VIRGINIA BOARD OF NURSING
Final Agenda

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

Tuesday, July 17, 2018

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

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

Establishment of a Quorum.

Announcements:

- Welcome to New Board Member → Meenakshi Shah, BA, RN
- Cathy Hanchey started on March 25, 2018 in the full-time LMT Senior Licensure Specialist position
- Beth Yates has accepted the full-time Nursing and Nurse Aide Education Coordinator position effective May 25, 2018
- Meredith Rose and Kelsi Singleton started their internship with the Board on Monday June 11, 2018
- Nancy Durrett, BS, RN - resignation as Agency Subordinate effective June 30, 2018
- Brenda Krohn, RN, MS, Deputy Executive Director, Medication Aide Registry and Massage Therapy Manager – retirement effective August 31, 2018

Upcoming Meetings:

- ENLC Annual Meeting is scheduled for August 14, 2018 in Minneapolis, MI – Ms. Douglas, as Commissioner, will attend
- NCSBN Annual Meeting is scheduled for August 15-17, 2018 in Minneapolis, MI – Ms. Hershkowitz, Ms. Minton, Ms. Douglas, and Ms. Ridout will attend
- ENLC Executive Committee Meeting is scheduled for September 6-7, 2018 in Del Mar, CA – Ms. Douglas, as Commissioner, will attend

Dialogue with DHP Chief Deputy – Dr. Allison-Bryant

Review of the Agenda: (Except where times are stated, items not completed on July 17, 2018 will be completed on July 18, 2018.)

1. Additions, Modifications
2. Adoption of a Consent Agenda

Disposition of Minutes:

C May 14, 2018 Panel – Ms. Hershkowitz *
C May 15, 2018 Quorum – Ms. Hershkowitz*
C May 16, 2018 Panel – Ms. Phelps*
C May 16, 2018 Panel – Ms. Hershkowitz *

Reports:

C Agency Subordinate Tracking Log*
C Finance Report
C Board of Nursing Monthly Tracking Log

- Executive Director Report – Ms. Douglas (oral report)
  - NCSBN Executive Officer Summit, June 19-20, 2018, Report

- Education Committee and Simulation Regulation Committee Meeting May 15, 2018 Meeting minutes –

Dr. Hahn*

- The Committee of the Joint Boards of Nursing and Medicine Regulatory Advisory Ad Hoc Committee May 17, 2018 Meeting minutes – Ms. Hershkowitz*

Other Matters:

- Board Counsel Update – Charis Mitchell (oral report)
- Topics for Future HPMP Presentation – Ms. Hershkowitz
- Monetary Penalty – Ms. Douglas
- Massage Therapy Licensing Database (FYI) – Ms. Krohn
- Possible Summary Suspension Consideration on **Wednesday, 7/18, at 9 am in Board Room 2**
- Changes to Special Conference Committee (SCC) Composition:
  - **SCC-A**

    Jennifer Phelps, LPN, QMHPA – **Chair**
    Meenakshi Shah, BA, RN

  - **SCC-E**

    Michelle D. Hereford, MSHA, RN, FACHE - **Chair**
    Grace Thapa, DNP, FNP-BC, AE-C

Education:

- Education Informal Conference Committee July 10, 2018 Minutes and Recommendation – Dr. Hahn/Ms. Ridout
- Education Staff Report – Ms. Ridout (oral report)
- Mary Marshall Scholarship Fund – Ms. Ridout

10:00 A.M. - Public Hearing to receive Comments on Proposed Regulations:

- Prescribing of Opioids - Nurse Practitioners (18VAC90-30 and 40)**

10:30 A.M. – Policy Forum - Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Yetty Shobo, PhD, HWDC Deputy Director

- Virginia's Certified Nurse Aide Workforce: 2017**
- Virginia's Nursing Education Programs: 2016 – 2017 Academic Year**

Legislation/Regulations – Ms. Yeatts

- Status of Regulatory Actions**
- Adoption of NOIRA on Rules for use of Simulation in Nursing Education**
- Adoption of Emergency Action on Regulations for Autonomous Practice for Certain Nurse Practitioners (HB793)**

Consent Orders: (Closed Session)

- Linda B. Bohl, LPN*

- Katherine Marie Renison, RN*
- Christel Andrea Roden, RN*
- Lauren Tosi, RN*
- David Workman Mitchell, RN**
- Heather Culbertson, RN**
- Allison Moody Newcome, RN**
- Lisa Gaither, LPN
- Anya Williams Howard, RN

12:00 P.M. – Lunch

- Recognition of Service for Brenda Krohn, RN, MS, Deputy Executive Director, Medication Aide Registry and Massage Therapy Manager

1:00 P.M. – Board Member Training

- Probable Cause Review Training – Ms. Douglas and Ms. Power

ADJOURNMENT

Committees' Meetings

3:30 P.M. – Probable Cause Case Review in **Board Room 4** – Board Members who are not serving on Committee

3:30 P.M. – 5:00 P.M. – Nurse Aide Curriculum Committee in **Board Room 2**
Board Members – Dr. Hahn*, Ms. Phelps, and Mr. Monson
Board Staff – Dr. Saxby and Ms. Krohn

(* mailed 6/26) (** mailed 7/6)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 14, 2018

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:30 A.M., on May 14, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA, President
Margaret Friedenberg, Citizen Member
Tucker Gleason, PhD, Citizen Member
Michelle Hereford, MSHA, RN, FACHE
Jennifer Phelps, LPN, QMHPA
Grace Thapa, BSN, RN

STAFF PRESENT: Brenda Krohn, RN, MS, Deputy Executive Director
Jodi Power, Senior Deputy Executive Director
Darlene Graham, Senior Discipline Specialist
Stephanie Willinger, Deputy Executive Director (1st case only)

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Senior Nursing Students from South University
Senior Nursing Students from Riverside School of Professional Nursing
Nurse Aide Students from Park View High School

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

FORMAL HEARINGS: **Hyunsook Kim Highland, LPN Endorsement Applicant**
Ms. Highland appeared accompanied by her husband, Ronald Hunter.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Ms. Krohn left the meeting before the closed meeting.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:32 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Highland. Additionally, Ms. Phelps moved that Ms. Power, Ms. Willinger, Ms. Mitchell, and Ms. Graham attend the closed meeting because their presence in the closed meeting is deemed necessary and their

presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:56 A.M.

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

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

ACTION: Ms. Phelps moved that the Board of Nursing deny the application of Hyunsook Highland for licensure as a practical nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Laurel Stark Byers, RN 0001-166965**
Ms. Byers appeared.

Steven Bulger, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Lane Raker, Senior Investigator, Department of Health Professions, and Rebecca Britt, Case Manager, Virginia Health Practitioners' Monitoring Program (HPMP), testified via telephone.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:51 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Byers. Additionally, Ms. Phelps moved that Ms. Power, Ms. Krohn, Ms. Mitchell, and Ms. Graham attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:40 P.M.

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

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

ACTION: Ms. Thapa moved that the Board of Nursing reprimand Ms. Byers, and reinstate her license to practice professional nursing in the Commonwealth of Virginia, and issue an unrestricted license. The motion was seconded, and passed by a vote of five to one.

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 1:50 P.M. The students left at recess.

RECONVENTION: The Board reconvened at 2:38 P.M.

FORMAL HEARINGS: **Arnecie Jones, CNA Reinstatement Applicant 1401-098563**
Ms. Jones appeared accompanied by Mitzi Drummond, Case Manager, Richmond Behavioral Health Authority.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Marcella Luna, Senior Investigator, Department of Health Professions, and Ms. Drummond, Case Manager, Richmond Behavioral Health Authority, testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:31 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Jones. Additionally, Ms. Phelps moved that Ms. Power, Ms. Krohn, Ms. Mitchell, and Ms. Graham attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence

will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:17 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 and carried unanimously.

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

ACTION: Ms. Phelps moved that the Board of Nursing reprimand Ms. Jones, and approve her application for reinstatement of her certificate to practice as a nurse aide in the Commonwealth of Virginia, upon her successful completion of the nurse aide exam, her entry into the Health Practitioners Monitoring Program (HPMP), and her continued compliance with the program. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 4:25 P.M.

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Brenda G. Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
MINUTES
May 15, 2018

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:03 A.M. on May 15, 2018, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Louise Hershkowitz, CRNA, MSHA; President

BOARD MEMBERS PRESENT:
Jennifer Phelps, LPN, QMHPA; First Vice President
Laura Freeman Cei BS, LPN, CCRP
Margaret J. Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
Ann Tucker Gleason, PhD, Citizen Member
Joyce A. Hahn, PhD, RN. NEA-BC, FNAP
Michelle D. Hereford, MSHA, RN, FACHE
Trula Minton, MS, RN
Mark D. Monson, Citizen Member
Grace Thapa, BSN, RN

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

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN JD; Senior Deputy Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Paula B. Saxby, RN, PhD; Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Stephanie Willinger; Deputy Executive Director for Licensing
Charlette Ridout, RN, MS, CNE; Senior Nursing Education Consultant
Ann Tiller, Compliance Manager
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General, Board Counsel
David E. Brown, DC, Department of Health Professions Director
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
Lisa Speller-Davis, BSN, RN; Policy Assistant

IN THE AUDIENCE:
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Ryan LaMira, Virginia Hospital and Healthcare Association (VHHA)

ESTABLISHMENT OF A QUORUM:
Ms. Hershkowitz asked Board Members and Staff to introduce themselves. With 11 members present, a quorum was established.

ANNOUNCEMENTS: Ms. Hershkowitz welcomed Dr. Gleason to her first meeting as a Board Member.

Ms. Hershkowitz shared that Governor Northam has appointed Meenakshi Shah, BA, RN to the Board. Ms. Shah will attend her first meeting in July 2018. Ms. Hershkowitz also shared that Mark Monson and Marie Gerardo, MA, RN, ANP-BC have been reappointed to serve for a second term.

Ms. Hershkowitz highlighted the announcements on the agenda.

UPCOMING MEETINGS: Ms. Hershkowitz noted the upcoming meetings on the agenda.

Ms. Douglas shared that there would be no formal hearings on May 17, 2018, noting that the Committee of the Joint Boards of Nursing and Medicine will convene a Regulatory Advisory Ad Hoc Committee meeting regarding HB 793- Autonomous practice for certain nurse practitioners.

DIAGLOGUE WITH DHP DIRECTOR: Dr. Brown reported the following information:

- The 1st phase of moving IT, Front Desk, and Business Administration to the first floor was successful. The 2nd phase will address expansion of space for overcrowded Boards, moving the CBC Unit to a more secure space, and defragmenting some of the Boards so that people are grouped accordingly.
- Over the next year, security badges will be changed out. The new badges will display the new DHP logo and will identify the Board members by Board.
- Legislative bills that passed and significantly affect DHP:
  - The Nurse Practitioner bill HB793
  - Medical use of marijuana bill (Cannabidiol (CBD) Oil or THC-A Oil).
- Bills that did not pass but require DHP to take some sort of action:
  - Community Health Workers- work with VDH to look at need for regulating their practice.
  - Physician cost reporting- work with VDH to develop regulations requiring physicians to inform patients what their services cost.
  - Inform MD's of potential dangers of cobalt in implants- look at drafting a letter.
  - Conversion therapy on minors- convene a workgroup with the Boards of Nursing, Medicine, and Behavioral Health to propose at regulations to prohibit the practice.
  - ER providers to notify prescribers when narcan is used to revive patient in the ER- work with vendors, PMP and VDH to see identify data sets to push out information.

- Dr. Hahn thanked and complimented Dr. Brown for his presentation at the Virginia Nurses Association/Foundation Opioid Conference.
- Ms. Douglas noted that Lisa Hahn and Dr. Allison-Bryan are looking into security issues in the conference center and during evening hours.

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

Ms. Douglas indicated the following items have been added and/or modified to the agenda for Board consideration:

- Three additional Consent Orders have been added.
- Informal Conference schedule for July through December 2018.
- A photograph will be taken of the Virginia Board of Nursing members and key staff and will be sent to NCSBN for their 40th year anniversary.

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

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

Minutes:

March 26, 2018	Board of Nursing Officer Meeting – Ms. Hershkowitz
March 26, 2018	Panel – Ms. Phelps
March 27, 2018	Quorum – Ms. Hershkowitz
March 28, 2018	Possible Summary Suspension - Quorum – Ms. Hershkowitz
March 28, 2018	Panel – Ms. Phelps
March 28, 2018	Panel – Ms. Hershkowitz
March 29, 2018	Panel – Ms. Hershkowitz

Reports:
Agency Subordinate Tracking Log
Finance Report
Board of Nursing Monthly Tracking Log

REPORTS: **Executive Director Report:**

Ms. Douglas highlighted items on her written report and added the following:

- Ms. Douglas provided a presentation at Sentara Norfolk General Hospital on Tuesday, May 8, 2018 for "The Week of The Nurse Celebration". Approximately 80 nurses attended the celebration both on site and remotely.
- Licensing Paperless Workgroup:
  - ❖ An email will be sent out to licensees informing them that primary source verification is available via License Lookup.

- ❖ A law has passed allowing renewals to be sent electronically. If email is not available or is kicked back, a paper renewal will be sent.
- ❖ The use of Nursys e-Notify is being encouraged. It is a free service that will provides electronic licensure renewal notifications and license status changes.
- ❖ The workgroup is considering not to issue an initial paper license.

- Linda Kleiner, Discipline Case Manager, is currently out on medical leave and will not be returning due to ongoing health issues. Ms. Douglas thanked Ms. Kleiner for her dedication and contribution to BON. She stated that Ms. Kleiner has expressed that it was an honor and a privilege for her to work at BON.
- Huong Vu, Executive Assistant, is out on medical leave and recovering well. She did a great job preparing for her absence. Sylvia Tamayo-Suijk is filling in for her until she returns.

CORE Committee March 27, 2018 Meeting Minutes:

Ms. Minton reviewed the minutes as provided in the Agenda package. With the discipline section complete, the Committee will review the education section next.

Ms. Minton stated that the committee is looking for a replacement for the vacancy created by Dr. Ross' departure. She encouraged those not serving on other committees to volunteer.

Mr. Monson moved to accept the CORE Committee report and recommendations as presented. The motion was seconded and carried unanimously.

Nurse Aide Curriculum Committee March 27, 2018 Meeting Minutes:

Dr. Hahn indicated that the Committee is half way through reviewing the curriculum and regulations and thanked the committee members and stakeholders for their long and tedious work. The committee is suggesting changes to the Nurse Aide Education Program regulations, as noted in the March 27, 2018 minutes.

Dr. Saxby will be out on leave so feedback should be sent to Vivienne McDaniel and Charlette Ridout in her absence.

Ms. Gerardo moved to accept the Nurse Aide Curriculum Committee report and recommendations as presented. The motion was seconded and carried unanimously.

The Committee of the Joint Boards of Nursing and Medicine April 11, 2018 Business Meeting Minutes:

Ms. Hershkowitz highlighted the minutes as presented in the agenda. She noted that Dr. Carter and Dr. Shobo's response to the Committee's request to have the separate out the most recent data, similarities and differences, into the three categories of LNPs (CRNAs, CNMs, and NPs) was very specific and very useful.

Ms. Hershkowitz stated that the Committee will convene special regulatory meeting on May 17, 2018 regarding regulations related to Nurse Practitioner bill (HB793).

Ms. Gerardo moved to accept the Committee of the Joint Boards of Nursing and Medicine minutes as presented. The motion was seconded and carried unanimously.

OTHER MATTERS:

Board Counsel Update:

Ms. Mitchell shared that the appeal of Frederick Yeboah, RN is pending in Prince William county and she is waiting to see if the appeal was filed in a timely manner.

Proposed 2019 Board of Nursing Meeting Dates

This was provided for information only.

Informal Conference (IFC) Schedules for July thru December 2018:

Ms. Hershkowitz asked Board members to review the schedule. She noted that there may be pending changes upon the appointment of a new Board member.

Election of Second Vice President:

Ms. Hershkowitz stated that Ms. Gerardo, Mr. Monson, and Dr. McQueen-Gibson expressed interest in running for this vacant position and asked if there were any other nominations. None were offered.

Ms. Hershkowitz called for a vote for Ms. Gerardo for the office of Second Vice President and received seven votes. Ms. Hershkowitz called for a vote for Mr. Monson for the office of Second Vice President and received one vote. Ms. Hershkowitz called for a vote for Dr. McQueen-Gibson for the office of Second Vice President and none was received. Ms. Gerardo was elected as Second Vice President.

Criminal Background Check Unit Update:

Ms. Willinger provided the following information:

- The Request for Applications for Pharmaceutical Processors has been posted on the Board of Pharmacy website. It is projected that 25-100 initial applications requiring a CBC will be received.

- The Board of Physical Therapy proposed entering the compact. Tis would require legislative action. It is estimated that 1,000 CBC's will be processed in 2019 if the Board of Physical Therapy entered the Compact.

