or

5. Administer by subcutaneous route, except for insulin medications, glucagon, or auto-injectable epinephrine.

C. An advanced registered medication aide working in an assisted living facility shall abide by the limitations included in this section.

Part IV: Advanced Registered Medication Aides

18VAC90-60-130. Requirements for initial registration as an advanced registered medication aide.

In order to be registered as an advanced registered medication aide, an applicant shall:

1. Hold both a current Virginia certification as a certified nurse aide and as a registered medication aide or be eligible for endorsement as a registered medication aide;
2. Have successfully completed a minimum of 60 hours of advanced training in a nursing facility that includes population and medication specific training; and

3. Submit the required application and fee.

18VAC90-60-140. Renewal and reinstatement as an advanced registered medication aide.

A. Current certification as a nurse aide in Virginia must be maintained to hold certification as an advanced registered medication aide. If an individual is not eligible to renew as a certified nurse aide, registration as an advanced registered medication aide may not be renewed.

B. Advanced registered medication aides shall renew annually. To renew an advanced registration, an individual must:

   a. Submit the renewal application and required fee; and

   b. An attestation that the individual has completed continuing education as required in 18VAC90-60-100(B) and 4 hours nursing facility population and medication specific training.

C. Failure to receive a notice for renewal shall not relieve the advanced registered medication aide of the responsibility for renewing the registration by the expiration date.

D. The registration shall automatically lapse if the advanced registered medication aide fails to renew by the expiration date.

E. Any person administering medications in an assisted living facility or licensed nursing home during the time a registration has lapsed shall be considered an unlicensed practitioner and shall be subject to prosecution under the provisions of § 54.1-3008 of the Code of Virginia.

F. If an advanced registered medication aide has not renewed for 90 days following the expiration date, the advanced registration shall only be reinstated if the applicant:

   a. Holds current certification as a nurse aide in Virginia;

   b. Submits a completed reinstatement application on a form provided by the board;

   c. Pays the reinstatement fee; and

   d. Provides evidence that the applicant has completed all required hours of continuing education and training.

18VAC90-60-150. Standards of practice for advanced registered medication aides working in a nursing facility.

A. An advanced registered medication aide shall:

1. Document and report all medication errors and adverse reactions immediately to the licensed health care professional in the facility or to the client's prescriber;

2. Give all medications in accordance with the prescriber’s orders and instructions for dosage and time of administration and document such administration in the client’s record; and

3. Document and report any information giving reason to suspect the abuse, neglect, or exploitation of clients immediately to the licensed health care professional in the facility or to the facility administrator.

B. An advanced registered medication aide shall not:

1. Transmit verbal orders to a pharmacy;

2. Make an assessment of a client or deviate from the medication regime ordered by the prescriber;

3. Mix, dilute, or reconstitute two or more drug products, with the exception of insulin or glucagon;

4. Administer intravenous medications or medications via a nasogastric or percutaneous endoscopic gastric tube or intramuscular medication except for vaccinations **and auto-injectable epinephrine**; or

5. Administer by subcutaneous route, except for insulin medications, glucagon, ~~auto-injectable epinephrine, GLP-1~~ **glucagon-like peptide-1**, **Vitamin** B12, or ~~Lovenox~~ **anticoagulants**.

C. An advanced registered medication aide working in an assisted living facility shall abide by the limitations included section 110.

18VAC90-60-160. Disciplinary provisions for advanced registered medication aides.

The board has the authority to deny, revoke, or suspend a registration issued, or to otherwise discipline a registrant upon proof that the registrant has violated any of the provisions of § 54.1-3007 of the Code of Virginia.

1. Fraud or deceit in order to procure or maintain a registration includes:

a. Filing false credentials;

b. Falsely representing facts on an application for initial registration, reinstatement or renewal of a registration; or

c. Giving or receiving assistance in taking the competency evaluation.

2. Unprofessional conduct includes:

a. Performing acts beyond those authorized by the Code of Virginia and this chapter for practice as an advanced registered medication aide;

b. Assuming duties and responsibilities within the practice of an advanced registered medication aide without adequate training or when competency has not been maintained;

c. Obtaining supplies, equipment or drugs for personal or other unauthorized use;

d. Falsifying or otherwise altering client or drug records relating to administration of medication;

e. Falsifying or otherwise altering employer records, including falsely representing facts on a job application or other employment-related documents;

f. Abusing, neglecting or abandoning clients;

g. Having been denied a license, certificate, or registration or having had a license, certificate, or registration issued by the board revoked or suspended;

h. Giving to or accepting from a client property or money for any reason other than fee for service or a nominal token of appreciation;

i. Obtaining money or property of a client by fraud, misrepresentation or duress;

j. Entering into a relationship with a client that constitutes a professional boundary violation in which the advanced registered medication aide uses a professional position to take advantage of a client's vulnerability, to include actions that result in personal gain at the expense of the client, an inappropriate personal involvement or sexual conduct with a client;

k. Violating state laws relating to the privacy of client information, including § 32.1-127.1:03 of the Code of Virginia;

l. Failing to follow provisions of the Medication Management Plan for the nursing facility in which the advanced registered medication aide is employed; or

m. Violating any provision of this chapter, including the standards of practice as set forth in 18VAC90-60-150.

3. A pattern of medication errors may constitute practice that presents a danger to the health and welfare of clients or to the public as referenced in subdivision 5 of § 54.1-3007 of the Code of Virginia.

CHAPTER 277

An Act to amend and reenact §§ 8.01-225, 22.1-274.4:1, 32.1-127, as it is currently effective and as it shall become effective, and 54.1-2722, §§ 54.1-3041 and 54.1-3042, as they shall become effective, and §§ 54.1-3408, 54.1-3466, and 54.1-3467 of the Code of Virginia and to amend and reenact the fourth and fifth enactments of Chapter 284 of the Acts of Assembly of 2024, relating to advanced registered medication aides.

[H 2468]

Approved March 21, 2025

Be it enacted by the General Assembly of Virginia:

1. That §§ 8.01-225, 22.1-274.4:1, 32.1-127, as it is currently effective and as it shall become effective, and 54.1-2722, §§ 54.1-3041 and 54.1-3042, as they shall become effective, and §§ 54.1-3408, 54.1-3466, and 54.1-3467 of the Code of Virginia are amended and reenacted as follows:

§ 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.

A. Any person who:

1. In good faith, renders emergency care or assistance, without compensation, to any ill or injured person (i) at the scene of an accident, fire, or any life-threatening emergency; (ii) at a location for screening or stabilization of an emergency medical condition arising from an accident, fire, or any life-threatening emergency; or (iii) en route to any hospital, medical clinic, or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance. For purposes of this subdivision, emergency care or assistance includes the forcible entry of a motor vehicle in order to remove an unattended minor at risk of serious bodily injury or death, provided the person has attempted to contact a law-enforcement officer, as defined in § 9.1-101, a firefighter, as defined in § 65.2-102, emergency medical services personnel, as defined in § 32.1-111.1, or an emergency 911 system, if feasible under the circumstances.

2. In the absence of gross negligence, renders emergency obstetrical care or assistance to a female in active labor who has not previously been cared for in connection with the pregnancy by such person or by another professionally associated with such person and whose medical records are not reasonably available to such person shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care or assistance. The immunity herein granted shall apply only to the emergency medical care provided.

3. In good faith and without compensation, including any emergency medical services provider who holds a valid certificate issued by the Commissioner of Health, administers epinephrine in an emergency to an individual shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such person has reason to believe that the individual receiving the injection is suffering or is about to suffer a life-threatening anaphylactic reaction.

4. Provides assistance upon request of any police agency, fire department, emergency medical services agency, or governmental agency in the event of an accident or other emergency involving the use, handling, transportation, transmission, or storage of liquefied petroleum gas, liquefied natural gas, hazardous material, or hazardous waste as defined in § 10.1-1400 or regulations of the Virginia Waste Management Board shall not be liable for any civil damages resulting from any act of commission or omission on his part in the course of his rendering such assistance in good faith.

5. Is an emergency medical services provider possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance, whether in person or by telephone or other means of communication, without compensation, to any injured or ill person, whether at the scene of an accident, fire, or any other place, or while transporting such injured or ill person to, from, or between any hospital, medical facility, medical clinic, doctor's office, or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment, or assistance, including but in no way limited to acts or omissions which involve violations of State Department of Health regulations or any other state regulations in the rendering of such emergency care or assistance.

6. In good faith and without compensation, renders or administers emergency cardiopulmonary resuscitation (CPR); cardiac defibrillation, including, but not limited to, the use of an automated external defibrillator (AED); or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an accident, or any other place, or while transporting such person to or from any hospital, clinic, doctor's office, or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures and shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative

treatments or procedures.

7. Operates an AED at the scene of an emergency, trains individuals to be operators of AEDs, or orders AEDs, shall be immune from civil liability for any personal injury that results from any act or omission in the use of an AED in an emergency where the person performing the defibrillation acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances, unless such personal injury results from gross negligence or willful or wanton misconduct of the person rendering such emergency care.

8. Maintains an AED located on real property owned or controlled by such person shall be immune from civil liability for any personal injury that results from any act or omission in the use in an emergency of an AED located on such property unless such personal injury results from gross negligence or willful or wanton misconduct of the person who maintains the AED or his agent or employee.

9. Is an employee of a school board or of a local health department approved by the local governing body to provide health services pursuant to § 22.1-274 who, while on school property or at a school-sponsored event, (i) renders emergency care or assistance to any sick or injured person; (ii) renders or administers emergency cardiopulmonary resuscitation (CPR); cardiac defibrillation, including, but not limited to, the use of an automated external defibrillator (AED); or other emergency life-sustaining or resuscitative treatments or procedures that have been approved by the State Board of Health to any sick or injured person; (iii) operates an AED, trains individuals to be operators of AEDs, or orders AEDs; (iv) maintains an AED; or (v) renders care in accordance with a seizure management and action plan pursuant to § 22.1-274.6, shall not be liable for civil damages for ordinary negligence in acts or omissions on the part of such employee while engaged in the acts described in this subdivision.

10. Is a volunteer in good standing and certified to render emergency care by the National Ski Patrol System, Inc., who, in good faith and without compensation, renders emergency care or assistance to any injured or ill person, whether at the scene of a ski resort rescue, outdoor emergency rescue, or any other place or while transporting such injured or ill person to a place accessible for transfer to any available emergency medical system unit, or any resort owner voluntarily providing a ski patroller employed by him to engage in rescue or recovery work at a resort not owned or operated by him, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment, or assistance, including but not limited to acts or omissions which involve violations of any state regulation or any standard of the National Ski Patrol System, Inc., in the rendering of such emergency care or assistance, unless such act or omission was the result of gross negligence or willful misconduct.

11. Is an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education and is authorized by a prescriber and trained in the administration of insulin and glucagon, who, upon the written request of the parents as defined in § 22.1-1, assists with the administration of insulin or, in the case of a school board employee, with the insertion or reinsertion of an insulin pump or any of its parts pursuant to subsection B of § 22.1-274.01:1 or administers glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the child's medication schedule or such employee has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any such employee is covered by the immunity granted herein, the school board or school employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

12. Is an employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of insulin and glucagon, who assists with the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the student's medication schedule or such employee has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee is covered by the immunity granted in this subdivision, the institution shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

13. Is a school nurse, an employee of a school board, an employee of a local governing body, or an employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine and who provides, administers, or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

14. Is an employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the

Board of Education, or an employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the school shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

15. Is an employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the institution shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

16. Is an employee of an organization providing outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a participant in the outdoor experience or program for youth believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the organization shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

17. Is an employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1, is authorized by a prescriber and trained in the administration of epinephrine, and provides, administers, or assists in the administration of epinephrine to an individual believed in good faith to be having an anaphylactic reaction on the premises of the restaurant at which the employee is employed, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

18. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental Services, or provides services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services, who has been trained in the administration of insulin and glucagon and who administers or assists with the administration of insulin or administers glucagon to a person diagnosed as having diabetes who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia in accordance with § 54.1-3408 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered in accordance with the prescriber's instructions or such person has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person who provides services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services is covered by the immunity granted herein, the provider shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

19. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental Services, or provides services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services, who has been trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person believed in good faith to be having an anaphylactic reaction in accordance with the prescriber's instructions shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

20. In good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection ~~X~~ *Y* or ~~Y~~ *Z* of § 54.1-3408 or in his role as a member of an emergency medical services agency.

21. In good faith administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose in accordance with the provisions of subsection ~~Z~~ *AA* of § 54.1-3408 shall not be liable for any civil damages for any personal injury that results from any act or omission in the administration of naloxone or other opioid antagonist used for overdose reversal, unless such act or omission was the result of gross negligence or willful and wanton misconduct.

22. Is an employee of a school board, school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or private school accredited pursuant to § 22.1-19 as administered by the

Virginia Council for Private Education who is trained in the administration of injected medications for the treatment of adrenal crisis resulting from a condition causing adrenal insufficiency and who administers or assists in the administration of such medications to a student diagnosed with a condition causing adrenal insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis pursuant to a written order or standing protocol issued by a prescriber within the course of his professional practice and in accordance with the prescriber's instructions shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

23. Is a school nurse, a licensed athletic trainer under contract with a local school division, an employee of a school board, an employee of a local governing body, or an employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol and who provides, administers, or assists in the administration of an albuterol inhaler and a valved holding chamber or nebulized albuterol for a student believed in good faith to be in need of such medication, or is the prescriber of such medication, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

24. Is an employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the place of public accommodation believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the organization shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

25. Is a nurse at an early childhood care and education entity, employee at the entity, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine and who provides, administers, or assists in the administration of epinephrine to a child believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

B. Any licensed physician serving without compensation as the operational medical director for an emergency medical services agency that holds a valid license as an emergency medical services agency issued by the Commissioner of Health shall not be liable for any civil damages for any act or omission resulting from the rendering of emergency medical services in good faith by the personnel of such licensed agency unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any person serving without compensation as a dispatcher for any licensed public or nonprofit emergency medical services agency in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from the rendering of emergency services in good faith by the personnel of such licensed agency unless such act or omission was the result of such dispatcher's gross negligence or willful misconduct.

Any individual, certified by the State Office of Emergency Medical Services as an emergency medical services instructor and pursuant to a written agreement with such office, who, in good faith and in the performance of his duties, provides instruction to persons for certification or recertification as a certified basic life support or advanced life support emergency medical services provider shall not be liable for any civil damages for acts or omissions on his part directly relating to his activities on behalf of such office unless such act or omission was the result of such emergency medical services instructor's gross negligence or willful misconduct.

Any licensed physician serving without compensation as a medical advisor to an E-911 system in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in good faith to establish protocols to be used by the personnel of the E-911 service, as defined in § 58.1-1730, when answering emergency calls unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any licensed physician who directs the provision of emergency medical services, as authorized by the State Board of Health, through a communications device shall not be liable for any civil damages for any act or omission resulting from the rendering of such emergency medical services unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any licensed physician serving without compensation as a supervisor of an AED in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in good faith to the owner of the AED relating to personnel training, local emergency medical services coordination, protocol approval, AED deployment strategies, and equipment maintenance plans and records unless such act or omission was the result of such physician's gross negligence or willful misconduct.

C. Any communications services provider, as defined in § 58.1-647, including mobile service, and any provider of Voice-over-Internet Protocol service, in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering such service with or without charge related to emergency calls unless such act or omission was the result of such service provider's gross negligence or willful misconduct.

Any volunteer engaging in rescue or recovery work at a mine, or any mine operator voluntarily providing personnel to engage in rescue or recovery work at a mine not owned or operated by such operator, shall not be liable for civil damages for acts or omissions resulting from the rendering of such rescue or recovery work in good faith unless such act or omission was the result of gross negligence or willful misconduct. For purposes of this subsection, "Voice-over-Internet Protocol service" or "VoIP service" means any Internet protocol-enabled services utilizing a broadband connection, actually originating or terminating in Internet Protocol from either or both ends of a channel of communication offering real time, multidirectional voice functionality, including, but not limited to, services similar to traditional telephone service.

D. Nothing contained in this section shall be construed to provide immunity from liability arising out of the operation of a motor vehicle.

E. For the purposes of this section, "compensation" shall not be construed to include (i) the salaries of police, fire, or other public officials or personnel who render such emergency assistance; (ii) the salaries or wages of employees of a coal producer engaging in emergency medical services or first aid services pursuant to the provisions of § 45.2-531, 45.2-579, 45.2-863 or 45.2-910; (iii) complimentary lift tickets, food, lodging, or other gifts provided as a gratuity to volunteer members of the National Ski Patrol System, Inc., by any resort, group, or agency; (iv) the salary of any person who (a) owns an AED for the use at the scene of an emergency, (b) trains individuals, in courses approved by the Board of Health, to operate AEDs at the scene of emergencies, (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED at the scene of an emergency; or (v) expenses reimbursed to any person providing care or assistance pursuant to this section.

For the purposes of this section, "emergency medical services provider" shall include a person licensed or certified as such or its equivalent by any other state when he is performing services that he is licensed or certified to perform by such other state in caring for a patient in transit in the Commonwealth, which care originated in such other state.

Further, the public shall be urged to receive training on how to use CPR and an AED in order to acquire the skills and confidence to respond to emergencies using both CPR and an AED.

§ 22.1-274.4:1. Opioid antagonist procurement, placement, maintenance, and administration; staff and faculty training; policies and requirements.

A. Each local school board shall develop a plan, in accordance with subsection ~~X~~ *Y* of § 54.1-3408 and the guidelines developed by the Department of Health in collaboration with the Department of Education, for the procurement, placement, and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses for the purposes of opioid overdose reversal. Such plan shall provide for the development and implementation of policies and procedures relating to the procurement, placement, and maintenance of such supply of opioid antagonists in each such school, including policies and procedures:

1. Providing for the placement and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses, including policies and procedures by which each such school shall request a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable and by which each such request shall be timely fulfilled;

2. Requiring each such school to inspect its opioid antagonist supply at least annually and maintain a record of the date of inspection, the expiration date on each dose, and, in the event that a dose of such opioid antagonist is administered for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, the date of such administration; and

3. Relating to the proper and safe storage of such opioid antagonist supply in each such school.

B. Each local school board shall, in accordance with the provisions of subsection ~~X~~ *Y* of § 54.1-3408 and the guidelines developed by the Department of Health in collaboration with the Department of Education, develop policies and procedures relating to the possession and administration of opioid antagonists by any school nurse or employee of the school board who is authorized by a prescriber and trained in the administration of an opioid antagonist to any student, faculty, or staff member who is believed to be experiencing or about to experience a life-threatening opioid overdose, including:

1. Policies requiring each public elementary and secondary school to ensure that at least one employee (i) is authorized by a prescriber and has been trained and is certified in the administration of an opioid antagonist by a program administered or approved by the Department of Health to provide training in opioid antagonist administration and (ii) has the means to access at all times during regular school hours any such opioid antagonist supply that is stored in a locked or otherwise generally inaccessible container or area; and

2. Policies and procedures for (i) partnering with a program administered or approved by the Department of Health to provide training in opioid antagonist administration for the purpose of organizing and providing the training and certification required pursuant to subdivision 1 and (ii) maintaining records of each employee of each such public elementary and secondary school who is trained and certified in the administration of an opioid antagonist pursuant to subdivision 1.

C. Any employee of any public elementary or secondary school, school board, or local health department who, during regular school hours, on school premises, or during a school-sponsored activity, in good faith

administers an opioid antagonist for opioid overdose reversal to any individual who is believed to be experiencing or about to experience a life-threatening opioid overdose, regardless of whether such employee was trained in administration of an opioid antagonist pursuant to subsection B, shall be immune from any disciplinary action or civil or criminal liability for any act or omission made in connection with the administration of an opioid antagonist in such incident, unless such act or omission was the result of gross negligence or willful misconduct.

D. Each school board shall adopt and each public elementary and secondary school shall implement policies and procedures in accordance with the provisions of this section. Each school board and each public elementary and secondary school shall, in adopting and implementing the policies set forth in this section, utilize to the fullest extent possible programs offered by the Department of Health for the provision of opioid antagonist administration training and certification and the procurement of opioid antagonists for placement in each public elementary and secondary school.

§ 32.1-127. (Effective until July 1, 2025) Regulations.

A. The regulations promulgated by the Board to carry out the provisions of this article shall be in substantial conformity to the standards of health, hygiene, sanitation, construction and safety as established and recognized by medical and health care professionals and by specialists in matters of public health and safety, including health and safety standards established under provisions of Title XVIII and Title XIX of the Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.).

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to ensure the environmental protection and the life safety of its patients, employees, and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities;

2. Shall provide that at least one physician who is licensed to practice medicine in the Commonwealth and is primarily responsible for the emergency department shall be on duty and physically present at all times at each hospital that operates or holds itself out as operating an emergency service;

3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing hospitals and nursing homes by bed capacity and by type of specialty or service;

4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS regulations for routine contact, whereby the provider's designated organ procurement organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The protocol shall ensure that the hospital collaborates with the designated organ procurement organization to inform the family of each potential donor of the option to donate organs, tissues, or eyes or to decline to donate. The individual making contact with the family shall have completed a course in the methodology for approaching potential donor families and requesting organ or tissue donation that (a) is offered or approved by the organ procurement organization and designed in conjunction with the tissue and eye bank community and (b) encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement organization in educating the staff responsible for contacting the organ procurement organization's personnel on donation issues, the proper review of death records to improve identification of potential donors, and the proper procedures for maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes takes place. This process shall be followed, without exception, unless the family of the relevant decedent or patient has expressed opposition to organ donation, the chief administrative officer of the hospital or his designee knows of such opposition, and no donor card or other relevant document, such as an advance directive, can be found;

5. Shall require that each hospital that provides obstetrical services establish a protocol for admission or transfer of any pregnant woman who presents herself while in labor;

6. Shall also require that each licensed hospital develop and implement a protocol requiring written discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall require that the discharge plan be discussed with the patient and that appropriate referrals for the mother and

the infant be made and documented. Appropriate referrals may include, but need not be limited to, treatment services, comprehensive early intervention services for infants and toddlers with disabilities and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C. § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to the extent possible, the other parent of the infant and any members of the patient's extended family who may participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the community services board of the jurisdiction in which the woman resides to appoint a discharge plan manager. The community services board shall implement and manage the discharge plan;

7. Shall require that each nursing home and certified nursing facility fully disclose to the applicant for admission the home's or facility's admissions policies, including any preferences given;

8. Shall require that each licensed hospital establish a protocol relating to the rights and responsibilities of patients which shall include a process reasonably designed to inform patients of such rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to patients on admission, shall be consistent with applicable federal law and regulations of the Centers for Medicare and Medicaid Services;

9. Shall establish standards and maintain a process for designation of levels or categories of care in neonatal services according to an applicable national or state-developed evaluation system. Such standards may be differentiated for various levels or categories of care and may include, but need not be limited to, requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;

10. Shall require that each nursing home and certified nursing facility train all employees who are mandated to report adult abuse, neglect, or exploitation pursuant to § 63.2-1606 on such reporting procedures and the consequences for failing to make a required report;

11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or hospital policies and procedures, to accept emergency telephone and other verbal orders for medication or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable period of time not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and regulations or hospital policies and procedures, by the person giving the order, or, when such person is not available within the period of time specified, co-signed by another physician or other person authorized to give the order;

12. Shall require, unless the vaccination is medically contraindicated or the resident declines the offer of the vaccination, that each certified nursing facility and nursing home provide or arrange for the administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal vaccination, in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

13. Shall require that each nursing home and certified nursing facility register with the Department of State Police to receive notice of the registration, reregistration, or verification of registration information of any person required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in which the home or facility is located, pursuant to § 9.1-914;

14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission, whether a potential patient is required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1, if the home or facility anticipates the potential patient will have a length of stay greater than three days or in fact stays longer than three days;

15. Shall require that each licensed hospital include in its visitation policy a provision allowing each adult patient to receive visits from any individual from whom the patient desires to receive visits, subject to other restrictions contained in the visitation policy including, but not limited to, those related to the patient's medical condition and the number of visitors permitted in the patient's room simultaneously;

16. Shall require that each nursing home and certified nursing facility shall, upon the request of the facility's family council, send notices and information about the family council mutually developed by the family council and the administration of the nursing home or certified nursing facility, and provided to the facility for such purpose, to the listed responsible party or a contact person of the resident's choice up to six times per year. Such notices may be included together with a monthly billing statement or other regular communication. Notices and information shall also be posted in a designated location within the nursing home or certified nursing facility. No family member of a resident or other resident representative shall be restricted from participating in meetings in the facility with the families or resident representatives of other residents in the facility;