Ms. Hershkowitz noted that DHP is benefiting from Stephanie Willinger's expertise and the work of the CBC Unit within the Board of Nursing.

Introduction of New DHP Staff:
Ms. Douglas introduced Valeria S. Ribeiro-Quimpo as the new Procurement Manager for DHP.

PUBLIC COMMENT: There was no comment received.

RECESS: The Board recessed at 9:56 A.M.

Dr. Brown left the meeting.

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

EDUCATION:

Education Informal Conference Committee May 2, 2018 Minutes and Recommendation:
Dr. Hahn reviewed the minutes provided in the Agenda package. Ms. Minton moved to accept the minutes and recommendations as presented. The motion was seconded and carried unanimously.

Education Staff Report:
Ms. Ridout will present this report to the Education Committee and Simulation Regulation Committee Meeting to be held in the afternoon.

NNAAP 2018 Blood Pressure Skill Administration
Ms. Saxby shared that administration of the new NNAAP exam will begin July 1, 2018. Training was provided to 250 providers at three locations in late April.
The candidate handbook is currently being updated.

Ms. Hershkowitz encouraged all Board members to attend the Education Committee Meeting this afternoon, as part of ongoing BON training.

LEGISLATION/
REGULATION:

Status of Regulatory Action:
Ms. Yeatts reviewed the chart of regulatory actions as provided on the Agenda.

Review of Comments Received for Periodic Review of Four Regulations:
Ms. Yeatts provided a handout and reviewed the Notice of Periodic Review for:

- Regulations Governing Delegation to an Agency Subordinate
- Regulations Governing Certified Nurse Aides
- Regulations for Nurse Aide Education Program
- Regulations Governing the Registration of Medication Aides

Two comments were received from the public. Staff will convene a workgroup and submit a draft for Board review in July. If there is no potential opposition, the review will be fast tracked and then a NOIRA will be initiated.

Revision of 18VAC90-110.F.3 – Licensure by Examination:
Ms. Yeatts stated that applicants may be approved to practice for a period of 90 days between successful completion of a nursing education program and publication of the results of the first licensing examination. Subsection F (3) seems to indicate that the 90-day approval for practice begins with the receipt of the authorization letter from the Board.

Ms. Yeatts suggested the language in 18VAC90-110.F.3 should state, *"The designations "RN Applicant" and "LPN Applicant" shall not be used by applicants beyond the 90-day period of authorized practice or by applicants who have failed the examination."*

Dr. Hahn moved to adopt a fast-track action to amend 18VAC90-110.F.3 as proposed. The motion was seconded and carried unanimously.

Review of 18VAC90-19-210 and 18VAC90-19-220 regarding Clinical Nurse Specialist (CNS) registration:
Ms. Yeatts stated that the law and regulation for clinical nurse specialist are inconsistent and are in need of clarification and/or reconciliation.

Discussion regarding amendments ensued and it was proposed that the word "specialty" should be replaced with "national clinical nurse specialist".

18VAC90-19-210 (A)(2) should be amended to read, *"Submit evidence of current national clinical nurse specialist certification as required by §54.1-3018.1 of the Code of Virginia or has an exception available from March 1, 1990, to July 1, 1190; and"*

18VAC90-19-210 (B)(2) should be amended to read, *"The clinical nurse specialist shall complete the renewal form and submit it with the required fee. An attestation of current national clinical nurse specialist certification is required unless registered in accordance with an exception."*

18VAC90-19-210 (B)(3)(c) should be amended to read, *"Submission of evidence of continued national clinical nurse specialist certification unless registered in accordance with an exception."*

18VAC90-19-220 (B) should be amended to read, *"The clinical nurse specialist shall provide those advanced nursing services that are consistent with the standards of specialist practice as established by a national certifying organization for clinical nurse specialists and in accordance with the provisions of Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia."*

Ms. Gerardo moved to adopt a fast-track action to amend 18VAC90-19-210 and 18VAC90-19-220 as proposed. The motion was seconded and carried unanimously.

Dr. Allison-Bryan left the meeting.

Discussion regarding possible 2019 General Assembly Proposals:

- Proposal to amend §54.1-3002- Board of Nursing; membership; terms; meetings; quorum; administrative officer.

Ms. Yeatts stated that the Board should consider an amendment to change the composition of the Board due to the Secretary of the Commonwealth's difficulty in filling and maintaining three slots on the Board for LPNs, as there is often little support from employers for their time away from the jobs. Ms. Yeatts suggested an amendment to mandate two LPN slots, but allow for a third to be filled by an LPN or RN. In addition, Ms. Yeatts reviewed the proposal to delete the requirement in law for an annual meeting in January and require the Board to meet at least annually. Ms. Yeatts noted that obtaining annual reports for a January meeting and inclement weather can be an issue at that time of year. The particular meeting at which election of officers occurs can be specified in the Bylaws.

Mr. Monson offered a third change to §54.1-3002 and proposed that word "officers" should replace "president, a vice-president, and a secretary" in paragraph 2 of §54.1-3002.

Mr. Monson moved that the Board adopt its support of amendments to §54.1-3002 as proposed. The motion was seconded and carried unanimously.

- Proposal to amend §54.1-2400.2- Confidentiality of information obtained during an investigation or disciplinary proceeding; penalty.

Ms. Yeatts stated that from a public safety standpoint, we need to be able to share information about educational programs with other entities (VDOE and SCHEV) involved in the regulation of education programs. Ms. Yeatts proposed amending §54.1-2400.2 to allow sharing information related to nursing or nurse aide education programs with the Virginia Department of Education and the State Council of Higher Education.

Mr. Monson moved that the Board adopt its support of amendments to §54.1-2400.2 as proposed. The motion was seconded and carried unanimously.

Ms. Douglas added that BON's support of the proposals will be presented to DHP for determination of which proposals will move forward to the Govenor's office. The Board will be informed of the progress and of what the Agency will move forward.

Ms. Yeatts left the meeting at 10:58 A.M.

CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 10:59 AM. for the purpose of deliberation to consider consent orders. Additionally, Ms. Mr. Monson moved that Ms. Douglas, Ms. Krohn, Ms. Power, Dr. Saxby, Dr. Hills, Ms. Ridout, Ms. Willinger, Ms. Tiller, Ms. Speller-Davis, Ms. Tamayo-Suijk and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:09 A.M.

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

Michelle Dee Hogge, LPN 0002-084705

Dr. Hahn moved to accept the consent order accept the voluntary surrender for indefinite suspension of Michelle Dee Hogge's right to renew her license to practice practical nursing in the Commonwealth of Virginia. The Order applies to Ms. Hogge's practice in Virginia, whether by Virginia licensure or

by privilege arising from multistate licensure in another Compact State. The motion was seconded and carried unanimously.

Andrea Joelle Thomas, RN 0001-244879

Dr. Hahn moved to accept the consent order to reprimand Andrea Joelle Thomas and to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia. The Order applies to Ms. Thomas' practice in Virginia, whether by Virginia licensure or by privilege arising from multistate licensure in another Compact State. The motion was seconded and carried unanimously.

Rebekah M. Hodges, LPN 0002-081706

Dr. Hahn moved to accept the consent order to reprimand Rebekah M. Hodges and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The Order applies to Ms. Hodges' practice in Virginia, whether by Virginia licensure or by privilege arising from multistate licensure in another Compact State. The motion was seconded and carried unanimously.

Stefanie Jo Proctor, RN 0001-142994

Dr. Hahn moved to accept the consent order to reinstate the license of Stefanie Jo Proctor to practice professional nursing in the Commonwealth of Virginia contingent upon Ms. Proctor's continued compliance with the terms and conditions of the Health Practitioners' Monitoring Program. The motion was seconded and carried unanimously.

Myra Jo Easter, RN 0001-159451

Dr. Hahn moved to accept the consent order to approve Ms. Easter's application for reinstatement, to indefinitely suspend the professional nursing license of Myra Jo Easter, but stay the suspension contingent upon Ms. Easter's entry into a contract with the Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Janet Maka, CNA 1401-112419

Dr. Hahn moved to accept the consent order to dismiss the case of Janet Maka. The motion was seconded and carried unanimously.

Kelly Ann Dooley, LPN 0002-076943

Dr. Hahn moved to accept the consent order to indefinitely suspend the license of Kelly Ann Dooley to practice practical nursing in the Commonwealth of Virginia. The said suspension shall be stayed upon proof of Ms. Dooley's entry into a contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions

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

Kelvin Lamont Thompson, RMA 0031-009169

Dr. Hahn moved to accept the consent order accept the voluntary surrender for indefinite suspension of Kelvin Lamont Thompson's right to renew his registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Kristi Anne Williams, RN 0001-225954

Dr. Hahn moved to accept the consent order accept the voluntary surrender for indefinite suspension of Kristi Anne Williams' license to practice professional nursing in the Commonwealth of Virginia. The Order applies to Ms. Williams' practice in Virginia, whether by Virginia licensure or by privilege arising from multistate licensure in another Compact State. The motion was seconded and carried with 10 votes. Ms. Hereford abstained.

REPORT:

ENLC Executive Committee Spring Meeting Report

Ms. Douglas provided an update on the new Compact which was implemented in January 2018. She shared that Florida, Georgia and Oklahoma were not previously in the compact but have now have joined. New rules are being worked on and are now open for public comment. Ms. Douglas attended a two day meeting to discuss implementation issues. NCSBN is assisting with education and training regarding ENLC implementation. They are currently modifying a training video for BON staff. Ms. Douglas reported that Virginia is still working through issues related to licensees in the Health Practitioners' Monitoring Program. Currently there are 30 states in the new ENLC with other states pending (including Louisiana).

Ann Tucker Gleason, Ph.D., newly appointed as a citizen Board member to the Board of Nursing shared her background.

ADJOURNMENT: The Board recessed for lunch at 11:27 A.M.

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Louise Hershkowitz, CRNA, MSHA
President

VIRGINIA BOARD OF NURSING
MINUTES
May 16, 2018
Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:03 A.M. on May 16, 2018 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Ann Tucker Gleason, PhD, Citizen Member
Michelle D. Hereford, MSHA, RN, RACHE
Trula Minton, MS, RN
Grace Thapa, BSN, RN

STAFF PRESENT: Jodi P. Power, RN, JD, Senior Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Rose Wanjiru Maranga, RN 0001-204941
Ms. Maranga appeared, accompanied by her attorney, Barbara Queen.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:10 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Maranga. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:25 A.M.

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

the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Gerardo moved that the Board of Nursing modify the Finding of Fact number 5 and moved to accept the recommended decision of the agency subordinate to reprimand Rose Wanjiru Maranga. The motion was seconded and carried unanimously.

Kara Patton, RN **0001-190942**
Ms. Patton appeared.

CLOSED MEETING: Ms. Thapa moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:30 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Patton. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:33 A.M.

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

Ms. Gerardo moved that the Board of Nursing accept the recommended decision of the agency subordinate to terminate the probation with terms and conditions placed on the license of Kara Patton to practice professional nursing in the Commonwealth of Virginia and to issue an unrestricted license. The motion was seconded and carried unanimously.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:36 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Gerardo moved that Ms. Power, Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

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

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

Andrea Monique Brooks, LPN 0002-084025
Ms. Brooks did not appear.

Ms. Gerardo moved that the Board of Nursing modify the recommended decision of the agency subordinate by deleting old regulations in the Findings of Fact numbers 2 (a) and 4, and indefinitely suspending the license of Andrea Monique Brooks to practice practical nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Brooks' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Wendy Renee Caldwell, LPN 0002-080666
Ms. Caldwell did not appear.

Ms. Gerardo moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of Wendy Renee Caldwell to practice practical nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Caldwell's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Kevin Aquila Adkins, LPN KY Lic. #2032020 with Multistate Privilege
Mr. Adkins did not appear.

Ms. Gerardo moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the multistate privilege of Kevin Aquila Adkins to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Sarah Elizabeth Miller, RN 0001-244868
Ms. Miller did not appear.

Ms. Minton moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of Sarah Elizabeth Miller to practice professional nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Miller's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and complying with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried by a vote of 5-1, with Ms. Phelps, Ms. Gerardo, Dr. Gleason, Ms. Hereford and Ms. Minton voting in favor of the motion and Ms. Thapa opposed.

Ann Maria-Bracena Ellis, RMA 0031-004098
Ms. Ellis did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the registration of Ann Maria-Bracena Ellis to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Ann Maria-Bracena Ellis, CNA 1401-116805
Ms. Ellis did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Ann Maria-Bracena Ellis to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect and a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Rosann Frazier, CNA 1401-159743
Ms. Frazier did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Rosann Frazier 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 and carried unanimously.

Kasey Allen Ashburn, CNA 1401-163423
Ms. Ashburn did not appear.

Ms. Minton moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Kasey Allen Ashburn 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 and carried unanimously.

Christopher Wood, CNA **1401-162393**
Mr. Wood did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Christopher Wood. The motion was seconded and carried unanimously.

ADJOURNMENT**:** The Board adjourned at 10:15 A.M.

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

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 16, 2018
Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:21 A.M. on March 28, 2018 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Ann Tucker Gleason, PhD, Citizen Member
Michelle D. Hereford, MSHA, RN, RACHE
Trula Minton, MS, RN
Grace Thapa, BSN, RN

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS: **Stratford University, Falls Church Campus, BSN RN Education Program- US28502100**

Mr. Richard Shurtz, President, appeared accompanied by attorney, Stephen T. Chema II.

James Schliessmann, Assistant Attorney General, and David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Charlette Ridout, RN, MS, CNE, Senior Nursing Education Consultant for Virginia Board of Nursing, Tonya James, Compliance Case Manager for Virginia Board of Nursing, Catherine Tanksley-Bowe, RN, Dean and University-wide Director of Nursing, and alums Michelle Ball, RN and Patrice McCorvey, RN, were present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:45 A.M., for the purpose of deliberation to reach a decision in the matter of Stratford University, Falls Church campus, BSN RN Education Program. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms.

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

RECONVENTION: The Board reconvened in open session at 1:55 P.M.

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

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

ACTION: Ms. Gerardo moved that the Board of Nursing Continue Conditional Approval of Stratford University, Falls Church Campus, BSN RN Education Program subject to compliance with the following terms and conditions:

1. NCLEX pass rate for first-time test takers for calendar year 2018 and 2019 shall be 80% or above.
2. Stratford University, Falls Church campus shall submit name and credentials of the current program director
3. Program director of Stratford University, Falls Church campus shall submit an NCLEX success plan that demonstrates faculty involvement within 30 days of entry of the Order.
4. Stratford University, Falls Church campus shall submit quarterly reports that demonstrate compliance with the NCLEX success plan and terms and conditions of the Order with the first report due September 1, 2018.
5. Stratford University, Falls Church campus shall provide a copy of the Order to all current and prospective students, all faculty members, and the dean of the school of nursing. Further, Stratford University, Falls Church campus shall publish the Order on its website.
6. The Board may conduct site visits to determine compliance with Board regulations and the Order at the expense of Stratford University Falls Church campus.
7. Should the NCLEX cumulative pass rate fall below 80% for the calendar year 2018, Stratford University, Falls Church campus shall appear before the Board at an informal conference for consideration of withdrawal of program approval.

The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 1:59 P.M.

RECONVENTION: The Board reconvened at 2:34 P.M

FORMAL HEARINGS: **South University, Virginia Beach Campus, BSN RN Education Program-US2850900**

Dr. Jessica Parrott, DNP, CPNP-PC, RN, CNE, Interim Program Director appeared, accompanied by counsel, Eileen Talamante and Michael Goodman.

James Schliessmann, Assistant Attorney General, and David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Laurie Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Charlette Ridout, RN, MS, CNE, Senior Nursing Education Consultant for Virginia Board of Nursing, Tonya James, Compliance Case Manager for Virginia Board of Nursing, and Sarah Wills, Assistant Dean, South University were present and testified.

CLOSED MEETING: Ms. Gerardo moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 5:09 A.M., for the purpose of deliberation to reach a decision in the matter of South University, VA Beach campus, BSN RN Education Program. Additionally, Ms. Gerardo moved that Ms. Douglas, Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:51 P.M.

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

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

ACTION: Ms. Gerardo moved to place South University, Virginia Beach campus, BSN RN Education Program on Place the program on conditional approval with terms and conditions:

1. NCLEX pass rate for first-time test takers for calendar year 2018 and 2019 shall be 80% or above.
2. Program director of South University Virginia Beach campus shall submit an NCLEX success plan within 30 days of entry of the Order.
3. South University Virginia Beach campus shall submit reports every six months that demonstrate compliance with the NCLEX success plan and terms and conditions of the Order with the first report due December 1, 2018.
4. South University Virginia Beach campus shall provide a copy of the Order to all current and prospective students, all faculty members, and the dean of the school of nursing.
5. South University Virginia Beach campus shall admit no more than 24 students per cohort, two times per year, for a period of one year from the date of entry of the Order.
6. The Board may conduct site visits to determine compliance with the Board regulations and the Order at the expense of South University Virginia Beach campus.
7. Should the NCLEX cumulative pass rate fall below 80% for the calendar year 2018, South University Virginia Beach campus shall appear before the board at an informal conference for consideration of withdrawal of program approval.