17. Shall require that each nursing home and certified nursing facility maintain liability insurance coverage in a minimum amount of $1 million, and professional liability coverage in an amount at least equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such minimum insurance shall result in revocation of the facility's license;

18. Shall require each hospital that provides obstetrical services to establish policies to follow when a stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and their families and other aspects of managing stillbirths as may be specified by the Board in its regulations;

19. Shall require each nursing home to provide a full refund of any unexpended patient funds on deposit with the facility following the discharge or death of a patient, other than entrance-related fees paid to a continuing care provider as defined in § 38.2-4900, within 30 days of a written request for such funds by the discharged patient or, in the case of the death of a patient, the person administering the person's estate in accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.);

20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol that requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct verbal communication between the on-call physician in the psychiatric unit and the referring physician, if requested by such referring physician, and prohibits on-call physicians or other hospital staff from refusing a request for such direct verbal communication by a referring physician and (ii) a patient for whom there is a question regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services due to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct verbal communication, either in person or via telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information employed by a poison control center that is accredited by the American Association of Poison Control Centers to review the results of the toxicology screen and determine whether a medical reason for refusing admission to the psychiatric unit related to the results of the toxicology screen exists, if requested by the referring physician;

21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop a policy governing determination of the medical and ethical appropriateness of proposed medical care, which shall include (i) a process for obtaining a second opinion regarding the medical and ethical appropriateness of proposed medical care in cases in which a physician has determined proposed care to be medically or ethically inappropriate; (ii) provisions for review of the determination that proposed medical care is medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the proposed health care; and (iii) requirements for a written explanation of the decision reached by the interdisciplinary medical review committee, which shall be included in the patient's medical record. Such policy shall ensure that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 (a) are informed of the patient's right to obtain his medical record and to obtain an independent medical opinion and (b) afforded reasonable opportunity to participate in the medical review committee meeting. Nothing in such policy shall prevent the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 from obtaining legal counsel to represent the patient or from seeking other remedies available at law, including seeking court review, provided that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986, or legal counsel provides written notice to the chief executive officer of the hospital within 14 days of the date on which the physician's determination that proposed medical treatment is medically or ethically inappropriate is documented in the patient's medical record;

22. Shall require every hospital with an emergency department to establish a security plan. Such security plan shall be developed using standards established by the International Association for Healthcare Security and Safety or other industry standard and shall be based on the results of a security risk assessment of each emergency department location of the hospital and shall include the presence of at least one off-duty law-enforcement officer or trained security personnel who is present in the emergency department at all times as indicated to be necessary and appropriate by the security risk assessment. Such security plan shall be based on identified risks for the emergency department, including trauma level designation, overall volume, volume of psychiatric and forensic patients, incidents of violence against staff, and level of injuries sustained from such violence, and prevalence of crime in the community, in consultation with the emergency department medical director and nurse director. The security plan shall also outline training requirements for security personnel in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches. Such training shall also include instruction on safely addressing situations involving patients, family members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance abuse or who are experiencing a mental health crisis. Such training requirements may be satisfied through completion of the Department of Criminal Justice Services minimum training standards for auxiliary police officers as required by § 15.2-1731. The Commissioner shall provide a waiver from the requirement that at least one off-duty law-enforcement officer or trained security personnel be present at all times in the emergency department if the hospital demonstrates that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment;

23. Shall require that each hospital establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical

condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan;

24. Shall establish an exemption from the requirement to obtain a license to add temporary beds in an existing hospital or nursing home, including beds located in a temporary structure or satellite location operated by the hospital or nursing home, provided that the ability remains to safely staff services across the existing hospital or nursing home, (i) for a period of no more than the duration of the Commissioner's determination plus 30 days when the Commissioner has determined that a natural or man-made disaster has caused the evacuation of a hospital or nursing home and that a public health emergency exists due to a shortage of hospital or nursing home beds or (ii) for a period of no more than the duration of the emergency order entered pursuant to § 32.1-13 or 32.1-20 plus 30 days when the Board, pursuant to § 32.1-13, or the Commissioner, pursuant to § 32.1-20, has entered an emergency order for the purpose of suppressing a nuisance dangerous to public health or a communicable, contagious, or infectious disease or other danger to the public life and health;

25. Shall establish protocols to ensure that any patient scheduled to receive an elective surgical procedure for which the patient can reasonably be expected to require outpatient physical therapy as a follow-up treatment after discharge is informed that he (i) is expected to require outpatient physical therapy as a follow-up treatment and (ii) will be required to select a physical therapy provider prior to being discharged from the hospital;

26. Shall permit nursing home staff members who are authorized to possess, distribute, or administer medications to residents to store, dispense, or administer cannabis oil to a resident who has been issued a valid written certification for the use of cannabis oil in accordance with § 4.1-1601;

27. Shall require each hospital with an emergency department to establish a protocol for the treatment and discharge of individuals experiencing a substance use-related emergency, which shall include provisions for (i) appropriate screening and assessment of individuals experiencing substance use-related emergencies to identify medical interventions necessary for the treatment of the individual in the emergency department and (ii) recommendations for follow-up care following discharge for any patient identified as having a substance use disorder, depression, or mental health disorder, as appropriate, which may include, for patients who have been treated for substance use-related emergencies, including opioid overdose, or other high-risk patients, (a) the dispensing of naloxone or other opioid antagonist used for overdose reversal pursuant to subsection ~~X~~ *Y* of § 54.1-3408 at discharge or (b) issuance of a prescription for and information about accessing naloxone or other opioid antagonist used for overdose reversal, including information about accessing naloxone or other opioid antagonist used for overdose reversal at a community pharmacy, including any outpatient pharmacy operated by the hospital, or through a community organization or pharmacy that may dispense naloxone or other opioid antagonist used for overdose reversal without a prescription pursuant to a statewide standing order. Such protocols may also provide for referrals of individuals experiencing a substance use-related emergency to peer recovery specialists and community-based providers of behavioral health services, or to providers of pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses;

28. During a public health emergency related to COVID-19, shall require each nursing home and certified nursing facility to establish a protocol to allow each patient to receive visits, consistent with guidance from the Centers for Disease Control and Prevention and as directed by the Centers for Medicare and Medicaid Services and the Board. Such protocol shall include provisions describing (i) the conditions, including conditions related to the presence of COVID-19 in the nursing home, certified nursing facility, and community, under which in-person visits will be allowed and under which in-person visits will not be allowed and visits will be required to be virtual; (ii) the requirements with which in-person visitors will be required to comply to protect the health and safety of the patients and staff of the nursing home or certified nursing facility; (iii) the types of technology, including interactive audio or video technology, and the staff support necessary to ensure visits are provided as required by this subdivision; and (iv) the steps the nursing home or certified nursing facility will take in the event of a technology failure, service interruption, or documented emergency that prevents visits from occurring as required by this subdivision. Such protocol shall also include (a) a statement of the frequency with which visits, including virtual and in-person, where appropriate, will be allowed, which shall be at least once every 10 calendar days for each patient; (b) a provision authorizing a patient or the patient's personal representative to waive or limit visitation, provided that such waiver or limitation is included in the patient's health record; and (c) a requirement that each nursing home and certified nursing facility publish on its website or communicate to each patient or the patient's authorized representative, in writing or via electronic means, the nursing home's or certified nursing facility's plan for providing visits to patients as required by this subdivision;

29. Shall require each hospital, nursing home, and certified nursing facility to establish and implement policies to ensure the permissible access to and use of an intelligent personal assistant provided by a patient,

in accordance with such regulations, while receiving inpatient services. Such policies shall ensure protection of health information in accordance with the requirements of the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as amended. For the purposes of this subdivision, "intelligent personal assistant" means a combination of an electronic device and a specialized software application designed to assist users with basic tasks using a combination of natural language processing and artificial intelligence, including such combinations known as "digital assistants" or "virtual assistants";

30. During a declared public health emergency related to a communicable disease of public health threat, shall require each hospital, nursing home, and certified nursing facility to establish a protocol to allow patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services and subject to compliance with any executive order, order of public health, Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation. Such protocol may restrict the frequency and duration of visits and may require visits to be conducted virtually using interactive audio or video technology. Any such protocol may require the person visiting a patient pursuant to this subdivision to comply with all reasonable requirements of the hospital, nursing home, or certified nursing facility adopted to protect the health and safety of the person, patients, and staff of the hospital, nursing home, or certified nursing facility; and

31. Shall require that every hospital that makes health records, as defined in § 32.1-127.1:03, of patients who are minors available to such patients through a secure website shall make such health records available to such patient's parent or guardian through such secure website, unless the hospital cannot make such health record available in a manner that prevents disclosure of information, the disclosure of which has been denied pursuant to subsection F of § 32.1-127.1:03 or for which consent required in accordance with subsection E of § 54.1-2969 has not been provided.

C. Upon obtaining the appropriate license, if applicable, licensed hospitals, nursing homes, and certified nursing facilities may operate adult day centers.

D. All facilities licensed by the Board pursuant to this article which provide treatment or care for hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to be contaminated with an infectious agent, those hemophiliacs who have received units of this contaminated clotting factor may be apprised of this contamination. Facilities which have identified a lot that is known to be contaminated shall notify the recipient's attending physician and request that he notify the recipient of the contamination. If the physician is unavailable, the facility shall notify by mail, return receipt requested, each recipient who received treatment from a known contaminated lot at the individual's last known address.

E. Hospitals in the Commonwealth may enter into agreements with the Department of Health for the provision to uninsured patients of naloxone or other opioid antagonists used for overdose reversal.

§ 32.1-127. (Effective July 1, 2025) Regulations.

A. The regulations promulgated by the Board to carry out the provisions of this article shall be in substantial conformity to the standards of health, hygiene, sanitation, construction and safety as established and recognized by medical and health care professionals and by specialists in matters of public health and safety, including health and safety standards established under provisions of Title XVIII and Title XIX of the Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.).

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to ensure the environmental protection and the life safety of its patients, employees, and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities;

2. Shall provide that at least one physician who is licensed to practice medicine in the Commonwealth and is primarily responsible for the emergency department shall be on duty and physically present at all times at each hospital that operates or holds itself out as operating an emergency service;

3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing hospitals and nursing homes by bed capacity and by type of specialty or service;

4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS regulations for routine contact, whereby the provider's designated organ procurement organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of

America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The protocol shall ensure that the hospital collaborates with the designated organ procurement organization to inform the family of each potential donor of the option to donate organs, tissues, or eyes or to decline to donate. The individual making contact with the family shall have completed a course in the methodology for approaching potential donor families and requesting organ or tissue donation that (a) is offered or approved by the organ procurement organization and designed in conjunction with the tissue and eye bank community and (b) encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement organization in educating the staff responsible for contacting the organ procurement organization's personnel on donation issues, the proper review of death records to improve identification of potential donors, and the proper procedures for maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes takes place. This process shall be followed, without exception, unless the family of the relevant decedent or patient has expressed opposition to organ donation, the chief administrative officer of the hospital or his designee knows of such opposition, and no donor card or other relevant document, such as an advance directive, can be found;

5. Shall require that each hospital that provides obstetrical services establish a protocol for admission or transfer of any pregnant woman who presents herself while in labor;

6. Shall also require that each licensed hospital develop and implement a protocol requiring written discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall require that the discharge plan be discussed with the patient and that appropriate referrals for the mother and the infant be made and documented. Appropriate referrals may include, but need not be limited to, treatment services, comprehensive early intervention services for infants and toddlers with disabilities and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C. § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to the extent possible, the other parent of the infant and any members of the patient's extended family who may participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the community services board of the jurisdiction in which the woman resides to appoint a discharge plan manager. The community services board shall implement and manage the discharge plan;

7. Shall require that each nursing home and certified nursing facility fully disclose to the applicant for admission the home's or facility's admissions policies, including any preferences given;

8. Shall require that each licensed hospital establish a protocol relating to the rights and responsibilities of patients which shall include a process reasonably designed to inform patients of such rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to patients on admission, shall be consistent with applicable federal law and regulations of the Centers for Medicare and Medicaid Services;

9. Shall establish standards and maintain a process for designation of levels or categories of care in neonatal services according to an applicable national or state-developed evaluation system. Such standards may be differentiated for various levels or categories of care and may include, but need not be limited to, requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;

10. Shall require that each nursing home and certified nursing facility train all employees who are mandated to report adult abuse, neglect, or exploitation pursuant to § 63.2-1606 on such reporting procedures and the consequences for failing to make a required report;