The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 5:54 P.M.

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

VIRGINIA BOARD OF NURSING
MINUTES
May 16, 2018
Panel B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on May 16, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA; President
Laura Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
Joyce Hahn, PhD, RN, NEA-BC, FNAP
Mark Monson, Citizen Member

STAFF PRESENT:
Jodi Power, RN, JD, Senior Deputy Executive Director
Brenda Krohn, RN, MS, Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:05 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Mr. Monson moved that Ms. Power, Ms. Krohn, Ms. Graham, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:23 A.M.

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

Carolyn Quayle, RN 0001-140536
Ms. Quayle did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand and indefinitely suspend Carolyn Qualye's right to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Tara Foreman, LPN 0002-088798
Ms. Foreman did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to terminate the terms and conditions placed on the license of Tara Foreman to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Sylvia Price, RN 0001-129741
Ms. Price did not appear but submitted a written response.

Dr. Hahn moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand Sylvia Price's license to practice professional nursing in the Commonwealth of Virginia, and require her completion of (2) NCSBN courses; "Medication Errors: Causes & Prevention" and "Documentation: A Critical Aspect of Client Care", within 60 days of entry of the Order, and provide written proof to the Board of successful completion.

Ashley Conner, LPN 0002-083185
Ms. Conner did not appear**.**

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Ashley Conner to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Donna Spence, RN 0001-086208
Ms. Spence did not appear but submitted a written response.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Donna Spence to practice professional nursing in the Commonwealth of Virginia and stay the suspension contingent upon her entry into the Health Practitioner's Monitoring Program (HPMP), and her continued compliance

and successful completion of the program. The motion was seconded and carried unanimously.

Kimberly Thompson, CNA 1401-183238
Ms. Thompson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Kimberly Thompson's certificate to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Shelby Crandell, LPN 0002-034049
Ms. Crandell did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Shelby Crandell's license to practice practical nursing in the Commonwealth of Virginia, and require Ms. Crandell to complete the NCSBN course; "Documentation: A Critical Aspect of Client Care", within 60 days from the date of entry of the Order, and provide written proof to the Board of successful completion.

Van Turner, CNA 1401-132645
Mr. Turner did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke Van Turner's certificate to practice as a nurse aide in the Commonwealth of Virginia, and enter a Finding of Abuse. The motion was seconded and carried unanimously.

Nicole Harrison, CNA 1401-119758
Ms. Harrison did not appear.

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate to place Nicole Harrison on probation subject to certain terms and conditions, and extend the period of probation to 24 months of active employment as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Erin Brecht, CNA 1401-168829
Ms. Brecht did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to place Erin Brecht on probation subject

to certain terms and conditions as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:40 A.M.

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Brenda G. Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 16, 2018

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M., on May 16, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA, President
Laura Cei, BS, LPN, CCRP
Margaret Friedenberg, Citizen Member
Joyce Hahn, PhD, RN, NEA-BC, FNAP
Mark Monson, Citizen Member

STAFF PRESENT:
Brenda Krohn, RN, MS, Deputy Executive Director
Jodi Power, Senior Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:
James Rutkowski, Assistant Attorney General, Board Counsel
Nurse Aide Students from Hanover County Public School
Nurse Aide Students from North Stafford County High School

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

FORMAL HEARINGS: **Cynthia Fleming, RN 0001-260623**
Ms. Fleming appeared accompanied by Nicholas Balland, Esquire, legal counsel.

Steven Bulger, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Chris Ladosky, RN, Licensing and Accreditation Specialist at Mary Washington Healthcare, and Kim Mitchell, HR Business Partner, at Mary Washington Healthcare, testified.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:32 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Fleming. Additionally, Mr. Monson moved that Ms. Power, Ms. Krohn, Ms. Graham, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

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

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

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

ACTION: Dr. Hahn moved that the Board of Nursing indefinitely suspend the right to renew the license of Ms. Fleming to practice professional nursing in the Commonwealth of Virginia, and stay the suspension contingent upon her entry into the Health Practitioner's Monitoring Program (HPMP), or an equivalent monitoring program in her primary state of residence and her continued compliance and successful completion of the program. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Mary Wagner, CNA 1401-044400**
Ms. Wagner appeared.

Holly Woodcock, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Dwayne Cromer, Senior Investigator, Department of Health Professions, testified via telephone, and Rhonda Spencer, testified.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:33 P.M., for the purpose of deliberation to reach a decision in the matter of Ms.Wagner. Additionally, Mr. Monson moved that Ms. Power, Ms. Krohn, Ms. Graham, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:46 P.M.

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

ACTION: Mr. Monson moved that the Board of Nursing dismiss the case against Ms. Wagner to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded, and passed by a vote of four to one.

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 1:50 P.M. The students left at recess.

RECONVENTION: The Board reconvened at 2:30 P.M.

FORMAL HEARINGS: **Matthew Chupp, CNA Reinstatement Applicant 1401-135856**
Mr. Chupp appeared accompanied by Andrea Sloan, Esquire, legal counsel.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:11 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Chupp. Additionally, Mr. Monson moved that Ms. Power, Ms. Krohn, Ms. Graham, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:28 P.M.

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

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

ACTION: Dr. Hahn moved that the Board of Nursing approve the application of Mr. Chupp for the reinstatement of his certificate to practice as a nurse aide in the Commonwealth of Virginia, upon successful completion of the nurse aide exam. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Shani Hurley, RN 0001-197179**
Ms. Hurley appeared.

Steven Bulger, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Lisa Elgin, Senior Investigator, Department of Health Professions, and Dawn France, Case Manager, Health Practitioners' Monitoring Program (HPMP), testified via telephone.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:03 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Hurley. Additionally, Mr. Monson moved that Ms. Power, Ms. Krohn, Ms. Graham, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:33 P.M.

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

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

ACTION: Dr. Hahn moved that the Board of Nursing continue the license of Ms. Fleming on indefinite suspension to practice professional nursing in the Commonwealth of Virginia, and stay the suspension contingent upon her entry into the Health Practitioners' Monitoring Program (HPMP), and her continued compliance and successful completion of the program. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Sherry Pritchett, CNA Reinstatement Applicant 1401-054066**
Ms. Pritchett did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Patricia Dewey, Senior Investigator, Department of Health Professions testified.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 5:48 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Pritchett. Additionally, Mr. Monson moved that Ms. Power, Ms. Krohn, Ms. Graham, and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its' deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 5:55 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 and carried unanimously.

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

ACTION: Ms. Cei moved that the Board of Nursing deny the application for reinstatement of Ms. Pritchett's certificate to practice as a nurse aide in the

Commonwealth of Virginia. The motion was seconded and carried unanimously.
This decision shall be effective upon entry by the Board of a written Order stating the findings, conclusion, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 5:57 P.M.

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Brenda G. Krohn, RN, MS
Deputy Executive Director

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

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	*2860*	*2524*	*88.3%*	*246*	*8.6%*				*92*	*3.2%*				*69*	*76*	*88*	*0*	
CY2018 to Date:	*106*	*87*	*82.1%*	*16*	*15.1%*	*1*	*14*	*1*	*3*	*2.8%*	*0*	*3*	*0*	*1*	*7*	*1*	*N/A*	
Nov-18																		
Sep-18																		
Jul-18																		
May-18	21	15	71.9%	6	28.6%	1	5	0	0		0	0	0	1	1	0		
Mar-18	50	39	78.0%	8	16.0%	0	7	1	3	6.0%	0	3	0	0	2	1		
Jan-18	35	33	94.3%	2	5.7%	0	2	0	0	0.0%	0	0	0	0	4	0		
Annual Totals:																		
Total 2017	*230*	*220*	*95.7%*	*8*	*3.5%*	*0*	*5*	*3*	*2*	*0.8%*	*0*	*2*	*0*	*2*	*4*	*6*	N/A	
Total 2016	241	227	94.2%	9	3.7%	0	8	0	5	2.1%	2	4	0	4	8	2	N/A	
Total 2015	240	218	90.8%	14	5.8%	2	12	2	8	3.3%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	2	3	3	7	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	
Total 2009	268	217	81.0%	40	14.9%				11	4.1%				11	6	20	N/A	
Total 2008	217	163	75.1%	29	13.4%				22	10.1%				11	11	3	N/A	
Total 2007	174	130	74.7%	30	17.2%				12	6.9%				8	7	4	N/A	
Total 2006	76	62	81.6%	6	7.9%				8	10.5%				2	2		N/A	

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

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

Virginia Department of Health Professions
Cash Balance
As of May 31, 2018

	Nursing	
Board Cash Balance as June 30, 2017	$ 11,626,594	
YTD FY18 Revenue	10,234,397	
Less: YTD FY18 Direct and Allocated Expenditures	11,567,985	*
Board Cash Balance as May 31, 2018	10,293,006	

*** Includes $57,464 deduction for Nurse Scholarship Fund**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	2,072,632.00	1,518,220.00	(554,412.00)	136.52%
4002406	License & Renewal Fee	6,284,005.00	6,526,255.00	242,250.00	96.29%
4002407	Dup. License Certificate Fee	23,335.00	23,750.00	415.00	98.25%
4002408	Board Endorsement - In	61,860.00	676,000.00	614,140.00	9.15%
4002409	Board Endorsement - Out	22,705.00	14,805.00	(7,900.00)	153.36%
4002421	Monetary Penalty & Late Fees	259,840.00	188,750.00	(71,090.00)	137.66%
4002432	Misc. Fee (Bad Check Fee)	445.00	1,750.00	1,305.00	25.43%
	Total Fee Revenue	8,724,822.00	8,949,530.00	224,708.00	97.49%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,025.00	-	(1,025.00)	0.00%
	Total Sales of Prop. & Commodities	1,025.00	-	(1,025.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	22,800.00	34,000.00	11,200.00	67.06%
	Total Other Revenue	22,800.00	34,000.00	11,200.00	67.06%
	Total Revenue	8,748,647.00	8,983,530.00	234,883.00	97.39%
5011110	Employer Retirement Contrib.	197,716.72	230,008.00	32,291.28	85.96%
5011120	Fed Old-Age Ins- Sal St Emp	118,717.17	130,683.00	11,965.83	90.84%
5011130	Fed Old-Age Ins- Wage Earners	11,331.75	31,899.00	20,567.25	35.52%
5011140	Group Insurance	20,505.80	22,336.00	1,830.20	91.81%
5011150	Medical/Hospitalization Ins.	287,525.50	393,948.00	106,422.50	72.99%
5011160	Retiree Medical/Hospitalizatn	18,425.17	20,120.00	1,694.83	91.58%
5011170	Long term Disability Ins	10,063.78	11,254.00	1,190.22	89.42%
5011190	Employer Retirement Contrib	3,399.97	-	(3,399.97)	0.00%
	Total Employee Benefits	667,685.86	840,248.00	172,562.14	79.46%
5011200	Salaries				
5011220	Salaries, Appointed Officials	36,666.64	-	(36,666.64)	0.00%
5011230	Salaries, Classified	1,479,769.55	1,705,020.00	225,250.45	86.79%
5011250	Salaries, Overtime	26,677.13	3,254.00	(23,423.13)	819.83%
	Total Salaries	1,543,113.32	1,708,274.00	165,160.68	90.33%
5011300	Special Payments				
5011310	Bonuses and Incentives	917.12	1,950.00	1,032.88	47.03%
5011380	Deferred Compnstn Match Pmts	5,840.00	14,880.00	9,040.00	39.25%
	Total Special Payments	6,757.12	16,830.00	10,072.88	40.15%
5011400	Wages				
5011410	Wages, General	154,502.77	391,971.00	237,468.23	39.42%
5011430	Wages, Overtime	819.20	-	(819.20)	0.00%
	Total Wages	155,321.97	391,971.00	236,649.03	39.63%
5011530	Short-trm Disability Benefits	57,858.59	-	(57,858.59)	0.00%
	Total Disability Benefits	57,858.59	-	(57,858.59)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	270.78	-	(270.78)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011640	Salaries, Cmp Leave Balances	64.88	-	(64.88)	0.00%
5011660	Defined Contribution Match - Hy	7,687.53	-	(7,687.53)	0.00%
	Total Terminatn Personal Svce Costs	8,023.19	-	(8,023.19)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	2,438,760.05	2,957,323.00	518,562.95	82.47%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	5,156.19	4,395.00	(761.19)	117.32%
5012120	Outbound Freight Services	-	10.00	10.00	0.00%
5012140	Postal Services	104,213.05	85,633.00	(18,580.05)	121.70%
5012150	Printing Services	3,371.18	1,322.00	(2,049.18)	255.01%
5012160	Telecommunications Svcs (VITA)	9,098.85	21,910.00	12,811.15	41.53%
5012170	Telecomm. Svcs (Non-State)	517.50	-	(517.50)	0.00%
5012190	Inbound Freight Services	84.39	17.00	(67.39)	496.41%
	Total Communication Services	122,441.16	113,287.00	(9,154.16)	108.08%
5012200	Employee Development Services				
5012210	Organization Memberships	225.00	8,764.00	8,539.00	2.57%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Trainng/Workshop/Conf	4,223.00	482.00	(3,741.00)	876.14%
5012250	Employee Tuition Reimbursement	-	1,000.00	1,000.00	0.00%
	Total Employee Development Services	4,448.00	10,366.00	5,918.00	42.91%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	4,232.00	4,232.00	0.00%
	Total Health Services	-	4,232.00	4,232.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	116,255.75	197,340.00	81,084.25	58.91%
5012430	Attorney Services	8,209.50	-	(8,209.50)	0.00%
5012440	Management Services	1,542.80	370.00	(1,172.80)	416.97%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	7,161.60	5,616.00	(1,545.60)	127.52%
	Total Mgmnt and Informational Svcs	133,169.65	203,375.00	70,205.35	65.48%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	835.00	3,001.00	2,166.00	27.82%
5012560	Mechanical Repair & Maint Srvc	145.00	369.00	224.00	39.30%
	Total Repair and Maintenance Svcs	980.00	3,370.00	2,390.00	29.08%
5012600	Support Services				
5012630	Clerical Services	256,151.92	317,088.00	60,936.08	80.78%
5012640	Food & Dietary Services	13,582.29	-	(13,582.29)	0.00%
5012650	Laundry and Linen Services	420.77	-	(420.77)	0.00%
5012660	Manual Labor Services	28,199.54	38,508.00	10,308.46	73.23%
5012670	Production Services	163,191.46	158,515.00	(4,676.46)	102.95%
5012680	Skilled Services	819,718.90	1,119,774.00	300,055.10	73.20%
	Total Support Services	1,281,264.88	1,633,885.00	352,620.12	78.42%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012700	Technical Services				
5012780	VITA InT Int Cost Goods&Svs	4,563.16	-	(4,563.16)	0.00%
5012790	Computer Software Dvp Svs	-	62,000.00	62,000.00	0.00%
	Total Technical Services	4,563.16	62,000.00	57,436.84	7.36%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,382.75	5,260.00	2,877.25	45.30%
5012830	Travel, Public Carriers	332.40	1.00	(331.40)	33240.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	1,647.06	6,635.00	4,987.94	24.82%
5012880	Trvl, Meal Reimb- Not Rprtble	1,418.75	3,597.00	2,178.25	39.44%
	Total Transportation Services	5,780.96	17,947.00	12,166.04	32.21%
	Total Contractual Svs	1,552,647.81	2,048,462.00	495,814.19	75.80%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	17,233.88	11,696.00	(5,537.88)	147.35%
5013130	Stationery and Forms	449.89	3,790.00	3,340.11	11.87%
	Total Administrative Supplies	17,683.77	15,486.00	(2,197.77)	114.19%
5013200	Energy Supplies				
5013230	Gasoline	14.59	-	(14.59)	0.00%
	Total Energy Supplies	14.59	-	(14.59)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufctrng and Merch Supplies	-	99.00	99.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	5.45	29.00	23.55	18.79%
	Total Repair and Maint. Supplies	5.45	29.00	23.55	18.79%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	359.04	408.00	48.96	88.00%
5013630	Food Service Supplies	152.27	1,108.00	955.73	13.74%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
5013650	Personal Care Supplies	155.76	-	(155.76)	0.00%
	Total Residential Supplies	667.07	1,538.00	870.93	43.37%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	273.88	182.00	(91.88)	150.48%
	Total Specific Use Supplies	273.88	182.00	(91.88)	150.48%
	Total Supplies And Materials	18,644.76	17,334.00	(1,310.76)	107.56%
5014000	Transfer Payments				
5014100	Awards, Contrib., and Claims				
5014130	Premiums	108.18	-	(108.18)	0.00%
	Total Awards, Contrib., and Claims	108.18	-	(108.18)	0.00%
	Total Transfer Payments	108.18	-	(108.18)	0.00%
5015000	Continuous Charges				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	-	504.00	504.00	0.00%
	Total Insurance-Fixed Assets	-	667.00	667.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	7,049.84	9,014.00	1,964.16	78.21%
5015350	Building Rentals	522.40	-	(522.40)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	120,457.46	149,154.00	28,696.54	80.76%
	Total Operating Lease Payments	128,029.70	158,443.00	30,413.30	80.80%
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,897.00	1,897.00	0.00%
5015540	Surety Bonds	-	112.00	112.00	0.00%
	Total Insurance-Operations	-	2,009.00	2,009.00	0.00%
	Total Continuous Charges	128,029.70	161,124.00	33,094.30	79.46%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	5,009.11	-	(5,009.11)	0.00%
5022180	Computer Software Purchases	626.86	-	(626.86)	0.00%
	Total Computer Hrdware & Sftware	5,635.97	-	(5,635.97)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	486.00	1,123.00	637.00	43.28%
	Total Educational & Cultural Equip	486.00	1,123.00	637.00	43.28%
5022300	Electrnc & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	7,950.90	1,097.00	(6,853.90)	724.79%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	7,950.90	1,374.00	(6,576.90)	578.67%
5022700	Specific Use Equipment				
5022710	Household Equipment	152.98	133.00	(19.98)	115.02%
	Total Specific Use Equipment	152.98	133.00	(19.98)	115.02%
	Total Equipment	14,225.85	4,296.00	(9,929.85)	331.14%
	Total Expenditures	4,152,416.35	5,188,539.00	1,036,122.65	80.03%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	61,334.82	99,619.71	38,284.89	61.57%
30100	Data Center	1,400,940.54	1,733,818.90	332,878.36	80.80%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30200	Human Resources	102,552.46	248,422.95	145,870.49	41.28%
30300	Finance	636,776.69	688,825.26	52,048.57	92.44%
30400	Director's Office	342,811.31	365,480.41	22,669.10	93.80%
30500	Enforcement	2,030,640.10	2,525,930.44	495,290.34	80.39%
30600	Administrative Proceedings	452,959.56	683,262.19	230,302.63	66.29%
30700	Impaired Practitioners	66,744.09	73,226.24	6,482.15	91.15%
30800	Attorney General	173,835.22	173,842.97	7.75	100.00%
30900	Board of Health Professions	182,312.18	207,620.66	25,308.48	87.81%
31100	Maintenance and Repairs	-	3,344.48	3,344.48	0.00%
31300	Emp. Recognition Program	1,708.95	3,994.37	2,285.41	42.78%
31400	Conference Center	46,084.90	46,633.20	548.30	98.82%
31500	Pgm Devlpmnt & Implmentn	189,619.04	205,784.48	16,165.44	92.14%
	Total Allocated Expenditures	5,688,319.86	7,059,806.26	1,371,486.40	80.57%
	Net Revenue in Excess (Shortfall) of Expenditures	$(1,092,089.21)	$ (3,264,815.26)	$ (2,172,726.05)	33.45%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
4002400	Fee Revenue							
4002401	Application Fee	166,685.00	156,660.00	143,604.00	191,605.00	175,130.00	150,910.00	135,455.00
4002406	License & Renewal Fee	606,379.00	604,896.00	596,413.00	679,172.00	475,140.00	513,107.00	601,998.00
4002407	Dup. License Certificate Fee	2,175.00	2,025.00	2,015.00	2,190.00	2,000.00	1,930.00	2,190.00
4002408	Board Endorsement - In	5,610.00	7,460.00	7,840.00	7,310.00	4,760.00	3,230.00	5,760.00
4002409	Board Endorsement - Out	1,445.00	2,140.00	1,760.00	2,660.00	2,395.00	1,665.00	1,550.00
4002421	Monetary Penalty & Late Fees	23,065.00	25,570.00	23,950.00	24,678.00	22,805.00	20,281.00	25,182.00
4002432	Misc. Fee (Bad Check Fee)	-	35.00	-	105.00	105.00	-	35.00
	Total Fee Revenue	805,359.00	798,786.00	775,582.00	907,720.00	682,335.00	691,123.00	772,170.00
4003000	Sales of Prop. & Commodities							
4003020	Misc. Sales-Dishonored Payments	-	50.00	-	210.00	125.00	-	10.00
	Total Sales of Prop. & Commodities	-	50.00	-	210.00	125.00	-	10.00
4009000	Other Revenue							
4009060	Miscellaneous Revenue	4,400.00	2,200.00	2,200.00	6,600.00	-	-	-
	Total Other Revenue	4,400.00	2,200.00	2,200.00	6,600.00	-	-	-
	Total Revenue	809,759.00	801,036.00	777,782.00	914,530.00	682,460.00	691,123.00	772,180.00
5011000	Personal Services							
5011100	Employee Benefits							
5011110	Employer Retirement Contrib.	23,412.17	16,297.24	16,408.24	17,345.43	17,648.96	16,847.36	17,661.90
5011120	Fed Old-Age Ins- Sal St Emp	13,592.59	9,632.19	9,820.77	10,103.57	10,162.49	9,962.56	10,103.72
5011130	Fed Old-Age Ins- Wage Earners	1,464.58	849.21	836.04	1,144.48	1,014.26	881.84	1,088.40
5011140	Group Insurance	2,346.28	1,635.24	1,646.02	1,743.69	1,773.56	1,687.22	1,794.60
5011150	Medical/Hospitalization Ins.	33,904.00	23,428.00	23,428.00	24,007.50	24,587.00	22,780.00	23,427.00
5011160	Retiree Medical/Hospitalizatn	2,113.43	1,473.00	1,482.72	1,570.69	1,597.58	1,519.82	1,616.53
5011170	Long term Disability Ins	1,182.13	823.90	829.34	878.54	893.58	850.08	904.17
5011190	Employer Retirement Contrib	-	-	-	-	-	-	-
	Total Employee Benefits	78,015.18	54,138.78	54,451.13	56,793.90	57,677.43	54,528.88	56,596.32
5011200	Salaries							
5011220	Salaries, Appointed Officials	-	-	-	-	-	-	-
5011230	Salaries, Classified	176,371.04	125,760.55	129,430.98	133,595.27	135,503.05	121,773.48	128,847.97