11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or hospital policies and procedures, to accept emergency telephone and other verbal orders for medication or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable period of time not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and regulations or hospital policies and procedures, by the person giving the order, or, when such person is not available within the period of time specified, co-signed by another physician or other person authorized to give the order;

12. Shall require, unless the vaccination is medically contraindicated or the resident declines the offer of the vaccination, that each certified nursing facility and nursing home provide or arrange for the administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal vaccination, in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

13. Shall require that each nursing home and certified nursing facility register with the Department of State Police to receive notice of the registration, reregistration, or verification of registration information of any person required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in which the home or

facility is located, pursuant to § 9.1-914;

14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission, whether a potential patient is required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1, if the home or facility anticipates the potential patient will have a length of stay greater than three days or in fact stays longer than three days;

15. Shall require that each licensed hospital include in its visitation policy a provision allowing each adult patient to receive visits from any individual from whom the patient desires to receive visits, subject to other restrictions contained in the visitation policy including, but not limited to, those related to the patient's medical condition and the number of visitors permitted in the patient's room simultaneously;

16. Shall require that each nursing home and certified nursing facility shall, upon the request of the facility's family council, send notices and information about the family council mutually developed by the family council and the administration of the nursing home or certified nursing facility, and provided to the facility for such purpose, to the listed responsible party or a contact person of the resident's choice up to six times per year. Such notices may be included together with a monthly billing statement or other regular communication. Notices and information shall also be posted in a designated location within the nursing home or certified nursing facility. No family member of a resident or other resident representative shall be restricted from participating in meetings in the facility with the families or resident representatives of other residents in the facility;

17. Shall require that each nursing home and certified nursing facility maintain liability insurance coverage in a minimum amount of $1 million, and professional liability coverage in an amount at least equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such minimum insurance shall result in revocation of the facility's license;

18. Shall require each hospital that provides obstetrical services to establish policies to follow when a stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and their families and other aspects of managing stillbirths as may be specified by the Board in its regulations;

19. Shall require each nursing home to provide a full refund of any unexpended patient funds on deposit with the facility following the discharge or death of a patient, other than entrance-related fees paid to a continuing care provider as defined in § 38.2-4900, within 30 days of a written request for such funds by the discharged patient or, in the case of the death of a patient, the person administering the person's estate in accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.);

20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol that requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct verbal communication between the on-call physician in the psychiatric unit and the referring physician, if requested by such referring physician, and prohibits on-call physicians or other hospital staff from refusing a request for such direct verbal communication by a referring physician and (ii) a patient for whom there is a question regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services due to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct verbal communication, either in person or via telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information employed by a poison control center that is accredited by the American Association of Poison Control Centers to review the results of the toxicology screen and determine whether a medical reason for refusing admission to the psychiatric unit related to the results of the toxicology screen exists, if requested by the referring physician;

21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop a policy governing determination of the medical and ethical appropriateness of proposed medical care, which shall include (i) a process for obtaining a second opinion regarding the medical and ethical appropriateness of proposed medical care in cases in which a physician has determined proposed care to be medically or ethically inappropriate; (ii) provisions for review of the determination that proposed medical care is medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the proposed health care; and (iii) requirements for a written explanation of the decision reached by the interdisciplinary medical review committee, which shall be included in the patient's medical record. Such policy shall ensure that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 (a) are informed of the patient's right to obtain his medical record and to obtain an independent medical opinion and (b) afforded reasonable opportunity to participate in the medical review committee meeting. Nothing in such policy shall prevent the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 from obtaining legal counsel to represent the patient or from seeking other remedies available at law, including seeking court review, provided that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986, or legal counsel provides written notice to the chief executive officer of the hospital within 14 days of the date on which the physician's determination that proposed medical treatment is medically or ethically inappropriate is documented in the patient's medical

record;

22. Shall require every hospital with an emergency department to establish a security plan. Such security plan shall be developed using standards established by the International Association for Healthcare Security and Safety or other industry standard and shall be based on the results of a security risk assessment of each emergency department location of the hospital and shall include the presence of at least one off-duty law-enforcement officer or trained security personnel who is present in the emergency department at all times as indicated to be necessary and appropriate by the security risk assessment. Such security plan shall be based on identified risks for the emergency department, including trauma level designation, overall volume, volume of psychiatric and forensic patients, incidents of violence against staff, and level of injuries sustained from such violence, and prevalence of crime in the community, in consultation with the emergency department medical director and nurse director. The security plan shall also outline training requirements for security personnel in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches. Such training shall also include instruction on safely addressing situations involving patients, family members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance abuse or who are experiencing a mental health crisis. Such training requirements may be satisfied through completion of the Department of Criminal Justice Services minimum training standards for auxiliary police officers as required by § 15.2-1731. The Commissioner shall provide a waiver from the requirement that at least one off-duty law-enforcement officer or trained security personnel be present at all times in the emergency department if the hospital demonstrates that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment;

23. Shall require that each hospital establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan;

24. Shall establish an exemption from the requirement to obtain a license to add temporary beds in an existing hospital or nursing home, including beds located in a temporary structure or satellite location operated by the hospital or nursing home, provided that the ability remains to safely staff services across the existing hospital or nursing home, (i) for a period of no more than the duration of the Commissioner's determination plus 30 days when the Commissioner has determined that a natural or man-made disaster has caused the evacuation of a hospital or nursing home and that a public health emergency exists due to a shortage of hospital or nursing home beds or (ii) for a period of no more than the duration of the emergency order entered pursuant to § 32.1-13 or 32.1-20 plus 30 days when the Board, pursuant to § 32.1-13, or the Commissioner, pursuant to § 32.1-20, has entered an emergency order for the purpose of suppressing a nuisance dangerous to public health or a communicable, contagious, or infectious disease or other danger to the public life and health;

25. Shall establish protocols to ensure that any patient scheduled to receive an elective surgical procedure for which the patient can reasonably be expected to require outpatient physical therapy as a follow-up treatment after discharge is informed that he (i) is expected to require outpatient physical therapy as a follow-up treatment and (ii) will be required to select a physical therapy provider prior to being discharged from the hospital;

26. Shall permit nursing home staff members who are authorized to possess, distribute, or administer medications to residents to store, dispense, or administer cannabis oil to a resident who has been issued a valid written certification for the use of cannabis oil in accordance with § 4.1-1601;

27. Shall require each hospital with an emergency department to establish a protocol for the treatment and discharge of individuals experiencing a substance use-related emergency, which shall include provisions for (i) appropriate screening and assessment of individuals experiencing substance use-related emergencies to identify medical interventions necessary for the treatment of the individual in the emergency department and (ii) recommendations for follow-up care following discharge for any patient identified as having a substance use disorder, depression, or mental health disorder, as appropriate, which may include, for patients who have been treated for substance use-related emergencies, including opioid overdose, or other high-risk patients, (a) the dispensing of naloxone or other opioid antagonist used for overdose reversal pursuant to subsection ~~X~~ *Y* of § 54.1-3408 at discharge or (b) issuance of a prescription for and information about accessing naloxone or other opioid antagonist used for overdose reversal, including information about accessing naloxone or other opioid antagonist used for overdose reversal at a community pharmacy, including any outpatient pharmacy operated by the hospital, or through a community organization or pharmacy that may dispense naloxone or other opioid antagonist used for overdose reversal without a prescription pursuant to a statewide standing order. Such protocols may also provide for referrals of individuals experiencing a substance use-related

emergency to peer recovery specialists and community-based providers of behavioral health services, or to providers of pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses;

28. During a public health emergency related to COVID-19, shall require each nursing home and certified nursing facility to establish a protocol to allow each patient to receive visits, consistent with guidance from the Centers for Disease Control and Prevention and as directed by the Centers for Medicare and Medicaid Services and the Board. Such protocol shall include provisions describing (i) the conditions, including conditions related to the presence of COVID-19 in the nursing home, certified nursing facility, and community, under which in-person visits will be allowed and under which in-person visits will not be allowed and visits will be required to be virtual; (ii) the requirements with which in-person visitors will be required to comply to protect the health and safety of the patients and staff of the nursing home or certified nursing facility; (iii) the types of technology, including interactive audio or video technology, and the staff support necessary to ensure visits are provided as required by this subdivision; and (iv) the steps the nursing home or certified nursing facility will take in the event of a technology failure, service interruption, or documented emergency that prevents visits from occurring as required by this subdivision. Such protocol shall also include (a) a statement of the frequency with which visits, including virtual and in-person, where appropriate, will be allowed, which shall be at least once every 10 calendar days for each patient; (b) a provision authorizing a patient or the patient's personal representative to waive or limit visitation, provided that such waiver or limitation is included in the patient's health record; and (c) a requirement that each nursing home and certified nursing facility publish on its website or communicate to each patient or the patient's authorized representative, in writing or via electronic means, the nursing home's or certified nursing facility's plan for providing visits to patients as required by this subdivision;

29. Shall require each hospital, nursing home, and certified nursing facility to establish and implement policies to ensure the permissible access to and use of an intelligent personal assistant provided by a patient, in accordance with such regulations, while receiving inpatient services. Such policies shall ensure protection of health information in accordance with the requirements of the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as amended. For the purposes of this subdivision, "intelligent personal assistant" means a combination of an electronic device and a specialized software application designed to assist users with basic tasks using a combination of natural language processing and artificial intelligence, including such combinations known as "digital assistants" or "virtual assistants";

30. During a declared public health emergency related to a communicable disease of public health threat, shall require each hospital, nursing home, and certified nursing facility to establish a protocol to allow patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services and subject to compliance with any executive order, order of public health, Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation. Such protocol may restrict the frequency and duration of visits and may require visits to be conducted virtually using interactive audio or video technology. Any such protocol may require the person visiting a patient pursuant to this subdivision to comply with all reasonable requirements of the hospital, nursing home, or certified nursing facility adopted to protect the health and safety of the person, patients, and staff of the hospital, nursing home, or certified nursing facility;

31. Shall require that every hospital that makes health records, as defined in § 32.1-127.1:03, of patients who are minors available to such patients through a secure website shall make such health records available to such patient's parent or guardian through such secure website, unless the hospital cannot make such health record available in a manner that prevents disclosure of information, the disclosure of which has been denied pursuant to subsection F of § 32.1-127.1:03 or for which consent required in accordance with subsection E of § 54.1-2969 has not been provided; and

32. Shall require that every hospital where surgical procedures are performed adopt a policy requiring the use of a smoke evacuation system for all planned surgical procedures that are likely to generate surgical smoke. For the purposes of this subdivision, "smoke evacuation system" means smoke evacuation equipment and technologies designed to capture, filter, and remove surgical smoke at the site of origin and to prevent surgical smoke from making ocular contact or contact with a person's respiratory tract.

C. Upon obtaining the appropriate license, if applicable, licensed hospitals, nursing homes, and certified nursing facilities may operate adult day centers.

D. All facilities licensed by the Board pursuant to this article which provide treatment or care for hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to be contaminated with an infectious agent, those hemophiliacs who have received units of this contaminated clotting factor may be apprised of this contamination. Facilities which have identified a lot that is known to be contaminated shall notify the recipient's attending physician and request that he notify the recipient of the contamination. If the physician is unavailable, the facility shall notify by mail, return receipt requested, each recipient who received treatment from a known contaminated lot at the individual's last known address.

E. Hospitals in the Commonwealth may enter into agreements with the Department of Health for the

provision to uninsured patients of naloxone or other opioid antagonists used for overdose reversal.

§ 54.1-2722. License; application; qualifications; practice of dental hygiene; report.

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on National Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection ~~V~~ *W* of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. For the purposes of this subsection, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health or the Department of Behavioral Health and Developmental Services. A dental hygienist providing such services shall practice pursuant to protocols developed jointly by the Department of Health and the Department of Behavioral Health and Developmental Services for each agency, in consultation with the Virginia Dental Association and the Virginia Dental Hygienists' Association. Such protocols shall be adopted by the Board as regulations.

A report of services provided by dental hygienists employed by the Virginia Department of Health pursuant to such protocol, including their impact upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Health, and a report of services provided by dental hygienists employed by the Department of Behavioral Health and Developmental Services shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department of Behavioral Health and Developmental Services. Nothing in this section shall be construed to authorize or establish the independent practice of dental hygiene.