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5011250	Salaries, Overtime	3,407.00	4,847.37	3,574.44	2,993.39	2,073.51	2,728.93	498.53
	Total Salaries	179,778.04	130,607.92	133,005.42	136,588.66	137,576.56	124,502.41	129,346.50
5011310	Bonuses and Incentives	-	-	-	-	-	-	-
5011380	Deferred Compnstn Match Pmts	690.00	435.00	435.00	475.00	495.00	490.00	540.00
	Total Special Payments	690.00	435.00	435.00	475.00	495.00	490.00	540.00
5011400	Wages							
5011410	Wages, General	19,144.72	11,100.78	10,928.73	14,572.35	13,258.42	11,527.52	14,227.28
5011430	Wages, Overtime	-	-	-	388.04	-	-	-
	Total Wages	19,144.72	11,100.78	10,928.73	14,960.39	13,258.42	11,527.52	14,227.28
5011500	Disability Benefits							
5011530	Short-trm Disability Benefits	5,168.08	-	-	-	-	10,284.18	7,390.90
	Total Disability Benefits	5,168.08	-	-	-	-	10,284.18	7,390.90
5011600	Terminatn Personal Svce Costs							
5011620	Salaries, Annual Leave Balanc	-	-	-	145.98	-	124.80	-
5011640	Salaries, Cmp Leave Balances	-	-	-	64.88	-	-	-
5011660	Defined Contribution Match - Hy	748.70	542.38	542.38	610.88	614.88	527.44	818.51
	Total Terminatn Personal Svce Costs	748.70	542.38	542.38	821.74	614.88	652.24	818.51
	Total Personal Services	283,544.72	196,824.86	199,362.66	209,639.69	209,622.29	201,985.23	208,919.51
5012000	Contractual Svs							
5012100	Communication Services							
5012110	Express Services	-	205.43	325.56	1,090.36	249.40	403.35	76.92
5012140	Postal Services	8,021.15	14,448.95	7,897.20	14,383.63	8,958.35	7,852.49	5,302.97
5012150	Printing Services	-	-	2,001.45	-	-	-	-
5012160	Telecommunications Svcs (VITA)	1,080.57	1,123.79	-	-	749.56	-	775.52
5012170	Telecomm. Svcs (Non-State)	67.50	45.00	45.00	45.00	45.00	45.00	45.00
5012190	Inbound Freight Services	-	-	10.00	34.24	-	22.32	-
	Total Communication Services	9,169.22	15,823.17	10,279.21	15,553.23	10,002.31	8,323.16	6,200.41
5012200	Employee Development Services							
5012210	Organization Memberships	-	-	-	-	-	-	-
5012240	Employee Trainng/Workshop/Conf	1,950.00	-	-	-	-	1,349.00	-
	Total Employee Development Services	1,950.00	-	-	-	-	1,349.00	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5012400	Mgmnt and Informational Svcs							
5012420	Fiscal Services	13,002.82	10,224.03	12,052.46	23,061.46	12,336.73	50.00	8,905.76
5012430	Attorney Services	-	8,209.50	-	-	-	-	-
5012440	Management Services	-	1,240.63	-	(21.81)	-	113.30	-
5012470	Legal Services	-	-	-	1,820.00	1,235.00	195.00	1,300.00
	Total Mgmnt and Informational Svcs	13,002.82	19,674.16	12,052.46	24,859.65	13,571.73	358.30	10,205.76
5012500	Repair and Maintenance Svcs							
5012530	Equipment Repair & Maint Srvc	-	-	-	-	660.00	-	-
5012560	Mechanical Repair & Maint Srvc	-	-	-	-	-	-	-
	Total Repair and Maintenance Svcs	-	-	-	-	660.00	-	-
5012600	Support Services							
5012630	Clerical Services	-	21,892.50	26,707.16	32,806.25	18,060.00	39,692.50	24,486.30
5012640	Food & Dietary Services	-	319.83	1,318.30	689.41	1,648.22	1,651.95	906.78
5012650	Laundry and Linen Services	-	-	-	-	-	-	-
5012660	Manual Labor Services	3,065.98	2,567.29	3,460.12	2,005.46	2,423.35	1,521.77	3,261.02
5012670	Production Services	17,963.37	12,478.99	22,534.60	10,328.84	16,374.36	11,583.17	11,916.47
5012680	Skilled Services	72,534.53	74,341.44	72,561.81	76,517.05	72,018.27	76,733.97	72,018.27
	Total Support Services	93,563.88	111,600.05	126,581.99	122,347.01	110,524.20	131,183.36	112,588.84
5012700	Technical Services							
5012780	VITA InT Int Cost Goods&Svs	-	-	1,154.53	-	-	3,408.63	-
	Total Technical Services	-	-	1,154.53	-	-	3,408.63	-
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	-	317.80	31.57	67.90	496.49	107.54	-
5012830	Travel, Public Carriers	-	-	-	332.40	-	-	-
5012850	Travel, Subsistence & Lodging	-	100.37	-	204.38	224.88	-	-
5012880	Trvl, Meal Reimb- Not Rprtble	-	50.25	-	127.50	307.50	-	-
	Total Transportation Services	-	468.42	31.57	732.18	1,028.87	107.54	-
	Total Contractual Svs	117,685.92	147,565.80	150,099.76	163,492.07	135,787.11	144,729.99	128,995.01
5013000	Supplies And Materials							
5013100	Administrative Supplies							

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
5013120	Office Supplies	-	761.12	1,116.65	1,292.91	2,618.60	2,229.79	636.13
5013130	Stationery and Forms	-	-	-	-	-	-	-
	Total Administrative Supplies	-	761.12	1,116.65	1,292.91	2,618.60	2,229.79	636.13
5013200	Energy Supplies							
5013230	Gasoline	14.59	-	-	-	-	-	-
	Total Energy Supplies	14.59	-	-	-	-	-	-
5013500	Repair and Maint. Supplies							
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-
5013600	Residential Supplies							
5013620	Food and Dietary Supplies	46.26	-	210.14	-	79.51	-	-
5013630	Food Service Supplies	-	-	-	-	-	-	-
5013650	Personal Care Supplies	155.76	-	-	-	-	-	-
	Total Residential Supplies	202.02	-	210.14	-	79.51	-	-
5013700	Specific Use Supplies							
5013730	Computer Operating Supplies	-	62.00	-	211.88	-	-	-
	Total Specific Use Supplies	-	62.00	-	211.88	-	-	-
	Total Supplies And Materials	216.61	823.12	1,326.79	1,504.79	2,698.11	2,229.79	636.13
5014000	Transfer Payments							
5014100	Awards, Contrib., and Claims							
5014130	Premiums	-	-	-	-	-	43.18	-
	Total Awards, Contrib., and Claims	-	-	-	-	-	43.18	-
	Total Transfer Payments	-	-	-	-	-	43.18	-
5015000	Continuous Charges							
5015300	Operating Lease Payments							
5015340	Equipment Rentals	-	734.12	259.80	660.71	699.22	673.49	660.71
5015350	Building Rentals	-	115.20	-	-	133.20	-	-
5015390	Building Rentals - Non State	9,989.96	11,693.95	10,226.17	9,989.96	11,134.51	9,989.96	9,989.96
	Total Operating Lease Payments	9,989.96	12,543.27	10,485.97	10,650.67	11,966.93	10,663.45	10,650.67

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
	Total Continuous Charges	9,989.96	12,543.27	10,485.97	10,650.67	11,966.93	10,663.45	10,650.67
5022000	Equipment							
5022170	Other Computer Equipment	-	-	-	1,202.98	995.00	-	-
5022180	Computer Software Purchases	-	-	-	-	-	248.16	-
	Total Computer Hrdware & Sftware	-	-	-	1,202.98	995.00	248.16	-
5022200	Educational & Cultural Equip							
5022240	Reference Equipment	-	-	-	384.00	-	-	-
	Total Educational & Cultural Equip	-	-	-	384.00	-	-	-
5022620	Office Furniture	-	-	-	2,109.40	1,425.00	-	697.00
	Total Office Equipment	-	-	-	2,109.40	1,425.00	-	697.00
5022710	Household Equipment	-	-	-	-	-	-	-
	Total Specific Use Equipment	-	-	-	-	-	-	-
	Total Equipment	-	-	-	3,696.38	2,420.00	248.16	697.00
5023000	Plant and Improvements							
5023200	Construction of Plant and Improvements							
5023280	Construction, Buildings Improvements	-	-	-	-	-	-	-
	Total Construction of Plant and Improvements	-	-	-	-	-	-	-
	Total Plant and Improvements	-	-	-	-	-	-	-
	Total Expenditures	411,437.21	357,757.05	361,275.18	388,983.60	362,494.44	359,899.80	349,898.32
	Allocated Expenditures							
20100	Behavioral Science Exec	-	-	-	-	-	-	-
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	5,823.27	4,446.03	1,647.00	7,625.78	6,610.21	4,584.05	2,665.64
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-
30100	Data Center	153,994.04	57,546.31	146,250.63	133,335.90	52,978.31	174,918.56	125,510.44
30200	Human Resources	528.50	706.83	588.75	693.94	94,107.64	1,275.27	635.97
30300	Finance	115,892.23	61,037.58	60,505.71	32,709.77	77,501.39	57,917.62	40,814.49