F. For the purposes of this subsection, "remote supervision" means that a supervising dentist is accessible and available for communication and consultation with a dental hygienist during the delivery of dental hygiene services, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the remote supervision of a dentist who holds an active license by the Board and who has a dental practice physically located in the Commonwealth. No dental hygienist shall practice under remote supervision unless he has (i) completed a continuing education course designed to develop the competencies needed to provide care under remote supervision offered by an accredited dental education program or from a continuing education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at

least 2,500 hours of clinical experience. A dental hygienist practicing under remote supervision shall have professional liability insurance with policy limits acceptable to the supervising dentist. A dental hygienist shall only practice under remote supervision at a federally qualified health center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; mobile dentistry program for adults with developmental disabilities operated by the Department of Behavioral Health and Developmental Services' Office of Integrated Health; or women, infants, and children (WIC) program.

A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection ~~V~~ *W* of § 54.1-3408, and (h) perform any other service ordered by the supervising dentist or required by statute or Board regulation. No dental hygienist practicing under remote supervision shall administer local anesthetic or nitrous oxide.

Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of record whom he is seeing regularly.

After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote supervision may provide further dental hygiene services following a written practice protocol developed and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease.

A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 180 days. After such 180-day period, the supervising dentist, absent emergent circumstances, shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient, and either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient. The supervising dentist shall review a patient's records at least once every 10 months.

Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general supervision whether as an employee or as a volunteer.

§ 54.1-3041. (Effective July 1, 2025) Registration required.

A. A medication aide who administers drugs that would otherwise be self-administered to residents in an assisted living facility licensed by the Department of Social Services shall be registered by the Board as a registered medication aide.

B. A medication aide who administers drugs as determined permissible by the Board for administration to *long-term care* residents *who do not have a clinical condition that requires evaluation by a registered nurse or licensed practical nurse for the administration of medications* in a ~~certified~~ nursing ~~facility~~ *home* licensed by the Department of Health shall be registered by the Board as an advanced registered medication aide.

C. An advanced registered medication aide who is registered to administer drugs to residents in a ~~certified~~ nursing ~~facility~~ *home licensed by the Department of Health* shall also be authorized to administer drugs to residents in an assisted living facility.

§ 54.1-3042. (Effective July 1, 2025) Application for registration by competency evaluation.

A. Every applicant for registration as a medication aide by competency evaluation shall pay the required application fee and shall submit written evidence that the applicant:

1. Has not committed any act that would be grounds for discipline or denial of registration under this article;

2. Has successfully completed a staff training program in direct care approved by the Department of Social Services or an approved nurse aide education program;

3. Has successfully completed an education or training program approved by the Board that shall include one of the following:

a. A medication aide education or training program approved by the Board that shall be 68 hours combined classroom instruction and clinical skills practice curriculum, and for an advanced registered medication aide the number of additional hours as determined by the Board; or

b. A nursing education program preparing for registered nurse or practical nurse licensure;

4. Has successfully completed a competency evaluation consisting of both a clinical evaluation of minimal competency and a written examination as specified by the Board; and

5. In the case of medication aides who will administer drugs as determined permissible by the Board for administration to residents in a ~~certified~~ nursing ~~facility~~ *home* licensed by the Department of Health, has

successfully completed all educational requirements established by the Board for administering drugs in a ~~certified~~ nursing ~~facility~~ *home licensed by the Department of Health*, which shall reflect the medically complex patient population found in ~~certified~~ nursing ~~facilities~~ *homes licensed by the Department of Health* and the resulting medication regime for that population.

B. The Board shall (i) make the written examination available in both electronic and non-electronic format, (ii) provide sufficient locations for the administration of any written examination required for registration under this section, to ensure adequate access to the written examination for all applicants, (iii) establish a procedure pursuant to which an examination shall be offered at or near the location of an education or training course, upon the request of five or more applicants, provided that the security of the examination and the integrity of the administration of the examination are ensured and that any additional costs are born by the requesting applicants, and (iv) provide written notice to applicants of the results of any competency examination completed by the applicants within seven days of completion of the examination.

C. Any applicant under this section who has provided to the Board evidence of successful completion of the education or training course required for registration may act as a medication aide on a provisional basis for no more than 120 days before successfully completing any required competency evaluation. However, upon notification of failure to successfully complete the written examination after three attempts, an applicant shall immediately cease acting as a medication aide.

D. Any applicant under this section who shall apply by endorsement from any state or the District of Columbia that requires registration of medication aides who has met the requirements of registration in such jurisdiction may be deemed eligible to sit for the competency evaluation required pursuant to this section, subject to approval of the Board.

§ 54.1-3408. Professional use by practitioners.

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

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

1. A nurse, physician assistant, or intern under his direction and supervision;

2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;

3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol;

4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have a valid emergency medical services provider certification issued by the Board of Health as a requirement of being employed or engaged at the medical care facility within the scope of such certification, pursuant to an oral or written order or standing protocol to administer drugs and devices at the medical care facility; or

5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled substances used in inhalation or respiratory therapy.

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

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

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

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any school nurse, school board employee, employee of a local governing body, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

Pursuant to an order or standing protocol that shall be issued by the local health director within the course of his professional practice, any school nurse, licensed athletic trainer under contract with a local school

division, school board employee, employee of a local governing body, or employee of a local health department who is authorized by the local health director and trained in the administration of albuterol inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience an asthmatic crisis.

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

Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a local health department who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

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

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

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

Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services may possess and administer epinephrine, provided such person is authorized and trained in the administration of epinephrine.

Pursuant to an order or standing protocol issued by the prescriber within the course of his professional practice, any employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer epinephrine.

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

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

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

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

prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles underlying tuberculin screening.

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

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

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize the possession and administration of undesignated glucagon as set forth in subsection F of § 22.1-274.2.

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

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

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

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

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

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

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

L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and who administers such drugs in accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration,

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

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

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

N. *Advanced medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of Chapter 30 may administer drugs that would be administered by a registered medication aide pursuant to subsection M, in addition to drugs determined permissible by the Board of Nursing, in a nursing home licensed by the Department of Health. Advanced medication aides shall administer drugs pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security and recordkeeping; in accordance with the licensed nursing home's policies and procedures; and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.*

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

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

~~P.~~ *Q.* In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health and for the limited purpose of administering vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or

devices under the direction, control, and supervision of the State Health Commissioner.

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

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

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

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

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

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

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

~~W.~~ *X.* A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health when the prescriber is not physically present.

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

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

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

~~Z.~~ *AA.* A person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

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

§ 54.1-3466. Possession or distribution of controlled paraphernalia; definition of controlled paraphernalia; evidence; exceptions.

A. For purposes of this chapter, "controlled paraphernalia" means (i) a hypodermic syringe, needle, or other instrument or implement or combination thereof adapted for the administration of controlled dangerous substances by hypodermic injections under circumstances that reasonably indicate an intention to use such controlled paraphernalia for purposes of illegally administering any controlled drug or (ii) gelatin capsules, glassine envelopes, or any other container suitable for the packaging of individual quantities of controlled drugs in sufficient quantity to and under circumstances that reasonably indicate an intention to use any such item for the illegal manufacture, distribution, or dispensing of any such controlled drug. Evidence of such circumstances shall include, but not be limited to, close proximity of any such controlled paraphernalia to any adulterants or equipment commonly used in the illegal manufacture and distribution of controlled drugs including, but not limited to, scales, sieves, strainers, measuring spoons, staples and staplers, or procaine hydrochloride, mannitol, lactose, quinine, or any controlled drug, or any machine, equipment, instrument, implement, device, or combination thereof that is adapted for the production of controlled drugs under circumstances that reasonably indicate an intention to use such item or combination thereof to produce, sell, or dispense any controlled drug in violation of the provisions of this chapter. "Controlled paraphernalia" does not include narcotic testing products used to determine whether a controlled substance contains fentanyl or a fentanyl analog.

B. Except as authorized in this chapter, it is unlawful for any person to possess controlled paraphernalia.

C. Except as authorized in this chapter, it is unlawful for any person to distribute controlled paraphernalia.

D. A violation of this section is a Class 1 misdemeanor.

E. The provisions of this section shall not apply to persons who have acquired possession and control of controlled paraphernalia in accordance with the provisions of this article or to any person who owns or is

engaged in breeding or raising livestock, poultry, or other animals to which hypodermic injections are customarily given in the interest of health, safety, or good husbandry; or to hospitals, physicians, pharmacists, dentists, podiatrists, veterinarians, funeral directors and embalmers, persons to whom a permit has been issued, manufacturers, wholesalers, or their authorized agents or employees when in the usual course of their business, if the controlled paraphernalia lawfully obtained continue to be used for the legitimate purposes for which they were obtained.

F. The provisions of this section and of § 18.2-265.3 shall not apply to (i) a person who dispenses naloxone in accordance with the provisions of subsection ~~Y~~ *Z* of § 54.1-3408 and who, in conjunction with such dispensing of naloxone, dispenses or distributes hypodermic needles and syringes for injecting such naloxone or (ii) a person who possesses naloxone that has been dispensed in accordance with the provisions of subsection ~~Y~~ *Z* of § 54.1-3408 and possesses hypodermic needles and syringes for injecting such naloxone in conjunction with such possession of naloxone.

G. The provisions of this section and of § 18.2-265.3 shall not apply to (i) a person who possesses or distributes controlled paraphernalia on behalf of or for the benefit of a comprehensive harm reduction program established pursuant to § 32.1-45.4 or (ii) a person who possesses controlled paraphernalia obtained from a comprehensive harm reduction program established pursuant to § 32.1-45.4.

§ 54.1-3467. Distribution of hypodermic needles or syringes, gelatin capsules, quinine or any of its salts.

A. Distribution by any method, of any hypodermic needles or syringes, gelatin capsules, quinine or any of its salts, in excess of one-fourth ounce shall be restricted to licensed pharmacists or to others who have received a license or a permit from the Board.

B. Nothing in this section shall prohibit the dispensing or distributing of hypodermic needles and syringes by persons authorized by the State Health Commissioner pursuant to a comprehensive harm reduction program established pursuant to § 32.1-45.4 who are acting in accordance with the standards and protocols of such program for the duration of the declared public health emergency.

C. Nothing in this section shall prohibit the dispensing or distributing of hypodermic needles and syringes by persons authorized to dispense naloxone in accordance with the provisions of subsection ~~Y~~ *Z* of § 54.1-3408 and who, in conjunction with such dispensing of naloxone, dispenses or distributes hypodermic needles and syringes. Nothing in this section shall prohibit the dispensing of hypodermic needles and syringes for the administration of prescribed drugs by prescribers licensed to dispense Schedule VI controlled substances at a nonprofit facility pursuant to § 54.1-3304.1.

D. Notwithstanding the provisions of subsection A, nothing in this section shall prohibit the distribution of hypodermic needles that are designed to be used with a reusable injector pen for the administration of insulin.

2. That the fourth and fifth enactments of Chapter 284 of the Acts of Assembly of 2024 are amended and reenacted as follows:

4. That the Department of Health shall promulgate regulations to authorize medication aides registered by the Board of Nursing (the Board) to administer drugs as determined permissible by the Board for administration to residents in a ~~certified~~ nursing ~~facility~~ *home* licensed by the Department of Health to be effective as of ~~July 1~~ *December 15,* 2025. *Such regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).*

5. That the Board of Nursing *and Board of Pharmacy* shall promulgate regulations to implement the provisions of this act to be effective as of ~~July 1~~ *December 15,* 2025. *Such regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).*

Agenda Item: Consideration of Proposed Stage Language to Implement Chapter 19 2022 Periodic Review

Included in your Agenda Package:

- Draft language to 18VAC90-19; and
- TownHall page showing no comments received on NOIRA stage

Action Needed:

- Motion to adopt proposed stage regulatory changes to 18VAC90-19.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF NURSING

VIRGINIA BOARD OF NURSING

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

Statutory Authority: § 54.1-2400 and Chapter 30 of Title 54.1 of the *Code of Virginia*

Revised Date: February 2, 2022

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CHAPTER 19
REGULATIONS GOVERNING THE PRACTICE OF NURSING

Part I
General Provisions

18VAC90-19-10. Definitions.

In addition to words and terms defined in §§ 54.1-3000 and 54.1-3030 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means activities performed, whether or not for compensation, for which an active license to practice nursing is required.

"Board" means the Board of Nursing.

"CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

"Contact hour" means 50 minutes of continuing education coursework or activity.

~~"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.~~

"Eligibility to test letter" means a letter issued by the board that demonstrates that the applicant has been approved by the board to take the NCLEX.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Primary state of residence" means the state of a person's declared fixed, permanent, and principal home or domicile for legal purposes.

18VAC90-19-20. Delegation of authority.

The executive director shall be delegated the authority to issue licenses and certificates and execute all notices, orders, and official documents of the board unless the board directs otherwise.