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January
30400	Director's Office	37,468.25	30,084.57	28,148.74	29,016.32	27,619.87	28,007.67	30,089.59
30500	Enforcement	244,671.07	180,029.50	173,314.38	178,511.96	179,113.23	183,861.42	188,285.19
30600	Administrative Proceedings	65,307.24	42,043.39	33,040.69	32,920.32	41,068.97	33,227.34	47,394.43
30700	Impaired Practitioners	8,335.06	6,057.80	5,643.09	5,566.36	5,560.60	5,750.46	5,669.09
30800	Attorney General	-	-	43,458.80	43,458.80	-	-	43,458.80
30900	Board of Health Professions	21,731.89	15,630.88	14,246.29	15,745.23	15,864.88	13,725.72	16,232.84
31000	SRTA	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-
31300	Emp. Recognition Program	-	-	-	-	-	-	777.88
31400	Conference Center	57.31	108.75	84,260.06	(9,951.36)	(29,328.40)	454.00	50.92
31500	Pgm Devlpmnt & Implmentn	16,955.97	15,094.42	14,126.28	14,647.01	16,478.05	14,576.46	14,348.00
98700	Cash Transfers	-	-	-	-	-	-	-
	Total Allocated Expenditures	670,764.83	412,786.07	605,230.43	484,280.04	487,574.76	518,298.56	515,933.28
	Net Revenue in Excess (Shortfall) of Expenditures	$ (272,443.04)	$ 30,492.88	$ (188,723.61)	$ 41,266.36	$ (167,609.20)	$ (187,075.36)	$ (93,651.60)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	February	March	April	May	Total
4002400	Fee Revenue					
4002401	Application Fee	158,220.00	227,580.00	304,535.00	262,248.00	**2,072,632.00**
4002406	License & Renewal Fee	474,871.00	505,904.00	625,160.00	600,965.00	**6,284,005.00**
4002407	Dup. License Certificate Fee	2,225.00	1,890.00	2,385.00	2,310.00	**23,335.00**
4002408	Board Endorsement - In	4,590.00	4,760.00	4,930.00	5,610.00	**61,860.00**
4002409	Board Endorsement - Out	1,495.00	2,425.00	2,255.00	2,915.00	**22,705.00**
4002421	Monetary Penalty & Late Fees	20,392.00	24,122.00	26,645.00	23,150.00	**259,840.00**
4002432	Misc. Fee (Bad Check Fee)	-	95.00	-	70.00	**445.00**
	Total Fee Revenue	661,793.00	766,776.00	965,910.00	897,268.00	**8,724,822.00**
4003000	Sales of Prop. & Commodities					
4003020	Misc. Sales-Dishonored Payments	50.00	250.00	-	330.00	**1,025.00**
	Total Sales of Prop. & Commodities	50.00	250.00	-	330.00	**1,025.00**
4009000	Other Revenue					
4009060	Miscellaneous Revenue	-	3,700.00	1,500.00	2,200.00	**22,800.00**
	Total Other Revenue	-	3,700.00	1,500.00	2,200.00	**22,800.00**
	Total Revenue	661,843.00	770,726.00	967,410.00	899,798.00	**8,748,647.00**
5011000	Personal Services					
5011100	Employee Benefits					
5011110	Employer Retirement Contrib.	18,022.02	17,971.63	17,630.41	18,471.36	**197,716.72**
5011120	Fed Old-Age Ins- Sal St Emp	10,986.41	11,074.68	11,224.12	12,054.07	**118,717.17**
5011130	Fed Old-Age Ins- Wage Earners	1,219.31	1,152.40	1,111.37	569.86	**11,331.75**
5011140	Group Insurance	1,830.92	2,192.90	1,855.17	2,000.20	**20,505.80**
5011150	Medical/Hospitalization Ins.	27,645.00	27,271.00	28,524.00	28,524.00	**287,525.50**
5011160	Retiree Medical/Hospitalizatn	1,649.24	1,975.27	1,625.19	1,801.70	**18,425.17**
5011170	Long term Disability Ins	922.48	923.33	908.99	947.24	**10,063.78**
5011190	Employer Retirement Contrib	-	1,841.65	779.16	779.16	**3,399.97**
	Total Employee Benefits	62,275.38	64,402.86	63,658.41	65,147.59	**667,685.86**
5011200	Salaries					
5011220	Salaries, Appointed Officials	9,166.66	9,166.66	9,166.66	9,166.66	**36,666.64**
5011230	Salaries, Classified	130,856.59	131,956.29	132,658.17	133,016.16	**1,479,769.55**

Virginia Department of Health Professions

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Department 10100 - Nursing

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Account Number	Account Description	February	March	April	May	Total
5011250	Salaries, Overtime	1,750.36	454.57	1,915.45	2,433.58	**26,677.13**
	Total Salaries	141,773.61	141,577.52	143,740.28	144,616.40	**1,543,113.32**
5011310	Bonuses and Incentives	-	-	-	917.12	**917.12**
5011380	Deferred Compnstn Match Pmts	540.00	580.00	580.00	580.00	**5,840.00**
	Total Special Payments	540.00	580.00	580.00	1,497.12	**6,757.12**
5011400	Wages					**-**
5011410	Wages, General	15,939.13	15,064.00	14,527.65	14,212.19	**154,502.77**
5011430	Wages, Overtime	-	-	-	431.16	**819.20**
	Total Wages	15,939.13	15,064.00	14,527.65	14,643.35	**155,321.97**
5011500	Disability Benefits					
5011530	Short-trm Disability Benefits	7,240.06	8,600.55	8,672.12	10,502.70	**57,858.59**
	Total Disability Benefits	7,240.06	8,600.55	8,672.12	10,502.70	**57,858.59**
5011600	Terminatn Personal Svce Costs					
5011620	Salaries, Annual Leave Balanc	-	-	-	-	**270.78**
5011640	Salaries, Cmp Leave Balances	-	-	-	-	**64.88**
5011660	Defined Contribution Match - Hy	818.50	818.50	818.50	826.86	**7,687.53**
	Total Terminatn Personal Svce Costs	818.50	818.50	818.50	826.86	**8,023.19**
	Total Personal Services	228,586.68	231,043.43	231,996.96	237,234.02	**2,438,760.05**
5012000	Contractual Svs					**-**
5012100	Communication Services					**-**
5012110	Express Services	1,110.79	802.01	544.44	347.93	**5,156.19**
5012140	Postal Services	7,565.27	11,270.06	11,548.57	6,964.41	**104,213.05**
5012150	Printing Services	-	-	919.84	449.89	**3,371.18**
5012160	Telecommunications Svcs (VITA)	1,499.76	1,499.06	1,476.09	894.50	**9,098.85**
5012170	Telecomm. Svcs (Non-State)	45.00	45.00	45.00	45.00	**517.50**
5012190	Inbound Freight Services	-	-	-	17.83	**84.39**
	Total Communication Services	10,220.82	13,616.13	14,533.94	8,719.56	**122,441.16**
5012200	Employee Development Services					
5012210	Organization Memberships	-	-	-	225.00	**225.00**
5012240	Employee Trainng/Workshop/Conf	149.00	-	750.00	25.00	**4,223.00**
	Total Employee Development Services	149.00	-	750.00	250.00	**4,448.00**

Virginia Department of Health Professions

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Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	February	March	April	May	Total
5012400	Mgmnt and Informational Svcs					
5012420	Fiscal Services	16,072.50	9,967.65	10,382.34	200.00	**116,255.75**
5012430	Attorney Services	-	-	-	-	**8,209.50**
5012440	Management Services	80.61	-	130.07	-	**1,542.80**
5012470	Legal Services	-	-	2,066.60	545.00	**7,161.60**
	Total Mgmnt and Informational Svcs	16,153.11	9,967.65	12,579.01	745.00	**133,169.65**
5012500	Repair and Maintenance Svcs					
5012530	Equipment Repair & Maint Srvc	175.00	-	-	-	**835.00**
5012560	Mechanical Repair & Maint Srvc	-	-	-	145.00	**145.00**
	Total Repair and Maintenance Svcs	175.00	-	-	145.00	**980.00**
5012600	Support Services					
5012630	Clerical Services	21,462.50	18,465.00	35,099.55	17,480.16	**256,151.92**
5012640	Food & Dietary Services	591.92	2,359.74	3,271.21	824.93	**13,582.29**
5012650	Laundry and Linen Services	420.77	-	-	-	**420.77**
5012660	Manual Labor Services	2,688.36	2,417.74	1,864.95	2,923.50	**28,199.54**
5012670	Production Services	19,630.15	11,069.28	11,737.89	17,574.34	**163,191.46**
5012680	Skilled Services	73,308.92	87,713.14	72,276.40	69,695.10	**819,718.90**
	Total Support Services	118,102.62	122,024.90	124,250.00	108,498.03	**1,281,264.88**
5012700	Technical Services					
5012780	VITA InT Int Cost Goods&Svs	-	-	-	-	**4,563.16**
	Total Technical Services	-	-	-	-	**4,563.16**
5012800	Transportation Services					
5012820	Travel, Personal Vehicle	144.98	473.07	-	743.40	**2,382.75**
5012830	Travel, Public Carriers	-	-	-	-	**332.40**
5012850	Travel, Subsistence & Lodging	-	608.57	-	508.86	**1,647.06**
5012880	Trvl, Meal Reimb- Not Rprtble	-	391.00	-	542.50	**1,418.75**
	Total Transportation Services	144.98	1,472.64	-	1,794.76	**5,780.96**
	Total Contractual Svs	144,945.53	147,081.32	152,112.95	120,152.35	**1,552,647.81**
5013000	Supplies And Materials					
5013100	Administrative Supplies					**-**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	February	March	April	May	Total
5013120	Office Supplies	478.34	4,001.18	1,840.91	2,258.25	**17,233.88**
5013130	Stationery and Forms	-	-	-	449.89	**449.89**
	Total Administrative Supplies	478.34	4,001.18	1,840.91	2,708.14	**17,683.77**
5013200	Energy Supplies					
5013230	Gasoline	-	-	-	-	**14.59**
	Total Energy Supplies	-	-	-	-	**14.59**
5013500	Repair and Maint. Supplies					
5013520	Custodial Repair & Maint Matrl	-	-	5.45	-	**5.45**
	Total Repair and Maint. Supplies	-	-	5.45	-	**5.45**
5013600	Residential Supplies					
5013620	Food and Dietary Supplies	-	-	23.13	-	**359.04**
5013630	Food Service Supplies	26.62	-	125.65	-	**152.27**
5013650	Personal Care Supplies	-	-	-	-	**155.76**
	Total Residential Supplies	26.62	-	148.78	-	**667.07**
5013700	Specific Use Supplies					
5013730	Computer Operating Supplies	-	-	-	-	**273.88**
	Total Specific Use Supplies	-	-	-	-	**273.88**
	Total Supplies And Materials	504.96	4,001.18	1,995.14	2,708.14	**18,644.76**
5014000	Transfer Payments					
5014100	Awards, Contrib., and Claims					
5014130	Premiums	-	65.00	-	-	**108.18**
	Total Awards, Contrib., and Claims	-	65.00	-	-	**108.18**
	Total Transfer Payments	-	65.00	-	-	**108.18**
5015000	Continuous Charges					
5015300	Operating Lease Payments					
5015340	Equipment Rentals	660.71	660.71	1,379.66	660.71	**7,049.84**
5015350	Building Rentals	136.20	-	137.80	-	**522.40**
5015390	Building Rentals - Non State	10,744.33	10,882.66	12,309.36	13,506.64	**120,457.46**
	Total Operating Lease Payments	11,541.24	11,543.37	13,826.82	14,167.35	**128,029.70**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	February	March	April	May	Total
	Total Continuous Charges	11,541.24	11,543.37	13,826.82	14,167.35	**128,029.70**
5022000	Equipment					
5022170	Other Computer Equipment	-	157.96	2,653.17	-	**5,009.11**
5022180	Computer Software Purchases	-	-	-	378.70	**626.86**
	Total Computer Hrdware & Sftware	-	157.96	2,653.17	378.70	**5,635.97**
5022200	Educational & Cultural Equip					
5022240	Reference Equipment	-	-	102.00	-	**486.00**
	Total Educational & Cultural Equip	-	-	102.00	-	**486.00**
5022620	Office Furniture	920.00	-	519.50	2,280.00	**7,950.90**
	Total Office Equipment	920.00	-	519.50	2,280.00	**7,950.90**
5022710	Household Equipment	-	-	152.98	-	**152.98**
	Total Specific Use Equipment	-	-	152.98	-	**152.98**
	Total Equipment	920.00	157.96	3,427.65	2,658.70	**14,225.85**
5023000	Plant and Improvements					
5023200	Construction of Plant and Improvements					
5023280	Construction, Buildings Improvements	-	-	-	-	**-**
	Total Construction of Plant and Improvements	-	-	-	-	**-**
	Total Plant and Improvements	-	-	-	-	**-**
	Total Expenditures	386,498.41	393,892.26	403,359.52	376,920.56	**4,152,416.35**
	Allocated Expenditures					
20100	Behavioral Science Exec	-	-	-	-	**-**
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-	**-**
20400	Nursing / Nurse Aid	5,752.82	6,494.17	9,191.20	6,494.66	**61,334.82**
20600	Funeral\LTCA\PT	-	-	-	-	**-**
30100	Data Center	123,245.95	232,098.49	64,156.45	136,905.45	**1,400,940.54**
30200	Human Resources	721.61	830.46	1,330.54	1,132.92	**102,552.46**
30300	Finance	90,857.12	32,674.23	6,652.43	60,214.12	**636,776.69**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	February	March	April	May	Total
30400	Director's Office	29,586.37	32,552.04	36,251.19	33,986.69	**342,811.31**
30500	Enforcement	178,042.55	187,512.91	169,843.22	167,454.68	**2,030,640.10**
30600	Administrative Proceedings	42,353.24	36,164.57	42,808.11	36,631.27	**452,959.56**
30700	Impaired Practitioners	5,876.08	5,594.42	6,750.52	5,940.61	**66,744.09**
30800	Attorney General	-	-	43,458.80	-	**173,835.22**
30900	Board of Health Professions	17,821.08	18,104.28	12,724.31	20,484.78	**182,312.18**
31000	SRTA	-	-	-	-	**-**
31100	Maintenance and Repairs	-	-	-	-	**-**
31300	Emp. Recognition Program	-	45.28	652.42	233.37	**1,708.95**
31400	Conference Center	(56.54)	85.45	241.24	163.45	**46,084.90**
31500	Pgm Devlpmnt & Implmentn	15,034.53	25,059.22	18,405.99	24,893.11	**189,619.04**
98700	Cash Transfers	-	-	-	-	**-**
	Total Allocated Expenditures	509,234.82	577,215.52	412,466.44	494,535.10	**5,688,319.86**
	Net Revenue in Excess (Shortfall) of Expenditures	$ (233,890.23)	$ (200,381.78)	$ 151,584.04	$ 28,342.34	**(1,092,089.21)**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	2,400.00	300.00	(2,100.00)	800.00%
4002406	License & Renewal Fee	1,079,425.00	1,165,275.00	85,850.00	92.63%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	490.00	700.00	210.00	70.00%
	Total Fee Revenue	1,082,315.00	1,166,605.00	84,290.00	92.77%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	403,050.17	545,764.00	142,713.83	73.85%
4003020	Misc. Sales-Dishonored Payments	385.00	-	(385.00)	0.00%
	Total Sales of Prop. & Commodities	403,435.17	545,764.00	142,328.83	73.92%
4009000	Other Revenue				
	Total Revenue	1,485,750.17	1,712,369.00	226,618.83	86.77%
5011110	Employer Retirement Contrib.	11,146.35	15,717.00	4,570.65	70.92%
5011120	Fed Old-Age Ins- Sal St Emp	7,222.83	8,913.00	1,690.17	81.04%
5011130	Fed Old-Age Ins- Wage Earners	7,707.05	5,223.00	(2,484.05)	147.56%
5011140	Group Insurance	1,113.42	1,527.00	413.58	72.92%
5011150	Medical/Hospitalization Ins.	25,286.00	36,144.00	10,858.00	69.96%
5011160	Retiree Medical/Hospitalizatn	1,002.87	1,375.00	372.13	72.94%
5011170	Long term Disability Ins	561.04	769.00	207.96	72.96%
	Total Employee Benefits	54,039.56	69,668.00	15,628.44	77.57%
5011200	Salaries				
5011230	Salaries, Classified	84,628.55	116,505.00	31,876.45	72.64%
5011250	Salaries, Overtime	4,311.04	-	(4,311.04)	0.00%
	Total Salaries	88,939.59	116,505.00	27,565.41	76.34%
5011300	Special Payments				
5011310	Bonuses and Incentives	1,057.88	-	(1,057.88)	0.00%
5011380	Deferred Compnstn Match Pmts	460.00	1,440.00	980.00	31.94%
	Total Special Payments	1,517.88	1,440.00	(77.88)	105.41%
5011400	Wages				
5011410	Wages, General	106,406.53	68,269.00	(38,137.53)	155.86%
5011430	Wages, Overtime	823.79	-	(823.79)	0.00%
	Total Wages	107,230.32	68,269.00	(38,961.32)	157.07%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	4,065.07	-	(4,065.07)	0.00%
5011640	Salaries, Cmp Leave Balances	74.52	-	(74.52)	0.00%
5011660	Defined Contribution Match - Hy	319.19	-	(319.19)	0.00%
	Total Terminatn Personal Svce Costs	4,458.78	-	(4,458.78)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	256,186.13	255,882.00	(304.13)	100.12%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	23.78	-	(23.78)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012140	Postal Services	44,442.35	32,117.00	(12,325.35)	138.38%
5012150	Printing Services	458.17	276.00	(182.17)	166.00%
5012160	Telecommunications Svcs (VITA)	74.17	2,500.00	2,425.83	2.97%
5012190	Inbound Freight Services	2.45	-	(2.45)	0.00%
	Total Communication Services	45,000.92	34,893.00	(10,107.92)	128.97%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%
	Total Health Services	-	125.00	125.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	17,972.57	24,920.00	6,947.43	72.12%
5012440	Management Services	211.88	530.00	318.12	39.98%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	18,184.45	25,460.00	7,275.55	71.42%
5012500	Repair and Maintenance Svcs				
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	-	72.00	72.00	0.00%
5012600	Support Services				
5012650	Laundry and Linen Services	57.79	-	(57.79)	0.00%
5012660	Manual Labor Services	2,271.81	2,454.00	182.19	92.58%
5012670	Production Services	14,031.74	10,300.00	(3,731.74)	136.23%
5012680	Skilled Services	16,004.06	48,303.00	32,298.94	33.13%
	Total Support Services	32,365.40	61,057.00	28,691.60	53.01%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	8,261.79	6,893.00	(1,368.79)	119.86%
5012830	Travel, Public Carriers	154.42	-	(154.42)	0.00%
5012840	Travel, State Vehicles	1,617.21	310.00	(1,307.21)	521.68%
5012850	Travel, Subsistence & Lodging	5,052.17	912.00	(4,140.17)	553.97%
5012880	Trvl, Meal Reimb- Not Rprtble	2,988.00	528.00	(2,460.00)	565.91%
	Total Transportation Services	18,073.59	8,643.00	(9,430.59)	209.11%
	Total Contractual Svs	113,624.36	130,250.00	16,625.64	87.24%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,206.48	1,092.00	(114.48)	110.48%
5013130	Stationery and Forms	61.79	1,203.00	1,141.21	5.14%
	Total Administrative Supplies	1,268.27	2,295.00	1,026.73	55.26%
5013200	Energy Supplies				
5013230	Gasoline	50.82	-	(50.82)	0.00%
	Total Energy Supplies	50.82	-	(50.82)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	0.75	-	(0.75)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Repair and Maint. Supplies	0.75	-	(0.75)	0.00%
5013600	**Residential Supplies**				
5013620	**Food and Dietary Supplies**	-	80.00	80.00	0.00%
5013630	**Food Service Supplies**	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	1,319.84	2,621.00	1,301.16	50.36%
5015000	**Continuous Charges**				
5015100	**Insurance-Fixed Assets**				
5015160	**Property Insurance**	-	106.00	106.00	0.00%
	Total Insurance-Fixed Assets	-	106.00	106.00	0.00%
5015300	**Operating Lease Payments**				
5015340	**Equipment Rentals**	13.22	-	(13.22)	0.00%
5015350	**Building Rentals**	57.62	-	(57.62)	0.00%
5015360	**Land Rentals**	-	50.00	50.00	0.00%
5015390	**Building Rentals - Non State**	27,889.43	35,414.00	7,524.57	78.75%
	Total Operating Lease Payments	27,960.27	35,464.00	7,503.73	78.84%
5015500	**Insurance-Operations**				
5015510	**General Liability Insurance**	-	399.00	399.00	0.00%
5015540	**Surety Bonds**	-	24.00	24.00	0.00%
	Total Insurance-Operations	-	423.00	423.00	0.00%
	Total Continuous Charges	27,960.27	35,993.00	8,032.73	77.68%
5022000	**Equipment**				
5022200	**Educational & Cultural Equip**				
5022240	**Reference Equipment**	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	**Office Equipment**				
5022680	**Office Equipment Improvements**	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
5022700	**Specific Use Equipment**				
5022710	**Household Equipment**	21.01	-	(21.01)	0.00%
	Total Specific Use Equipment	21.01	-	(21.01)	0.00%
	Total Equipment	21.01	166.00	144.99	12.66%
	Total Expenditures	399,111.61	424,912.00	25,800.39	93.93%
	Allocated Expenditures				
20400	**Nursing / Nurse Aid**	33,746.62	32,465.29	(1,281.33)	103.95%
30100	**Data Center**	185,167.99	231,701.41	46,533.41	79.92%
30200	**Human Resources**	13,975.44	24,970.47	10,995.03	55.97%
30300	**Finance**	155,618.13	166,948.71	11,330.58	93.21%
30400	**Director's Office**	84,085.58	88,580.50	4,494.92	94.93%
30500	**Enforcement**	528,110.44	728,057.43	199,946.99	72.54%
30600	**Administrative Proceedings**	165,199.07	175,477.84	10,278.77	94.14%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
30700	Impaired Practitioners	1,368.33	1,873.57	505.24	73.03%
30800	Attorney General	1,033.33	1,033.38	0.05	100.00%
30900	Board of Health Professions	44,680.32	50,320.46	5,640.14	88.79%
31100	Maintenance and Repairs	-	794.07	794.07	0.00%
31300	Emp. Recognition Program	239.70	401.50	161.79	59.70%
31400	Conference Center	10,941.75	11,071.94	130.18	98.82%
31500	Pgm Devlpmnt & Implmentn	46,506.49	49,875.43	3,368.94	93.25%
	Total Allocated Expenditures	1,270,673.19	1,563,571.98	292,898.79	81.27%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (184,034.63)	$ (276,114.98)	$ (92,080.35)	66.65%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October
4002400	Fee Revenue				
4002401	Application Fee	275.00	25.00	275.00	225.00
4002406	License & Renewal Fee	103,845.00	96,160.00	99,540.00	95,750.00
4002432	Misc. Fee (Bad Check Fee)	35.00	40.00	35.00	35.00
	Total Fee Revenue	104,155.00	96,225.00	99,850.00	96,010.00
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	-	-	90,750.55	-
4003020	Misc. Sales-Dishonored Payments	30.00	60.00	-	-
	Total Sales of Prop. & Commodities	30.00	60.00	90,750.55	-
	Total Revenue	104,185.00	96,285.00	190,600.55	96,010.00
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	1,871.40	1,285.02	1,285.02	1,046.67
5011120	Fed Old-Age Ins- Sal St Emp	1,330.08	722.56	760.99	653.56
5011130	Fed Old-Age Ins- Wage Earners	889.48	358.68	323.82	706.73
5011140	Group Insurance	185.67	127.50	127.50	104.35
5011150	Medical/Hospitalization Ins.	4,328.50	2,965.00	2,965.00	2,385.50
5011160	Retiree Medical/Hospitalizatn	167.22	114.84	114.84	93.99
5011170	Long term Disability Ins	93.54	64.24	64.24	52.58
	Total Employee Benefits	8,865.89	5,637.84	5,641.41	5,043.38
5011200	Salaries				
5011230	Salaries, Classified	14,315.07	9,732.34	9,732.34	7,965.46
5011250	Salaries, Overtime	-	442.84	944.73	1,161.95
	Total Salaries	14,315.07	10,175.18	10,677.07	9,127.41
5011310	Bonuses and Incentives	-	-	-	-
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	40.00
	Total Special Payments	60.00	40.00	40.00	40.00
5011400	Wages				
5011410	Wages, General	11,627.27	4,688.40	4,233.19	8,816.44
5011430	Wages, Overtime	-	-	-	421.94
	Total Wages	11,627.27	4,688.40	4,233.19	9,238.38
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	4,065.07	-	-	-
5011640	Salaries, Cmp Leave Balances	74.52	-	-	-
5011660	Defined Contribution Match - Hy	40.59	27.86	27.86	27.86
	Total Terminatn Personal Svce Costs	4,180.18	27.86	27.86	27.86
	Total Personal Services	39,048.41	20,569.28	20,619.53	23,477.03
5012000	Contractual Svs				
5012100	Communication Services				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October
5012110	Express Services	-	-	-	5.71
5012140	Postal Services	3,316.70	5,322.67	4,018.19	4,857.97
5012150	Printing Services	-	-	273.27	-
5012160	Telecommunications Svcs (VITA)	34.00	35.36	-	-
5012190	Inbound Freight Services	-	-	-	-
	Total Communication Services	3,350.70	5,358.03	4,291.46	4,863.68
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	2,212.19	1,953.32	1,930.37	3,442.48
5012440	Management Services	-	170.39	-	(3.00)
	Total Mgmnt and Informational Svcs	2,212.19	2,123.71	1,930.37	3,439.48
5012600	Support Services				
5012650	Laundry and Linen Services	-	-	-	-
5012660	Manual Labor Services	254.37	419.83	148.65	303.29
5012670	Production Services	1,627.17	2,071.45	1,059.51	1,534.11
5012680	Skilled Services	1,806.91	-	1,290.65	1,548.78
	Total Support Services	3,688.45	2,491.28	2,498.81	3,386.18
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	548.66	241.47	69.55	579.96
5012830	Travel, Public Carriers	-	-	-	-
5012840	Travel, State Vehicles	50.66	127.32	-	127.32
5012850	Travel, Subsistence & Lodging	490.56	-	-	309.12
5012880	Trvl, Meal Reimb- Not Rprtble	144.50	-	-	296.50
	Total Transportation Services	1,234.38	368.79	69.55	1,312.90
	Total Contractual Svs	10,485.72	10,341.81	8,790.19	13,002.24
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	-	45.99	60.73	44.43
5013130	Stationery and Forms	-	-	-	-
	Total Administrative Supplies	-	45.99	60.73	44.43
5013200	Energy Supplies				
5013230	Gasoline	-	-	-	-
	Total Energy Supplies	-	-	-	-
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	-	-	-
	Total Repair and Maint. Supplies	-	-	-	-
	Total Supplies And Materials	-	45.99	60.73	44.43
5015000	Continuous Charges				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October
5015300	Operating Lease Payments				
5015340	Equipment Rentals	-	-	-	-
5015350	Building Rentals	-	13.62	-	-
5015390	Building Rentals - Non State	2,371.88	2,776.45	2,427.96	2,371.88
	Total Operating Lease Payments	2,371.88	2,790.07	2,427.96	2,371.88
	Total Continuous Charges	2,371.88	2,790.07	2,427.96	2,371.88
5022000	Equipment				
5022710	Household Equipment	-	-	-	-
	Total Specific Use Equipment	-	-	-	-
	Total Equipment	-	-	-	-
	Total Expenditures	51,906.01	33,747.15	31,898.41	38,895.58
	Allocated Expenditures				
20100	Behavioral Science Exec	-	-	-	-
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-
20400	Nursing / Nurse Aid	2,007.92	1,438.07	1,352.45	2,067.60
20600	Funeral\LTCA\PT	-	-	-	-
30100	Data Center	22,293.19	7,500.99	19,761.85	18,382.20
30200	Human Resources	69.93	75.91	63.01	85.41
30300	Finance	29,246.36	14,731.13	14,372.19	8,024.29
30400	Director's Office	9,455.42	7,260.77	6,686.29	7,118.22
30500	Enforcement	87,807.80	52,289.22	45,269.69	45,345.15
30600	Administrative Proceedings	22,350.10	12,528.19	14,149.43	12,351.42
30700	Impaired Practitioners	173.65	107.79	118.80	99.76
30800	Attorney General	-	-	258.33	258.33
30900	Board of Health Professions	5,484.22	3,772.44	3,383.98	3,862.59
31000	SRTA	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-
31300	Emp. Recognition Program	-	-	-	-
31400	Conference Center	13.61	25.82	20,005.53	(2,362.71)
31500	Pgm Devlpmnt & Implmentn	4,278.98	3,642.97	3,355.48	3,593.17
98700	Cash Transfers	-	-	-	-
	Total Allocated Expenditures	183,181.17	103,373.29	128,777.05	98,825.44
	Net Revenue in Excess (Shortfall) of Expenditures	$ (130,902.18)	$ (40,835.44)	$ 29,925.09	$ (41,711.02)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	November	December	January	February
4002400	Fee Revenue				
4002401	Application Fee	350.00	75.00	250.00	175.00
4002406	License & Renewal Fee	74,720.00	62,320.00	85,410.00	100,110.00
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	35.00	135.00
	Total Fee Revenue	75,105.00	62,465.00	85,695.00	100,420.00
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	52,061.88	-	47,751.24	112,204.37
4003020	Misc. Sales-Dishonored Payments	60.00	30.00	60.00	65.00
	Total Sales of Prop. & Commodities	52,121.88	30.00	47,811.24	112,269.37
	Total Revenue	127,226.88	62,495.00	133,506.24	212,689.37
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	808.32	808.32	808.32	808.32
5011120	Fed Old-Age Ins- Sal St Emp	492.33	473.49	451.67	440.39
5011130	Fed Old-Age Ins- Wage Earners	879.52	663.39	773.47	471.48
5011140	Group Insurance	81.20	81.20	81.20	81.20
5011150	Medical/Hospitalization Ins.	1,806.00	1,806.00	1,806.00	1,806.00
5011160	Retiree Medical/Hospitalizatn	73.14	73.14	73.14	73.14
5011170	Long term Disability Ins	40.92	40.92	40.92	40.92
	Total Employee Benefits	4,181.43	3,946.46	4,034.72	3,721.45
5011200	Salaries				
5011230	Salaries, Classified	6,198.58	6,198.58	6,198.58	6,198.58
5011250	Salaries, Overtime	679.02	433.00	147.61	-
	Total Salaries	6,877.60	6,631.58	6,346.19	6,198.58
5011310	Bonuses and Incentives	-	-	-	-
5011380	Deferred Compnstn Match Pmts	40.00	40.00	40.00	40.00
	Total Special Payments	40.00	40.00	40.00	40.00
5011400	Wages				
5011410	Wages, General	11,497.00	8,671.88	10,110.53	6,163.36
5011430	Wages, Overtime	-	-	-	-
	Total Wages	11,497.00	8,671.88	10,110.53	6,163.36
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	-	-	-	-
5011640	Salaries, Cmp Leave Balances	-	-	-	-
5011660	Defined Contribution Match - Hy	27.86	27.86	27.86	27.86
	Total Terminatn Personal Svce Costs	27.86	27.86	27.86	27.86
	Total Personal Services	22,623.89	19,317.78	20,559.30	16,151.25
5012000	Contractual Svs				
5012100	Communication Services				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	November	December	January	February
5012110	Express Services	-	-	-	-
5012140	Postal Services	5,047.55	5,725.45	1,760.24	2,325.11
5012150	Printing Services	-	-	-	-
5012160	Telecommunications Svcs (VITA)	-	-	-	-
5012190	Inbound Freight Services	-	-	-	-
	Total Communication Services	5,047.55	5,725.45	1,760.24	2,325.11
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	1,555.60	140.00	1,324.54	1,910.40
5012440	Management Services	-	15.56	-	11.07
	Total Mgmnt and Informational Svcs	1,555.60	155.56	1,324.54	1,921.47
5012600	Support Services				
5012650	Laundry and Linen Services	-	-	-	57.79
5012660	Manual Labor Services	292.15	150.04	89.01	53.11
5012670	Production Services	2,146.76	1,142.26	288.94	515.35
5012680	Skilled Services	1,290.65	1,290.65	1,290.65	1,290.65
	Total Support Services	3,729.56	2,582.95	1,668.60	1,916.90
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,403.94	368.64	655.76	165.68
5012830	Travel, Public Carriers	116.60	37.82	-	-
5012840	Travel, State Vehicles	163.40	146.10	607.77	-
5012850	Travel, Subsistence & Lodging	726.34	572.07	-	-
5012880	Trvl, Meal Reimb- Not Rprtble	569.75	243.00	-	-
	Total Transportation Services	2,980.03	1,367.63	1,263.53	165.68
	Total Contractual Svs	13,312.74	9,831.59	6,016.91	6,329.16
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	238.73	59.93	56.00	56.95
5013130	Stationery and Forms	-	-	-	-
	Total Administrative Supplies	238.73	59.93	56.00	56.95
5013200	Energy Supplies				
5013230	Gasoline	7.29	16.27	-	-
	Total Energy Supplies	7.29	16.27	-	-
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	-	-	-
	Total Repair and Maint. Supplies	-	-	-	-
	Total Supplies And Materials	246.02	76.20	56.00	56.95
5015000	Continuous Charges				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	November	December	January	February
5015300	Operating Lease Payments				
5015340	Equipment Rentals	5.29	-	-	-
5015350	Building Rentals	14.40	-	-	14.40
5015390	Building Rentals - Non State	2,643.62	2,371.88	2,371.88	2,550.98
	Total Operating Lease Payments	2,663.31	2,371.88	2,371.88	2,565.38
	Total Continuous Charges	2,663.31	2,371.88	2,371.88	2,565.38
5022000	Equipment				
5022710	Household Equipment	-	-	-	-
	Total Specific Use Equipment	-	-	-	-
	Total Equipment	-	-	-	-
	Total Expenditures	38,845.96	31,597.45	29,004.09	25,102.74
	Allocated Expenditures				
20100	Behavioral Science Exec	-	-	-	-
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-
20400	Nursing / Nurse Aid	5,784.71	1,746.64	3,332.64	3,580.12
20600	Funeral\LTCA\PT	-	-	-	-
30100	Data Center	7,102.94	23,557.57	17,242.26	15,139.33
30200	Human Resources	12,926.36	150.89	83.82	62.08
30300	Finance	19,327.31	14,042.03	10,209.26	20,807.74
30400	Director's Office	6,887.85	6,790.41	7,526.55	6,775.75
30500	Enforcement	45,748.59	46,440.27	44,777.41	41,767.90
30600	Administrative Proceedings	15,521.44	16,117.93	24,411.58	9,289.80
30700	Impaired Practitioners	97.55	103.05	99.81	105.68
30800	Attorney General	-	-	258.33	-
30900	Board of Health Professions	3,956.39	3,327.78	4,060.45	4,081.31
31000	SRTA	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-
31300	Emp. Recognition Program	-	-	102.53	-
31400	Conference Center	(6,963.33)	107.79	12.09	(13.42)
31500	Pgm Devlpmnt & Implmentn	4,109.30	3,534.04	3,588.98	3,443.15
98700	Cash Transfers	-	-	-	-
	Total Allocated Expenditures	114,499.12	115,918.39	115,705.71	105,039.44
	Net Revenue in Excess (Shortfall) of Expenditures	$ (26,118.20)	$ (85,020.84)	$ (11,203.56)	$ 82,547.19