18VAC90-19-30. Fees.

A. Fees required by the board are:

1. Application for licensure by examination - RN	$190

2. Application for licensure by endorsement - RN	$190
3. Application for licensure by examination - LPN	$170
4. Application for licensure by endorsement - LPN	$170
5. Reapplication for licensure by examination	$50
6. Biennial licensure renewal - RN	$140
7. Biennial inactive licensure renewal - RN	$70
8. Biennial licensure renewal - LPN	$120
9. Biennial inactive licensure renewal - LPN	$60
10. Late renewal - RN	$50
11. Late renewal - RN inactive	$25
12. Late renewal - LPN	$40
13. Late renewal - LPN inactive	$20
14. Reinstatement of lapsed license - RN	$225
15. Reinstatement of lapsed license - LPN	$200
16. Reinstatement of suspended or revoked license or registration	$300
17. Duplicate license	$15
18. Replacement wall certificate	$25
19. Verification of license	$35
20. Transcript of all or part of applicant or licensee records	$35
21. Handling fee for returned check or dishonored credit card or debit card	$50
22. Application for CNS registration	$130
23. Biennial renewal of CNS registration	$80
24. Reinstatement of lapsed CNS registration	$125
25. Verification of CNS registration to another jurisdiction	$35

26. Late renewal of CNS registration	$35

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

1. Biennial licensure renewal - RN	$105
2. Biennial inactive licensure renewal - RN	$52
3. Biennial licensure renewal - LPN	$90
4. Biennial inactive licensure renewal - LPN	$45
5. Biennial renewal of CNS registration	$60

18VAC90-19-40. Duplicate license.

A duplicate license for the current renewal period shall be issued by the board upon receipt of the ~~required information~~ request and fee.

18VAC90-19-50. Identification; accuracy of licensure records.

A. Any person regulated by this chapter who provides direct client care shall, while on duty, wear identification that is clearly visible and indicates the appropriate title for the license, registration, or student status under which he is practicing in that setting. Name identification on a badge for identification of health care practitioners shall follow the policy of the health care setting in which the nurse is employed. Any person practicing in hospital emergency departments, psychiatric and mental health units and programs, or in health care ~~facilities~~ facility units offering treatment for clients in custody of state or local law-enforcement agencies may use identification badges with first name and first letter only of last name and appropriate title.

B. A licensee who has changed his name shall submit as legal proof to the board a copy of the marriage certificate, a certificate of naturalization, or court order evidencing the change. A duplicate license shall be issued by the board upon receipt of such evidence and the required fee.

C. Each licensee shall maintain an address of record with the board. Any change in the address of record or in the public address, if different from the address of record, shall be submitted by a licensee electronically or in writing to the board within 30 days of such change. All notices required by law and by this chapter to be mailed by the board to any licensee shall be validly given when mailed to the latest address of record on file with the board.

18VAC90-19-60. Data collection of nursing workforce information.

A. With such funds as are appropriated for the purpose of data collection and consistent with the provisions of § 54.1-2506.1 of the Code of Virginia, the board shall collect workforce information biennially from a representative sample of registered nurses, licensed practical nurses, and certified

nurse aides and shall make such information available to the public. Data collected shall be compiled, stored, and released in compliance with § 54.1-3012.1 of the Code of Virginia.

B. The information to be collected on nurses shall include (i) demographic data to include age, sex, and ethnicity; (ii) level of education; (iii) employment status; (iv) employment setting or settings such as in a hospital, physician's office, or nursing home; (v) geographic location of employment; (vi) type of nursing position or area of specialty; and (vii) number of hours worked per week in each setting. In addition, the board may determine other data to be collected as necessary.

18VAC90-19-70. ~~Supervision of licensed practical nurses.~~ Repealed

~~Licensed practical nursing shall be performed under the direction or supervision of a licensed medical practitioner, a registered nurse, or a licensed dentist.~~

Part II
Multistate Licensure Privilege

18VAC90-19-80. Issuance of a license with a multistate licensure privilege.

To be issued a license with a multistate licensure privilege by the board or to change the primary state of residency, a nurse shall comply with the regulations adopted by the Interstate Commission of Nurse Licensure Compact Administrators ~~(https://www.ncsbn.org/enlcrules.htm)~~ and provisions of Article 6.1 (§ 54.1-3040.1 et seq.) of Chapter 30 of Title 54.1 of the Code of Virginia in effect at the time of the application.

18VAC90-19-90. (Repealed.)

18VAC90-19-100. (Repealed.)

Part III
Licensure and Renewal; Reinstatement

18VAC90-19-110. Licensure by examination.

A. The board shall authorize the administration of the NCLEX for registered nurse licensure and practical nurse licensure.

B. A candidate shall be eligible to take the NCLEX examination (i) upon receipt by the board of the completed application, the fee, and an official transcript or attestation of graduation from the nursing education program and (ii) when a determination has been made that no grounds exist upon which the board may deny licensure pursuant to § 54.1-3007 of the Code of Virginia.

C. To establish eligibility for licensure by examination, an applicant for the licensing examination shall:

1. File the required application, any necessary documentation and fee, including a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

2. Arrange for the board to receive an official transcript from the nursing education program or attestation of graduation from an approved Virginia program that shows either:

a. That the degree or diploma has been awarded and the date of graduation or conferral; or

b. That all requirements for awarding the degree or diploma have been met and that specifies the date of conferral.

~~3. File a new application and reapplication fee if:~~

~~a. The examination is not taken within 12 months of the date that the board determines the applicant to be eligible; or~~

~~b. Eligibility is not established within 12 months of the original filing date.~~

~~D. The minimum passing standard on the examination for registered nurse licensure and practical nurse licensure shall be determined by the board.~~

~~E. Any applicant suspected of giving or receiving unauthorized assistance during the examination may be noticed for a hearing pursuant to the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) to determine eligibility for licensure or reexamination.~~

~~F.~~ D. Practice of nursing pending receipt of examination results.

1. A graduate who has filed a completed application for licensure in Virginia and has received an ~~authorization~~ eligibility to test letter issued by the board may practice nursing in Virginia from the date of the ~~authorization~~ eligibility to test letter. The period of practice shall not exceed ~~90~~ 120 days between the date of ~~successful completion of the nursing education program, as documented on the applicant's transcript,~~ issuance of the eligibility to test letter and the publication of the results of the candidate's first licensing examination.

2. Candidates who practice nursing as provided in subdivision 1 of this subsection shall use the designation "R.N. Applicant" or "L.P.N. Applicant" on a nametag or when signing official records.

3. The designations "R.N. Applicant" and "L.P.N. Applicant" shall not be used by applicants beyond the ~~90~~ 120-day period of authorized practice or by applicants who have failed the examination.

G. Applicants who fail the examination.

1. An applicant who fails the licensing examination shall not be licensed or be authorized to practice nursing in Virginia.

2. An applicant for licensure by reexamination shall file the required board application and reapplication fee in order to establish eligibility for reexamination.

3. Applicants who have failed the examination for licensure in another United States jurisdiction but satisfy the qualifications for licensure in this jurisdiction may apply for licensure by examination in

Virginia. Such applicants shall submit the required application and fee. Such applicants shall not, however, be permitted to practice nursing in Virginia until the requisite license has been issued.

18VAC90-19-120. Licensure by endorsement.

A. A graduate of an approved nursing education program who has been licensed by examination in another United States jurisdiction and whose license is in good standing, or is eligible for reinstatement if lapsed, shall be eligible for licensure by endorsement in Virginia provided the applicant satisfies the same requirements for registered nurse or practical nurse licensure as those seeking initial licensure in Virginia.

1. Applicants who have graduated from approved nursing education programs that did not require a sufficient number of clinical hours as specified in 18VAC90-27-100 may qualify for licensure if they can provide evidence of at least 960 hours of clinical practice with an active, unencumbered license in another United States jurisdiction.

2. Applicants whose basic nursing education was received in another country shall meet the requirements of 18VAC90-19-130 for ~~a CGFNS~~ verification of education by a board recognized credentials review agency and an examination of English proficiency, to include reading, speaking, writing, and listening. However, those requirements may be satisfied if the applicant can provide evidence from another United States jurisdiction of:

a. A ~~CGFNS~~ credentials evaluation for educational comparability; and

b. Passage of an English language proficiency examination ~~approved by the CGFNS~~, unless the applicant ~~met~~ meets the ~~CGFNS~~ criteria for an exemption from the requirement.

3. A graduate of a nursing school in Canada where English was the primary language shall be eligible for licensure by endorsement provided the applicant has passed the Canadian Registered Nurses Examination and holds an unrestricted license in Canada.

B. An applicant for licensure by endorsement who has submitted a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia and the required application and fee and has submitted the required form to the appropriate credentialing agency for verification of licensure may practice for ~~30~~ 90 days upon receipt of an authorization ~~letter~~ to practice notification from the board. ~~If an applicant has not received a Virginia license within 30 days and wishes to continue practice, he shall seek an extension of authorization to practice by submitting a request and evidence that he has requested verification of licensure.~~

~~C. If the application is not completed within one year of the initial filing date, the applicant shall submit a new application and fee.~~

18VAC90-19-130. Licensure of applicants from other countries.

A. With the exception of applicants from Canada who are eligible to be licensed by endorsement, applicants whose basic nursing education was received in another country shall be scheduled to take the licensing examination provided they meet the statutory qualifications for licensure. Verification

of qualification shall be based on documents submitted as required in subsection B ~~or C~~ of this section.

B. Such applicants for registered nurse or practical nurse licensure shall:

1. Submit evidence from the ~~CGFNS~~ board recognized credential review agency that the secondary education and nursing education are comparable to ~~those required for registered nurses~~ licensure in the Commonwealth;

2. Submit evidence of passage of an English language proficiency examination, to include reading, speaking, writing, and listening ~~approved by the CGFNS~~, unless the applicant meets the ~~CGFNS~~ criteria for an exemption from the requirement; and

3. Submit the required application and fee for licensure by examination.

~~C. Such applicants for practical nurse licensure shall:~~

~~1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for practical nurses in the Commonwealth;~~

~~2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and~~

~~3. Submit the required application and fee for licensure by examination.~~

D. C. An applicant for licensure ~~as a registered nurse~~ who has met the requirements of subsections A and B of this section may practice for a period not to exceed ~~90~~ 120 days from the date of approval of an application submitted to the board ~~when he is working as a nonsupervisory staff nurse in a licensed nursing home or certified nursing facility~~.

1. Applicants who practice nursing as provided in this subsection shall use the designation "RN applicant" or "LPN applicant" on nametags or when signing official records.

2. During the ~~90~~ 120-day period, the applicant shall take and pass the licensing examination in order to remain eligible to practice nursing in Virginia.

3. Any person practicing nursing under this exemption who fails to pass the licensure examination within the ~~90~~ 120-day period may not thereafter practice nursing until ~~he~~ the applicant passes the licensing examination.

~~E.~~ D. ~~In addition to CGFNS, the~~ The board may accept credentials from ~~other~~ recognized agencies that review credentials of foreign-educated nurses if such agencies have been approved by the board.

18VAC90-19-140. Provisional licensure of applicants for licensure as registered nurses.

A. Pursuant to § 54.1-3017.1 of the Code of Virginia, the board may issue a provisional license to an applicant for the purpose of meeting the 500 hours of supervised, direct, hands-on client care required of an approved registered nurse education program.

B. Such applicants for provisional licensure shall submit:

1. A completed application for licensure by examination and fee, including a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia;

2. Documentation that the applicant has successfully completed a nursing education program; and

3. Documentation of passage of the NCLEX in accordance with 18VAC90-19-110.

C. Requirements for hours of supervised clinical experience in direct client care with a provisional license.

1. ~~To qualify for licensure as a registered nurse, direct, hands-on hours of supervised clinical experience shall include the areas of adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing. Supervised clinical hours may be obtained in employment in the role of a registered nurse or without compensation for the purpose of meeting these requirements.~~ Comply with requirements of subsection B 1 of 18VAC90-27-90.

2. Hours of direct, hands-on clinical experience obtained as part of the applicant's registered nursing education program and noted on the official transcript shall be counted towards the minimum of 500 hours and in the applicable areas of clinical practice.

3. For applicants with a current, active license as an LPN, 150 hours of credit shall be counted towards the 500-hour requirement for a registered nursing license.