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	March	April	May	Total
4002400	Fee Revenue				
4002401	Application Fee	325.00	225.00	200.00	**2,400.00**
4002406	License & Renewal Fee	92,485.00	120,380.00	148,705.00	**1,079,425.00**
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	**490.00**
	Total Fee Revenue	92,845.00	120,640.00	148,905.00	**1,082,315.00**
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	100,282.13	-	-	**403,050.17**
4003020	Misc. Sales-Dishonored Payments	50.00	30.00	-	**385.00**
	Total Sales of Prop. & Commodities	100,332.13	30.00	-	**403,435.17**
	Total Revenue	193,177.13	120,670.00	148,905.00	**1,485,750.17**
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	808.32	808.32	808.32	**11,146.35**
5011120	Fed Old-Age Ins- Sal St Emp	440.39	420.99	1,036.38	**7,222.83**
5011130	Fed Old-Age Ins- Wage Earners	678.65	1,182.86	778.97	**7,707.05**
5011140	Group Insurance	81.20	81.20	81.20	**1,113.42**
5011150	Medical/Hospitalization Ins.	1,806.00	1,806.00	1,806.00	**25,286.00**
5011160	Retiree Medical/Hospitalizatn	73.14	73.14	73.14	**1,002.87**
5011170	Long term Disability Ins	40.92	40.92	40.92	**561.04**
	Total Employee Benefits	3,928.62	4,413.43	4,624.93	**54,039.56**
5011200	Salaries				
5011230	Salaries, Classified	6,198.58	5,945.22	5,945.22	**84,628.55**
5011250	Salaries, Overtime	-	-	501.89	**4,311.04**
	Total Salaries	6,198.58	5,945.22	6,447.11	**88,939.59**
5011310	Bonuses and Incentives	-	-	1,057.88	**1,057.88**
5011380	Deferred Compnstn Match Pmts	40.00	40.00	40.00	**460.00**
	Total Special Payments	40.00	40.00	1,097.88	**1,517.88**
5011400	Wages				**-**
5011410	Wages, General	8,871.00	15,462.36	16,265.10	**106,406.53**
5011430	Wages, Overtime	-	-	401.85	**823.79**
	Total Wages	8,871.00	15,462.36	16,666.95	**107,230.32**
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	-	-	-	**4,065.07**
5011640	Salaries, Cmp Leave Balances	-	-	-	**74.52**
5011660	Defined Contribution Match - Hy	27.86	27.86	27.86	**319.19**
	Total Terminatn Personal Svce Costs	27.86	27.86	27.86	**4,458.78**
	Total Personal Services	19,066.06	25,888.87	28,864.73	**256,186.13**
5012000	Contractual Svs				**-**
5012100	Communication Services				**-**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	March	April	May	Total
5012110	Express Services	-	12.14	5.93	**23.78**
5012140	Postal Services	3,665.90	4,526.10	3,876.47	**44,442.35**
5012150	Printing Services	-	123.11	61.79	**458.17**
5012160	Telecommunications Svcs (VITA)	-	-	4.81	**74.17**
5012190	Inbound Freight Services	-	-	2.45	**2.45**
	Total Communication Services	3,665.90	4,661.35	3,951.45	**45,000.92**
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	1,844.54	1,659.13	-	**17,972.57**
5012440	Management Services	-	17.86	-	**211.88**
	Total Mgmnt and Informational Svcs	1,844.54	1,676.99	-	**18,184.45**
5012600	Support Services				
5012650	Laundry and Linen Services	-	-	-	**57.79**
5012660	Manual Labor Services	139.47	152.56	269.33	**2,271.81**
5012670	Production Services	715.31	1,126.62	1,804.26	**14,031.74**
5012680	Skilled Services	1,290.65	3,097.56	1,806.91	**16,004.06**
	Total Support Services	2,145.43	4,376.74	3,880.50	**32,365.40**
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	61.04	833.89	3,333.20	**8,261.79**
5012830	Travel, Public Carriers	-	-	-	**154.42**
5012840	Travel, State Vehicles	331.90	17.71	45.03	**1,617.21**
5012850	Travel, Subsistence & Lodging	-	372.86	2,581.22	**5,052.17**
5012880	Trvl, Meal Reimb- Not Rprtble	-	301.00	1,433.25	**2,988.00**
	Total Transportation Services	392.94	1,525.46	7,392.70	**18,073.59**
	Total Contractual Svs	8,048.81	12,240.54	15,224.65	**113,624.36**
5013000	Supplies And Materials				
5013100	Administrative Supplies				**-**
5013120	Office Supplies	246.53	87.03	310.16	**1,206.48**
5013130	Stationery and Forms	-	-	61.79	**61.79**
	Total Administrative Supplies	246.53	87.03	371.95	**1,268.27**
5013200	Energy Supplies				
5013230	Gasoline	-	27.26	-	**50.82**
	Total Energy Supplies	-	27.26	-	**50.82**
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	0.75	-	**0.75**
	Total Repair and Maint. Supplies	-	0.75	-	**0.75**
	Total Supplies And Materials	246.53	115.04	371.95	**1,319.84**
5015000	Continuous Charges				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	March	April	May	Total
5015300	Operating Lease Payments				
5015340	Equipment Rentals	-	7.93	-	**13.22**
5015350	Building Rentals	-	15.20	-	**57.62**
5015390	Building Rentals - Non State	2,373.19	2,684.31	2,945.40	**27,889.43**
	Total Operating Lease Payments	2,373.19	2,707.44	2,945.40	**27,960.27**
	Total Continuous Charges	2,373.19	2,707.44	2,945.40	**27,960.27**
5022000	Equipment				
5022710	Household Equipment	-	21.01	-	**21.01**
	Total Specific Use Equipment	-	21.01	-	**21.01**
	Total Equipment	-	21.01	-	**21.01**
	Total Expenditures	29,734.59	40,972.90	47,406.73	**399,111.61**
	Allocated Expenditures				
20100	Behavioral Science Exec	-	-	-	**-**
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	**-**
20400	Nursing / Nurse Aid	2,597.48	6,762.97	3,076.01	**33,746.62**
20600	Funeral\LTCA\PT	-	-	-	**-**
30100	Data Center	29,000.48	7,621.32	17,565.86	**185,167.99**
30200	Human Resources	86.79	196.85	174.38	**13,975.44**
30300	Finance	7,682.20	1,686.10	15,489.53	**155,618.13**
30400	Director's Office	7,653.47	9,188.07	8,742.76	**84,085.58**
30500	Enforcement	43,004.21	38,668.78	36,991.43	**528,110.44**
30600	Administrative Proceedings	12,375.00	9,652.16	16,452.01	**165,199.07**
30700	Impaired Practitioners	119.88	175.01	167.34	**1,368.33**
30800	Attorney General	-	258.33	-	**1,033.33**
30900	Board of Health Professions	4,256.59	3,225.05	5,269.52	**44,680.32**
31000	SRTA	-	-	-	**-**
31100	Maintenance and Repairs	-	-	-	**-**
31300	Emp. Recognition Program	4.73	96.53	35.92	**239.70**
31400	Conference Center	20.29	57.28	38.81	**10,941.75**
31500	Pgm Devlpmnt & Implmentn	5,891.79	4,665.10	6,403.52	**46,506.49**
98700	Cash Transfers	-	-	-	**-**
	Total Allocated Expenditures	112,692.92	82,253.57	110,407.11	**1,270,673.19**
	Net Revenue in Excess (Shortfall) of Expenditures	$ 50,749.62	$ (2,556.47)	$ (8,908.84)	**(184,034.63)**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011120	Fed Old-Age Ins- Sal St Emp	413.80	-	(413.80)	0.00%
5011130	Fed Old-Age Ins- Wage Earners	3,149.07	3,095.00	(54.07)	101.75%
	Total Employee Benefits	3,562.87	3,095.00	(467.87)	115.12%
5011300	Special Payments				
5011310	Bonuses and Incentives	1,003.88	-	(1,003.88)	0.00%
5011340	Specified Per Diem Payment	10,250.00	24,550.00	14,300.00	41.75%
	Total Special Payments	11,253.88	24,550.00	13,296.12	45.84%
5011400	Wages				
5011410	Wages, General	45,569.66	40,448.00	(5,121.66)	112.66%
	Total Wages	45,569.66	40,448.00	(5,121.66)	112.66%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	60,386.41	68,093.00	7,706.59	88.68%
5012000	Contractual Svs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	181.76	10,598.00	10,416.24	1.72%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	181.76	20,598.00	20,416.24	0.88%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	13,677.81	16,757.00	3,079.19	81.62%
5012830	Travel, Public Carriers	187.99	39.00	(148.99)	482.03%
5012850	Travel, Subsistence & Lodging	14,232.22	13,828.00	(404.22)	102.92%
5012880	Trvl, Meal Reimb- Not Rprtble	6,415.25	6,546.00	130.75	98.00%
	Total Transportation Services	34,513.27	37,170.00	2,656.73	92.85%
	Total Contractual Svs	34,695.03	61,878.00	27,182.97	56.07%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022000	Equipment				
5022600	Office Equipment				
5022620	Office Furniture	-	2,100.00	2,100.00	0.00%
	Total Office Equipment	-	2,100.00	2,100.00	0.00%
	Total Equipment	-	2,100.00	2,100.00	0.00%
	Total Expenditures	95,081.44	132,085.00	37,003.56	71.99%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	July	August	September	October
5011000	Personal Services				
5011100	Employee Benefits				
5011120	Fed Old-Age Ins- Sal St Emp	-	-	-	-
5011130	Fed Old-Age Ins- Wage Earners	183.62	166.28	96.44	188.36
	Total Employee Benefits	183.62	166.28	96.44	188.36
5011300	Special Payments				
5011310	Bonuses and Incentives	-	-	-	-
5011340	Specified Per Diem Payment	1,550.00	600.00	250.00	1,700.00
	Total Special Payments	1,550.00	600.00	250.00	1,700.00
5011400	Wages				
5011410	Wages, General	2,400.49	2,173.36	1,260.81	2,462.19
	Total Wages	2,400.49	2,173.36	1,260.81	2,462.19
	Total Personal Services	4,134.11	2,939.64	1,607.25	4,350.55
5012000	Contractual Svs				
5012600	Support Services				
5012640	Food & Dietary Services	-	-	-	-
	Total Support Services	-	-	-	-
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,529.04	1,211.26	361.66	2,557.85
5012830	Travel, Public Carriers	108.69	-	-	-
5012850	Travel, Subsistence & Lodging	1,134.10	1,237.20	912.04	1,478.48
5012880	Trvl, Meal Reimb- Not Rprtble	925.25	496.00	118.50	1,306.50
	Total Transportation Services	3,697.08	2,944.46	1,392.20	5,342.83
	Total Contractual Svs	3,697.08	2,944.46	1,392.20	5,342.83
	Total Expenditures	7,831.19	5,884.10	2,999.45	9,693.38

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	November	December	January	February
5011000	Personal Services				
5011100	Employee Benefits				
5011120	Fed Old-Age Ins- Sal St Emp	-	-	-	-
5011130	Fed Old-Age Ins- Wage Earners	455.70	318.13	379.63	278.91
	Total Employee Benefits	455.70	318.13	379.63	278.91
5011300	Special Payments				
5011310	Bonuses and Incentives	-	-	-	-
5011340	Specified Per Diem Payment	1,300.00	500.00	150.00	1,250.00
	Total Special Payments	1,300.00	500.00	150.00	1,250.00
5011400	Wages				
5011410	Wages, General	5,956.76	4,158.54	4,962.46	3,646.01
	Total Wages	5,956.76	4,158.54	4,962.46	3,646.01
	Total Personal Services	7,712.46	4,976.67	5,492.09	5,174.92
5012000	Contractual Svs				
5012600	Support Services				
5012640	Food & Dietary Services	-	-	-	-
	Total Support Services	-	-	-	-
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	1,685.80	625.96	377.69	1,588.17
5012830	Travel, Public Carriers	-	-	-	79.30
5012850	Travel, Subsistence & Lodging	2,160.41	522.31	10.00	1,596.55
5012880	Trvl, Meal Reimb- Not Rprtble	836.25	205.75	118.50	894.00
	Total Transportation Services	4,682.46	1,354.02	506.19	4,158.02
	Total Contractual Svs	4,682.46	1,354.02	506.19	4,158.02
	Total Expenditures	12,394.92	6,330.69	5,998.28	9,332.94

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2017 and Ending May 31, 2018

Account Number	Account Description	March	April	May	Total
5011000	Personal Services				
5011100	Employee Benefits				
5011120	Fed Old-Age Ins- Sal St Emp	-	-	413.80	**413.80**
5011130	Fed Old-Age Ins- Wage Earners	471.78	453.61	156.61	**3,149.07**
	Total Employee Benefits	471.78	453.61	570.41	**3,562.87**
5011300	Special Payments				
5011310	Bonuses and Incentives	-	-	1,003.88	**1,003.88**
5011340	Specified Per Diem Payment	350.00	2,450.00	150.00	**10,250.00**
	Total Special Payments	350.00	2,450.00	1,153.88	**11,253.88**
5011400	Wages				**-**
5011410	Wages, General	6,166.97	5,929.44	6,452.63	**45,569.66**
	Total Wages	6,166.97	5,929.44	6,452.63	**45,569.66**
	Total Personal Services	6,988.75	8,833.05	8,176.92	**60,386.41**
5012000	Contractual Svs				**-**
5012600	Support Services				
5012640	Food & Dietary Services	-	92.43	89.33	**181.76**
	Total Support Services	-	92.43	89.33	**181.76**
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	464.34	2,747.39	528.65	**13,677.81**
5012830	Travel, Public Carriers	-	-	-	**187.99**
5012850	Travel, Subsistence & Lodging	1,395.81	3,154.30	631.02	**14,232.22**
5012880	Trvl, Meal Reimb- Not Rprtble	242.75	1,127.00	144.75	**6,415.25**
	Total Transportation Services	2,102.90	7,028.69	1,304.42	**34,513.27**
	Total Contractual Svs	2,102.90	7,121.12	1,393.75	**34,695.03**
	Total Expenditures	9,091.65	15,954.17	9,570.67	**95,081.44**

2018 Monthly Tracking Log

License Count

Nursing	Dec-17	Jan-18	Feb - 18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Total
Pres Auth	7,141	7,160	7,242	7,292	7,307	7,335	7,396							
Massage Therapy	8,521	8,538	8,538	8,544	8,556	8,584	8,653							
Medication Aide	6,226	6,242	6,325	6,364	6,392	6,375	6,455							
Clinical Nurse Spec	431	430	429	428	428	424	420							
Nurse Practitioner	10,159	10,210	10,335	10,388	10,390	10,418	10,533							
Practical Nurse	29,014	28,938	28,981	28,926	28,872	28,869	28,925							
Registered Nurse	107,676	107,791	108,274	108,178	108,077	107,859	108,539							
Total for Nursing	169,168	169,309	170,124	170,120	170,022	169,864	170,921	0	0	0	0	0	0	
Nurse Aide	52,151	51,560	52,067	52,218	52,447	52,015	52,008							
Advanced Nurse Aide	60	57	55	55	54	55	55							
Total for Nurse Aide	52,211	51,617	52,122	52,273	52,501	52,070	52,063							
Total	221,379	220,926	222,246	222,393	222,523	221,934	222,984	0	0	0	0	0	0	

Open Cases Count

Nursing	1133	1143	1169	1204		1247	1184							
Nurse Aide	450	400	330	278		249	268							
Total	1,583	1,543	1,499	1,482	0	1,496	1,452	0	0	0	0	0	0	
Rec'd RN	59	59	78	75	64	56	75							407
Rec'd PN	34	34	30	49	34	32	34							213
Rec'd NP, AP, CNS	27	24	29	37	26	19	27							162
Rec'd LMT	6	6	4	6	3	6	4							29
Rec'd RMA	4	8	7	16	11	9	12							63
Rec'd Edu Program	1	0	1	2	0	3	3							9
Total Rec'd Nursing	131	131	149	185	138	125	155	0	0	0	0	0	0	883
Closed RN	75	53	44	78	40	60	104							379
Closed PN	38	29	33	43	21	39	54							219
Closed NP, AP, CNS	20	21	11	42	7	17	42							140
Closed LMT	1	1	7	7	7	6	5							33
Closed RMA	8	8	14	12	6	7	13							60
Closed Edu Program	6	3	0	0	2	4	3							12
Total Closed Nursing	148	115	109	182	83	133	221	0	0	0	0	0	0	843
Nurse Aide														
Received	31	22	47	36	33	28	53							219
Rec'd Edu Program	0	0	0	0	0	0	0							0
Total Rec'd CNA	31	22	47	36	33	28	53	0	0	0	0	0	0	219
Closed	33	49	143	83	65	64	30							434
Closed Edu Program	0	3	0	1	0	0	0							4
Total Closed CNA	33	52	143	84	65	64	30	0	0	0	0	0	0	438

Virginia Board of Nursing
Nursing Education Committee
Simulation Regulation Committee
9960 Mayland Drive - Conference Center Suite 201 – Board Room 2 - Henrico, Virginia 23233
May 15, 2018 – 2:30 p.m.