~~4. 100 hours of credit may be applied towards the 500-hour requirement for applicants who have successfully completed a nursing education program that:~~

~~a. Requires students to pass competency-based assessments of nursing knowledge as well as a summative performance assessment of clinical competency that has been evaluated by the American Council on Education or any other board-approved organization; and~~

~~b. Has a passage rate for first-time test takers on the NCLEX that is not less than 80%, calculated on the cumulative results of the past four quarters of all graduates in each calendar year regardless of where the graduate is seeking licensure.~~

~~5.~~ 4. An applicant for licensure shall submit verification from a supervisor of the number of hours of direct client care and the areas in which clinical experiences in the role of a registered nurse were obtained.

D. Requirements for supervision of a provisional licensee.

1. The supervisor shall be on site and physically present in the unit where the provisional licensee is providing clinical care of clients.

2. In the supervision of provisional licensees in the clinical setting, the ratio shall not exceed two provisional licensees to one supervisor at any given time.

3. Licensed registered nurses providing supervision for a provisional licensee shall:

a. Notify the board of the intent to provide supervision for a provisional licensee on a form provided by the board;

b. Hold an active, unrestricted license or multistate licensure privilege and have at least two years of active clinical practice as a registered nurse prior to acting as a supervisor;

c. Be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the supervisee's clinical knowledge and skills;

d. Be required to monitor clinical performance and intervene if necessary for the safety and protection of the clients; and

e. Document on a form provided by the board the frequency and nature of the supervision of provisional licensees to verify completion of hours of clinical experience.

E. The provisional status of the licensee shall be disclosed to the client prior to treatment and shall be indicated on identification worn by the provisional licensee.

F. All provisional licenses shall expire six months from the date of issuance and may be renewed for an additional six months. Renewal of a provisional license beyond the limit of 12 months may be granted and shall be for good cause shown. A request for extension of a provisional license beyond 12 months shall be made at least 30 days prior to its expiration.

18VAC90-19-150. Renewal of licenses.

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. A nurse shall be required to meet the requirements for continued competency set forth in 18VAC90-19-160 to renew an active license.

C. A notice for renewal of license shall be sent by the board to the last known address of the licensee or sent electronically. The licensee shall complete the renewal form and submit it with the required fee.

D. Failure to receive the renewal form shall not relieve the licensee of the responsibility for renewing the license by the expiration date.

E. The license shall automatically lapse if the licensee fails to renew by the expiration date.

F. Any person practicing nursing during the time a license has lapsed shall be considered an ~~illegal~~ unlicensed practitioner and shall be subject to prosecution under the provisions of § 54.1-3008 of the Code of Virginia.

G. Upon renewal, all licensees shall declare their primary state of residence. If the declared state of residence is another compact state, the licensee is not eligible for renewal.

18VAC90-19-160. Continued competency requirements for renewal of an active license.

A. To renew an active nursing license, a licensee shall complete at least one of the following learning activities or courses:

1. Current specialty certification by a national certifying organization, as defined in 18VAC90-19-10;

2. Completion of a minimum of three credit hours of post-licensure academic education relevant to nursing practice, offered by a regionally accredited college or university;

3. A ~~board-approved~~ refresher course in nursing;

4. Completion of nursing-related, evidence-based practice project or research study;

5. Completion of publication as the author or co-author during a renewal cycle;

6. Teaching or developing a nursing-related course resulting in no less than three semester hours of college credit, a 15-week course, or specialty certification;

7. Teaching or developing nursing-related continuing education courses for up to 30 contact hours;

8. Fifteen contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing and 640 hours of active practice as a nurse; or

9. Thirty contact hours of workshops, seminars, conferences, or courses relevant to the practice of nursing.

B. To meet requirements of subdivision A 8 or A 9 of this section, workshops, seminars, conferences, or courses shall be offered by a provider recognized or approved by an organization approved by the Board. ~~one of the following:~~

~~1. American Nurses Credentialing Center American Nurses Association;~~

~~2. National Council of State Boards of Nursing;~~

~~3. Area Health Education Centers (AHEC) in any state in which the AHEC is a member of the National AHEC Organization;~~

~~4. Any state nurses association;~~

~~5. National League for Nursing;~~

~~6. National Association for Practical Nurse Education and Service;~~

~~7. National Federation of Licensed Practical Nurses;~~

~~8. A licensed health care facility, agency, or hospital;~~

~~9. A health care provider association;~~

~~10. Regionally or nationally accredited colleges or universities;~~

~~11. A state or federal government agency;~~

~~12. The American Heart Association, the American Health and Safety Institute, or the American Red Cross for courses in advanced resuscitation; or~~

~~13. The Virginia Board of Nursing or any state board of nursing.~~

C. Dual licensed persons.

1. Those persons dually licensed by this board as a registered nurse and a licensed practical nurse shall only meet one of the continued competency requirements as set forth in subsection A of this section.

2. Registered nurses who also hold an active license as a nurse practitioner shall only meet the requirements of 18VAC90-30-105 and, for those ~~with prescriptive authority~~ that prescribe, 18VAC90-40-55.

D. A licensee is exempt from the continued competency requirement for the first renewal following initial licensure by examination or endorsement.

E. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee 60 days prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

F. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

G. Continued competency activities or courses required by board order in a disciplinary proceeding shall not be counted as meeting the requirements for licensure renewal.

18VAC90-19-170. Documenting compliance with continued competency requirements.

A. All licensees are required to maintain ~~original~~ documentation of completion for a period of two years following renewal and to provide such documentation within 30 days of a request from the board for proof of compliance.

B. Documentation of compliance shall be as follows:

1. Evidence of national certification shall include a copy of a certificate that includes name of licensee, name of certifying body, date of certification, and date of certification expiration. Certification shall be initially attained during the licensure period, have been in effect during the entire licensure period, or have been recertified during the licensure period.

2. Evidence of post-licensure academic education shall include a copy of transcript with the name of the licensee, name of educational institution, date of attendance, name of course with grade, and number of credit hours received.

3. Evidence of completion of a ~~board-approved~~ refresher course in nursing shall include ~~written correspondence~~ documentation from the provider with the name of the licensee, name of the provider, dates of the course, and verification of successful completion of the course.

4. Evidence of completion of a nursing research study or project shall include an abstract or summary, the name of the licensee, role of the licensee as principal or coprincipal investigator, date of completion, statement of the problem, research or project objectives, methods used, and summary of findings.

5. Evidence of authoring or co-authoring a published nursing-related article, paper, book, or book chapter shall include a copy of the publication that includes the name of the licensee and publication date.

6. Evidence of teaching a course for college credit shall include documentation of the course offering, indicating instructor, course title, course syllabus, and the number of credit hours. Teaching a particular course may only be used once to satisfy the continued competency requirement unless the course offering and syllabus has changed.

7. Evidence of teaching a course for continuing education credit shall include a written attestation from the director of the program or authorizing entity including the date or dates of the course or courses and the number of contact hours awarded. If the total number of contact hours totals less than 30, the licensee shall obtain additional hours in continuing learning activities or courses.

8. Evidence of contact hours of continuing learning activities or courses shall include the name of the licensee, title of educational activity, name of the provider, number of contact hours, and date of activity.

9. Evidence of 640 hours of active practice in nursing shall include documentation satisfactory to the board of the name of the licensee, number of hours worked in calendar or fiscal year, name and address of employer, and signature of supervisor. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If active practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency.

18VAC90-19-180. Inactive licensure.

A. A registered nurse or licensed practical nurse who holds a current, unrestricted license in Virginia may, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to practice nursing in Virginia or practice on a multistate licensure privilege but may use the title "registered nurse" or "licensed practical nurse."

B. Reactivation of an inactive license.

1. A nurse whose license is inactive may reactivate within one renewal period by:

a. Payment of the difference between the inactive renewal and the active renewal fee; and

b. Providing attestation of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding reactivation.

2. A nurse whose license has been inactive for more than one renewal period may reactivate by:

a. Submitting an application;

b. Paying the difference between the inactive renewal and the active renewal fee; and

c. Providing evidence of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding application for reactivation.

3. The board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state and who has engaged in active practice during the period the Virginia license was inactive.

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

5. The board may deny a request for reactivation to any licensee who has been determined to have committed an act in violation of § 54.1-3007 of the Code of Virginia or any provision of this chapter.

18VAC90-19-190. Reinstatement of lapsed licenses or license suspended or revoked.

A. A nurse whose license has lapsed may be reinstated within one renewal period by:

1. Payment of the current renewal fee and the late renewal fee; and

2. Providing attestation of completion of at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding reinstatement.

B. A nurse whose license has lapsed for more than one renewal period shall:

1. File a reinstatement application and pay the reinstatement fee;

2. Provide evidence of completing at least one of the learning activities or courses specified in 18VAC90-19-160 during the two years immediately preceding application for reinstatement; and

3. Submit a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

C. The board may waive all or part of the continuing education requirement for a nurse who holds a current, unrestricted license in another state and who has engaged in active practice during the period the Virginia license was lapsed.

D. A nurse whose license has been suspended or revoked by the board may apply for reinstatement by filing a reinstatement application, fulfilling requirements for continuing competency as required in subsection B of this section, and paying the fee for reinstatement after suspension or revocation. A nurse whose license has been revoked may not apply for reinstatement sooner than three years from entry of the order of revocation.

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

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

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

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

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;

2. Provide evidence of current, unrestricted licensure in a United States jurisdiction;

3. Provide the name of the nonprofit organization and the dates and location of the voluntary provision of services;

4. Pay a registration fee of $10; and

5. Provide an attestation from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 11 of § 54.1-3001 of the Code of Virginia.

18VAC90-19-210. (Repealed.)

18VAC90-19-220. (Repealed.)

Part IV
Disciplinary Provisions

18VAC90-19-230. Disciplinary provisions.

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

1. Fraud or deceit in procuring or maintaining a license means~~, but shall not be limited to~~:

   a. Filing false credentials;

   b. Falsely representing facts on an application for initial license, reinstatement, or renewal of a license; or

   c. Giving or receiving unauthorized assistance in the taking of the licensing examination.

2. Unprofessional conduct means~~, but shall not be limited to:~~

   a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;

   b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;

   c. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;

   d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;

   e. Falsifying or otherwise altering patient, employer, student, or educational program records, including falsely representing facts on a job application or other employment-related documents;

   f. Abusing, neglecting, or abandoning patients or clients;

   g. Delegating nursing tasks to an unlicensed person in violation of the provisions of this part;

   h. Giving to or accepting from a patient or client property or money for any reason other than fee for service or a nominal token of appreciation;

   i. Obtaining money or property of a patient or client by fraud, misrepresentation, or duress;

   j. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the nurse uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include actions that result in personal gain at the expense of the patient or client, or a nontherapeutic personal involvement or sexual conduct with a patient or client;

   k. Violating state laws relating to the privacy of patient information, including § 32.1-127.1:03 the Code of Virginia;

   l. Providing false information to staff or board members in the course of an investigation or proceeding;

   m. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia; or

   ~~n. Engaging in conversion therapy with a person younger than 18 years of age; or~~

   ~~o.~~ n. Violating any provision of this chapter.

Part V
Delegation of Nursing Tasks and Procedures

18VAC90-19-240. Definitions for delegation of nursing tasks and procedures.

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

"Delegation" means the authorization by a registered nurse to an unlicensed person to perform selected nursing tasks and procedures in accordance with this part.

"Supervision" means guidance or direction of a delegated nursing task or procedure by a qualified, registered nurse who provides periodic observation and evaluation of the performance of the task and who is accessible to the unlicensed person.

"Unlicensed person" means an appropriately trained individual, regardless of title, who receives compensation, who functions in a complementary or assistive role to the registered nurse in providing direct patient care or carrying out common nursing tasks and procedures, and who is responsible and accountable for the performance of such tasks and procedures. With the exception of certified nurse aides, this shall not include anyone licensed or certified by a health regulatory board who is practicing within his recognized scope of practice.

18VAC90-19-250. Criteria for delegation.

A. Delegation of nursing tasks and procedures shall only occur in accordance with the plan for delegation adopted by the entity responsible for client care. The delegation plan shall comply with provisions of this chapter and shall provide:

1. An assessment of the client population to be served;

2. Analysis and identification of nursing care needs and priorities;

3. Establishment of organizational standards to provide for sufficient supervision that assures safe nursing care to meet the needs of the clients in their specific settings;

4. Communication of the delegation plan to the staff;

5. Identification of the educational and training requirements for unlicensed persons and documentation of their competencies; and

6. Provision of resources for appropriate delegation in accordance with this part.

B. Delegation shall be made only if all of the following criteria are met:

1. In the judgment of the delegating nurse, the task or procedure can be properly and safely performed by the unlicensed person and the delegation does not jeopardize the health, safety, and welfare of the client.

2. The delegating nurse retains responsibility and accountability for nursing care of the client, including nursing assessment, planning, evaluation, documentation, and supervision.

3. Delegated tasks and procedures are within the knowledge, area of responsibility, and skills of the delegating nurse.

4. Delegated tasks and procedures are communicated on a client-specific basis to an unlicensed person with clear, specific instructions for performance of activities, potential complications, and expected results.

5. The person to whom a nursing task has been delegated is clearly identified to the client as an unlicensed person by a name tag worn while giving client care and by personal communication by the delegating nurse when necessary.

C. Delegated tasks and procedures shall not be reassigned by unlicensed personnel.

D. Nursing tasks shall only be delegated after an assessment is performed according to the provisions of 18VAC90-19-260.

18VAC90-19-260. Assessment required prior to delegation.

Prior to delegation of nursing tasks and procedures, the delegating nurse shall make an assessment of the client and unlicensed person as follows:

1. The delegating nurse shall assess the clinical status and stability of the client's condition; determine the type, complexity, and frequency of the nursing care needed; and delegate only those tasks that:

a. Do not require the exercise of independent nursing judgment;

b. Do not require complex observations or critical decisions with respect to the nursing task or procedure;

c. Frequently recur in the routine care of the client or group of clients;

d. Do not require repeated performance of nursing assessments;

e. Utilize a standard procedure in which the tasks or procedures can be performed according to exact, unchanging directions; and

f. Have predictable results and for which the consequences of performing the task or procedures improperly are minimal and not life threatening.

2. The delegating nurse shall also assess the training, skills, and experience of the unlicensed person and shall verify the competency of the unlicensed person to determine which tasks are appropriate for that unlicensed person and the method of supervision required.

18VAC90-19-270. Supervision of delegated tasks.

A. The delegating nurse shall determine the method and frequency of supervision based on factors that include:

1. The stability and condition of the client;

2. The experience and competency of the unlicensed person;

3. The nature of the tasks or procedures being delegated; and

4. The proximity and availability of the registered nurse to the unlicensed person when the nursing tasks will be performed.

B. In the event that the delegating nurse is not available, the delegation shall either be terminated or delegation authority shall be transferred by the delegating nurse to another registered nurse who shall supervise all nursing tasks delegated to the unlicensed person, provided the registered nurse meets the requirements of 18VAC90-19-250 B 3.

C. Supervision shall include:

1. Monitoring the performance of delegated tasks;

2. Evaluating the outcome for the client;

3. Ensuring appropriate documentation; and

4. Being accessible for consultation and intervention.

D. Based on an ongoing assessment as described in 18VAC90-19-260, the delegating nurse may determine that delegation of some or all of the tasks and procedures is no longer appropriate.

18VAC90-19-280. Nursing tasks that shall not be delegated.

A. Nursing tasks ~~that shall not be delegated are those~~ that are inappropriate for a specific, unlicensed person to perform on a specific patient after an assessment is conducted as provided in 18VAC90-19-260 shall not be delegated.

B. Nursing tasks that shall not be delegated to any unlicensed person are:

1. Activities involving nursing assessment, problem identification, and outcome evaluation that require independent nursing judgment;

2. Counseling or teaching except for activities related to promoting independence in personal care and daily living;

3. Coordination and management of care involving collaboration, consultation, and referral;

4. Emergency and nonemergency triage;

5. Administration of medications except as specifically permitted by the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia); and

6. Circulating duties in an operating room.

Agency **Department of Health Professions**

Board **Board of Nursing**

Chapter **Regulations Governing the Practice of Nursing [18 VAC 90 - 19]**

Action: Implementation of 2022 Periodic Review

Notice of Intended Regulatory Action (NOIRA)

Action 6198 / Stage 9945

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Background Document	3/22/2023	Upload / Replace
Governor's Review Memo	2/5/2025	
Registrar Transmittal	2/5/2025	

Status	
Public Hearing	No plan for a public hearing at the **proposed** stage.
DPB Review	Submitted on 3/22/2023 Policy Analyst: Jeannine Rose Review Completed: 4/4/2023
Secretary Review	Secretary of Health and Human Resources Review Completed: 1/31/2025
Governor's Review	ORM Review: ORM Approved 2/5/2025 Governor Review Completed: 2/5/2025 Result: Approved
Virginia Registrar	Submitted on 2/5/2025 The Virginia Register of Regulations Publication Date: 3/10/2025 Volume: 41 Issue: 15
Comment Period	Ended 4/9/2025 0 comments

Contact Information	
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This person is the primary contact for this board.

This stage was created by Matthew Novak on 03/22/2023 at 3:51pm

Agenda Item: Adoption of New Guidance Document 90-8 **F7**

Included in your Agenda Package:

- Draft language of new guidance document 90-8

Staff Note: This guidance document interprets alternative credentials in response to regulation changes resulting from HB1290 of the 2025 General Assembly session. The Education special conference committee recommended this language.

Action Needed:

- Motion to adopt guidance document 90-8

Virginia Board of Nursing

Interpretation of "Alternative Credentials"

18VAC90-27-60 A(4)(c)(3) of the Virginia Board of Nursing regulations states that a member of the clinical nursing faculty of a baccalaureate degree or prelicensure graduate degree program may hold "a baccalaureate degree in nursing and hold alternative credentials" to satisfy requirements to be qualified as faculty. The Board interprets "alternative credentials" to mean a current certification in the specialty for which the clinical nursing faculty member is conducting clinical experience or two years active clinical nursing practice as a registered nurse in the preceding five years. Active clinical nursing practice must be in the specialty area in which the faculty member will conduct the clinical experience.

Agenda Item: Amendments to Guidance Document 90-56 Following General Assembly Action

Included in your Agenda Package:

- Redlined version of 90-56

Staff Note: These amendments are being made following the passage of Chapter 404 of the 2024 Acts of Assembly, which reduced the number of years of practice required for APRNs to practice without a practice agreement. Regulatory changes went into effect late last year, however guidance document changes were not made at that time.

Action Needed:

- Motion to amend guidance document 90-56.

Practice Agreement Requirements for Licensed Nurse Practitioners (Advanced Practice Registered Nurses)

KEY POINTS:

- Certified Registered Nurse Anesthetist ("CRNA") – A practice agreement is *not* required for nurse practitioners licensed in the category of CRNA. The CRNA practices under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry.
- Certified Nurse Midwife ("CNM") – Prior to completion of 1,000 practice hours, a nurse practitioner licensed in the category of CNM must enter into a practice agreement with either a CNM who has practiced for at least two years or a licensed physician.
- Clinical Nurse Specialist ("CNS") – A nurse practitioner licensed in the category of CNS and who prescribes controlled substances must enter into a practice agreement with a licensed physician.
- Nurse Practitioner ("NP") – A nurse practitioner with less than ~~5~~ 3 years of clinical experience must enter into a practice agreement with a patient care team physician; this requirement does not apply for ~~NPs~~ APRNs in the categories of CNM, CRNA, or CNS.
- Nurse practitioners who are required to have a practice agreement are responsible for maintaining the practice agreement and making it available for review by the Board of Nursing upon request.
- Practice agreements do *not* need to be submitted to the Board of Nursing to obtain or renew the professional license.

Applicable statutes by category:

CNM

- A practice agreement entered into between a CNM and a CNM with more than 2 years of experience or a licensed physician must address the availability of the consulting CNM or the licensed physician for routine and urgent consultation on patient care. (Va. Code § 54.1-2957(H).)
- If the CNM will prescribe, the practice agreement must include the parameters of such prescribing of Schedules II through VI controlled substances. (Va. Code § 54.1-2957.01(G).)
- Virginia Code § 54.1-2957(H) describes the requirements for CNMs to practice without a practice agreement.

CNS

A CNS who prescribes controlled substances must practice in consultation with a licensed physician in accordance with a practice agreement.

- A practice agreement entered into between a CNS and a licensed physician must address the availability of the physician for routine and urgent consultation on patient care. (Va. Code § 54.1-2957(J).)
- If the CNS will prescribe, the practice agreement must include the parameters of such prescribing of Schedules II through V controlled substances. (Va. Code § 54.1-2957.01(B).)

NP

A nurse practitioner with less than ~~5~~3 years of clinical experience must enter into a practice agreement with a patient care team physician as defined in Virginia Code § 54.1-2900. Pursuant to Virginia Code §§ 54.1-2957(C), (D), and 54.1-2957.01(B), when a practice agreement is required for NP practice, it must include:

- Provisions for the periodic review of health records by the patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
- Provisions for appropriate input from health care providers in complex clinical cases and patient emergencies and for referrals;
- Categories of drugs and devices that may be prescribed;
- Guidelines for availability and ongoing communications that provide for and define consultation among the collaborating parties and the patient;
- Provisions for periodic joint evaluation of services provided;
- Provisions for periodic review and revision of the practice agreement; and
- The signature of the patient care team physician or the name of the patient care team physician clearly stated.

Virginia Code § 54.1-2957(I) describes the requirements for NP autonomous practice.

F9

Agenda Item: Issuance of Periodic Reviews for Chapters 15, 30, and 40

Staff Note: Chapter 15 (Agency sub regs) Chapters 30 (APRNs) and 40 (Prescriptive authority) are all due for periodic reviews. Chapters 30 and 40 have not undergone a periodic review since 2013, which leaves the Board 8 years out of compliance.

Action Needed:

- Motion to issue a periodic review of 18VAC90-15, 18VAC90-30 and 18VAC90-40

VIRGINIA BOARD OF NURSING
EDUCATION SPECIAL CONFERENCE COMMITTEE
Tuesday, August 19, 2025

Department of Health Professions – Perimeter Center
9960 Mayland Drive, Conference Center 201 – **Board Room 3**
Henrico, Virginia 23233

TIME AND PLACE: The meeting of the Education Special Conference Committee was convened at 9:31 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Board Room 3 Henrico, Virginia.

MEMBERS PRESENT: Carol A. Cartte, RN, BSN, Chair
A. Tucker Gleason, PhD, Citizen Member

STAFF PRESENT: Jacquelyn Wilmoth, MSN, RN, Deputy Executive director
Christine Smith, MSN, RN, Nurse Aide/RMA Education Program Man
Piero Mannino, Adjudication Specialist
Aaron Timberlake, Adjudication Specialist

Germanna Community College, Locust Grove, Practical Nursing Education Program US28104000

Shashuna Gray, PhD, Vice President, Academic Affairs and Workforce Development, Samantha Wilson, MSN, RN, Program Director, Nanette Graham, PhD, Vice President Health Sciences, Carianne Schmidt, BSN, RN, Program Director, and April Morgan, DNP, RN, Associate Dean of Nursing were present to represent the program, the program was represented by counsel.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 10:55 a.m. for the purpose of deliberation to reach a decision in the matter of Germanna Community College. Additionally, Dr. Gleason moved that Ms. Wilmoth and Mr. Mannino attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

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The motion was seconded and carried unanimously. The Committee reconvened in open session at 11:18 a.m.

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

ACTION: Dr. Gleason moved to recommend to continue Germanna Community College, Locust Grove, Practical Nursing Program on Conditional approval with terms and conditions.

The motion was seconded and carried unanimously.

This recommendation will be presented to the Board on September 9, 2025.

Unique Health School, Manassas, Nurse Aide Education Program, 1414100902

Hawa A. Kun, Program Director and Juliet Parker, BSN, RN, Program Coordinator were present to represent the program.

Dr. Gleason moved that the Education Informal Conference Committee of the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A) (27) of the Code of Virginia at 12:42 p.m. for the purpose of deliberation to reach a decision in the matter of Unique Health School. Additionally, Dr. Gleason moved that Ms. Wilmoth, Ms. Smith and Mr. Timberlake attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations.

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The motion was seconded and carried unanimously. The Committee reconvened in open session at 1:21 p.m.

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

ACTION: Dr. Gleason moved to recommend to continue Unique Health School, Manassas, nurse aide education program on conditional approval with terms and conditions.

The motion was seconded and carried unanimously.

This recommendation will be presented to a panel of the Board on September 9, 2025.

The Education Committee discussed the waiver opportunity to increase the faculty to student ratio for supervision of direct client care pursuant to HB 1860. The committee also discussed a definition for “alternative credentials” pursuant to HB 1290.

Meeting adjourned at 2:30 p.m.

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Jacquelyn Wilmoth, MSN, RN
Deputy Executive Director