Minutes

TIME AND PLACE:	The Nursing Education Committee/ Simulation Education Committee of the Virginia Board of Nursing was convened at 2:33 p.m. on May 15, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia.
COMMITTEE MEMBERS PRESENT:	Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, Committee Chair Mark Monson, Citizen Member Michelle Hereford, MSHA, RN, FACHE Trula Minton, MS, RN
OTHER BOARD MEMBERS PRESENT:	Louise Hershkowitz, CRNA, MSHA, Board President Jennifer Phelps, BS, QMHPA, Board First Vice President Maria Gerardo, MS, RN, ANP-BC, Board Second Vice President Laura Cei, BS, LPN, CCRP Margaret Friedenberg, Citizen Member Grace Thapa, BSN, RN, PCCN
DHP STAFF PRESENT:	Paula B. Saxby, RN, PhD, Deputy Executive Director, Virginia Board of Nursing Charlette Ridout, RN, MS, CNE, Senior Nursing Education Consultant Jay Douglas, MSM, RN, CSAC, FRE, Executive Director Brenda Krohn, RN, MS, Deputy Executive Director Jodi Power, RN, JD, Senior Deputy Executive Director Robin Hills, RN, DNP, WHNP, Deputy Executive Director For Advanced Practice Elaine Yeatts, Policy Analyst (Left at 4:14 pm) Ann Tiller, Compliance Manager
DISCUSSION:	The focus of this meeting was to provide the education committee, board members and board staff an overview of the reporting documents used by the nursing education staff, discuss the process for establishing a nursing education program, discuss the continued approval survey visits process, discuss the activities completed during a NCLEX Site Visit and to review the types of issues most frequently presented to the Education Committee . The committee recessed at 3:43 pm. Upon reconvening at 3:48 pm, the committee focused on discussion of the regulations pertaining to simulation in lieu of direct client care. Based on the discussion, the following changes in regulation were recommended: Add to 18VAC90-27-10. Definitions- a definition of “Direct Client Care” Add to 18VAC90-27-10. Definitions- a definition of “Simulation” Modify 18VAC90-27-60 (A)(2) to read- Every member of a nursing faculty supervising the clinical practice of students, including simulation in lieu of direct

client care, shall meet the licensure requirements of the jurisdiction in which that practice occurs. Faculty shall provide evidence of education or experiences in the specialty area in which they supervise student clinical experiences or are supervising simulation as the subject matter expert for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided.

Modify 18VAC90-27-100 (D) Simulation for direct client clinical hours to Clinical simulation experiences in lieu of direct client care.

Modify 18VAC90-27-100 (D)(2) to read - No more that 50% of the total clinical hours for any clinical specialty or population group may be used as simulation.

Modify 18VAC90-27-100 (D)(4) to read - Clinical simulation must be led by faculty who demonstrate competence in simulation technology, are subject matter experts and meet the qualifications specified in 18VAC90-27-60.

Modify 18VAC90-27-100 (D)(5)(e) to read - Methods of pre-briefing and debriefing

Add 18VAC90-27-100 (D)(5)(f) an evaluation of the simulation experience

Add 18VAC90-27-100 (D)(5)(g)method to communicate.

Ms. Yeatts will work with board staff to develop language appropriate for the regulations.

PLAN FOR FOLLOWUP: The proposed revisions to the regulations will be presented to a future meeting of the Board.

ADJOURNMENT: The committee adjourned at 4:20 p.m.

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Charlette Ridout, RN, MS. CNE

Senior Nursing Education Consultant

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
REGULATORY ADVISORY AD HOC COMMITTEE MEETING MINUTES
May 17, 2018

TIME AND PLACE:	The meeting of the Committee of the Joint Boards of Nursing and Medicine Regulatory Advisory Ad Hoc Committee was convened at 9:01 A.M., May 18, 2018 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
MEMBERS PRESENT:	Louise Hershkowitz, CRNA. MSHA; Chair Marie Gerardo, MS, RN, ANP-BC Joyce A. Hahn, PhD, RN. NEA-BC, FNAP Lori Conklin, MD Kevin O'Connor, MD
MEMBERS ABSENT:	Kenneth Walker, MD
ADVISORY COMMITTEE MEMBERS PRESENT:	Mark Coles, RN, BA, MSN, NP-C Wendy Dotson, CNM, MSN Stuart F. Mackler, MD Janet L. Setnor, CRNA
ADVISORY COMMITTEE MEMBERS ABSENT:	Kevin E. Brigle, RN, NP David Alan Ellington, MD Sarah E. Hobgood, MD Thorkozeni Lipato, MD
STAFF PRESENT:	Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director, Board of Nursing William L. Harp, MD, Executive Director, Board of Medicine Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director for Advanced Practice, Board of Nursing Stephanie Willinger, Deputy Executive Director for Licensing, Board of Nursing Sylvia Tamayo-Suijk, Discipline Team Coordinator, Board of Nursing
OTHERS PRESENT:	Charis Mitchell, Assistant Attorney General, Board Counsel David Brown, DC, Director, Department of Health Professions Barbara Allison-Bryant, MD, Chief Deputy, Department of Health Professions Elaine Yeatts, Senior Policy Analyst, Department of Health Professions Lisa Speller-Davis, BSN, RN, Policy Assistant, Board of Nursing
CALL TO ORDER:	Ms. Hershkowitz called the meeting to order at 9:01 A.M.
INTRODUCTIONS:	Committee members, Advisory Committee members and staff members introduced themselves.

COMMENTS FROM THE DHP DIRECTOR: Dr. Brown emphasized that having an understanding of the differences between the physician and nurse practitioner professions will aid in drafting and implementing HB 793 regulations.

PUBLIC COMMENT: Ms. Hershkowitz noted that due to the number of people wishing to make public comment, there would be a 30-minute limit imposed. Public comment was received from the following citizens regarding the draft regulations to implement HB793 (Chapter 776 of 2018 General Assembly) legislation which authorizes nurse practitioners who meet certain qualifications to practice without a practice agreement with a patient care team physician:

Carolyn Rutledge, PhD, FNP, Professor, Old Dominion University
Cynthia Fagan, MSN, RN, FNP-BC, Virginia Council of Nurse Practitioners, Government Relations
Shelly Smith, DNP, ANP, Clinical Assistant Professor & DNP Program Director, Virginia Commonwealth University
Andrea Knopp, Associate Professor, NP Program Coordinator, James Madison University School of Nursing
Rosie Taylor-Lewis, DNP, ANP-BC, GNP
Phyllis Everett, NP-C
Winifred Carson Smith, Esq., Counsel, Virginia Council for Nurse Practitioners
Kurtis Elward, MD, President, Medical Society of Virginia
Sam Bartle, MD, American Academy of Pediatrics
Scott Hickey, MD, Virginia College of Emergency Physicians
Hunter Jamerson, Esq., Counsel, Virginia Academy of Family Physicians
Lisa Shea Kennedy, MD, Family Physician
Jacqueline Fogarty, MD

REVIEW OF HB 793: In order to comply with the second enactment on the bill requiring regulations to be in effect within 280 days, the Committee of the Joint Boards of Nursing and Medicine are meeting today to develop recommended amendments to nurse practitioner regulations to implement the provisions of HB 793. Ms. Yeatts' review of the provisions of HB 793 included the following:

- There are nine categories of licensed nurse practitioners seven of which are affected by this bill (certified registered nurse anesthetists and certified nurse midwives remain unaffected)
- The focus of the regulations will be on amendments to Virginia Code 54.1-2957, particularly (I) which focuses on the requirements for autonomous practice and (E) regarding licensure by endorsement

REVIEW OF TIMELINE AND TOPICS FOR CONSIDERATION:

Ms. Yeatts revised the tentative timeline for implementation of HB793 as follows:

04/11/18	Discussion of legislation and plan for promulgation of emergency regulations which must be effective by 1/9/19
05/17/18	Committee of the Joint Boards to receive public comment, consider draft regulations, and make recommendations (30-day Request for Public Comment on draft regulations posted on TownHall as soon as possible after drafting)
06/?/18	Additional meeting of Joint Boards if necessary to complete recommended regulations
07/17/18	Board of Nursing votes to adopt emergency regulations/NOIRA
08/03/18	Board of Medicine votes to adopt emergency regulations/NOIRA

Ms. Yeatts reviewed the following topics for consideration in adoption of regulations and to amend Chapter 30 (NP Licensure) and 40 (Prescriptive Authority):

- Equivalent of at least five years of full-time clinical experience
- Routinely practiced in a practice area included within the category for which NP was certified and licensed
- Requirements for attestation.
- Fee associated with submission of attestation and issuance of autonomous designation
- Acceptance of "other evidence" demonstrating that the applicant met the requirements
- Endorsement of experience in other states

REVIEW OF WRITTEN PUBLIC COMMENTS:

Ms. Yeatts noted that there was significant public comment with Nurse Practitioners expressing concern regarding the five-year attestation requirement being too burdensome. Other written comments included the need for establishing competencies which are not authorized by the code.

DISCUSSION:

Dr. Conklin expressed concern regarding quality of nurse practitioner online education and training.

Dr. O'Connor stated that the bill would expand access to citizens who are in need and stated that physician training is different from nurse practitioner training.

Ms. Gerardo stated that the nurse practitioner scope of practice is different from the physician scope of practice and suggested that physicians would benefit from becoming more familiar with how nurse practitioners are educated and trained.

Ms. Dotson emphasized that legislation does not do away with collaborative relationship between physicians and nurse practitioners. She reminded the Regulatory Ad Hoc Committee that the attestation will verify clinical experience not nurse practitioner competency and added that all nurse practitioner programs, including online programs, are accredited and require comparable practical clinical experience.

Ms. Yeatts provided a handout of a staff working draft of the regulatory language to the RAP committee and members of the audience.

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

RECONVENE: The Committee reconvened at 10:35 A.M.

DISCUSSION AND APPROVAL OF DRAFT REGULATIONS:

18VAC90-30-10

The definition for autonomous practice was added as follows:

"Autonomous practice" means practice in a category in which a nurse practitioner is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

18VAC90-30-20 - Delegation of authority

Dr. O'Connor suggested that a Joint Boards credentialing committee may need to be considered for review of applications.

18VAC90-30-20 – Fees

The range of $75-$100 for the one-time attestation application fee was presented. Ms. Yeatts reminded the RAP Committee that the Prescriptive Authority license is in the process of being subsumed into the NP license and eliminated. Replacing the biennial Prescriptive Authority license fee with this one-time attestation application fee would result in lower costs to licensees.

Ms. Gerardo stated that it was appropriate and not excessive or burdensome. Ms. Setnor stated that $100 seemed fair.

18VAC90-30-86 – Autonomous practice

Definition of full-time experience:

Ms. Yeatts stated that the language of 18VAC90-30-86(A)(1) & (2) requires that the number of direct care hours per year which would constitute full-time clinical experience be defined.

- Dr. Conklin stated that 40 hours per week was reasonable in light of the 32-80 hour range of physicians.
- Dr. Hahn was in favor of 32 hours per week in order to be inclusive of all nurse practitioners considered full-time by the employers.
- Ms. Setnor clarified that precepting students are considered "direct patient care" but that classroom teaching is not.
- Dr. Conklin noted that physicians complete 20,000 clinical hours during residency.
- Dr. Brown asked for an example of what constitutes a 32-hour work week.
- Ms. Hershkowitz questioned if full-time experience or breadth of clinical experience was most important.
- Mr. Coles stated that in the business world, full-time is sometimes considered 32 hours.
- Ms. Dotson stated that at the Veterans Administration, 1600 hours per year is considered full-time.

Dr. O'Connor moved to define full-time clinical experience as 1800 hours per year for a total of 9,000 hours over the course of a five-year period. The motion was seconded but died with a vote of 3 in favor and 5 opposed.

Ms. Gerardo moved to define full-time experience as 1600 hours per year for a total of 8,000 hours over a five-year period. The motion was seconded and carried with 6 in favor and 2 opposed.

Content of attestation:

Dr. Hahn moved to adopt the language in 18VAC90-30-86(B) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Multiple attestations if certified in more than one category:

Dr. O'Connor moved to adopt the language in 18VAC90-30-86(C) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Attestations for more certification in than one category:

Dr. O'Connor moved to adopt the language in 18VAC90-30-86(D) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Other evidence of meeting qualifications for autonomous practice:

The last sentence of 18VAC90-30-86(E) was amended to read:

The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inability to obtain an attestation.

Dr. Meckler moved to adopt the language in 18VAC90-30-86(E) as presented by Ms. Yeatts and amended by the RAP Committee. The motion was seconded and carried unanimously.

License by Endorsement:

Ms. Gerardo moved to adopt the language in 18VAC90-30-86(F) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Requirements:

Dr. O'Connor moved to adopt the language in 18VAC90-30-86(G) as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

The Committee reviewed editorial amendments to the following regulations:

- 18VAC90-30-110 Reinstatement of license
- 18VAC90-30-120 (A) & (C) Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives
- 18VAC90-40-90 Practice agreement requirements

Dr. Hahn moved to adopt the language in 18VAC90-30-110, 18VAC90-30-120, and 18VAC90-40-90 as presented by Ms. Yeatts. The motion was seconded and carried unanimously.

Dr. Hahn moved to present a draft with the adopted amendments to the Board of Medicine and to the Board of Nursing for review and approval. The motion was seconded and carried unanimously.

NEXT STEPS: Ms. Yeatts will submit draft regulations for autonomous practice for nurse practitioners to TownHall and there will be a 30-day comment period. All comments received will be presented to the Board of Medicine and to the Board of Nursing. The Board of Nursing will consider the draft regulations on July 17, 2018, and the Board of Medicine will consider the draft regulations on August 3, 2018. The Boards plan to adopt emergency regulations by mid-December.

The Committee of the Joint Boards of Nursing and Medicine will draft a sample attestation for approval. The goal is to have the methodology for issuing the new licenses in place by early 2019.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:41 P.M.

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

VIRGINIA BOARD OF NURSING
EDUCATION INFORMAL CONFERENCE COMMITTEE
MINUTES
July 10, 2018

TIME AND PLACE: The meeting of the Education Informal Conference Committee was convened at 9:05 a.m. in Suite 201, Department of Health Professions 9960 Mayland Drive, Second Floor, Board Room 2, Henrico, Virginia.

MEMBERS PRESENT: Joyce Hahn, PhD, RN, NEA-BC, FNAP, Chair
Trula Minton, MS, RN

STAFF PRESENT: Jodi Power, RN, JD, Senior Deputy Executive Director
Paula B. Saxby, RN, Ph.D., Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Senior Nursing Education Consultant
David Kazzie, Administrative Proceedings Division
Beth Yates, Administrative Assistant

CONFERENCES SCHEDULED:

REGISTERED NURSING AND PRACTICAL NURSING EDUCATION PROGRAMS

Healing Hands Health School, PN Program, Dumfries, US28110400

Harry Agyemang, Administrator and Afua Ayim, Program Director/Senior Faculty were in attendance.

The committee recessed at 10:20 a.m. due to a technology issue with the microphones. The committee resumed at 10:30 a.m. without microphones.

At 12:02 p.m. Ms. Minton moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Healing Hands Health School, Dumfries, PN Program. Additionally, she moved that, Ms. Power, Dr. Saxby, Mr. Kazzie, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary.

The motion was seconded and carried unanimously. The Committee reconvened in open session at 2:10 p.m.

Ms. Minton moved that the Education Informal Conference Committee 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: Recommend to withdraw initial approval of Healing Hands Health School to operate a practical nursing education program pursuant to 18VAC 90-27-130 (B). The program shall cease operation no later than December 31, 2018 and shall not admit any new or transfer students. Students must be notified of the Board Order within 60 days of the order. The program shall comply with the closure requirements of 18VAC90-27-240 (B). All current students shall graduate or be transferred no later than December 31, 2018, and a list of student's names who graduated or transferred will be submitted to the Board by January 31, 2019. (**Board Order attached**).

Request for Continued Faculty Exception

South University, BSN Program, Richmond, US28500700

Action: Recommend to approve the request for continued faculty exceptions.

2:30 p.m. Public Comment

There was no public comment

Program Status Update

Ms. Ridout, Senior Nursing Education Consultant presented the report regarding approval status, survey visits, and program changes to include the following:

- Thomas Nelson Community College, Historic Triangle Campus, Registered Nursing Program, Hampton, continued full approval.
- New River Community College, Practical Nursing Program, Dublin continued on full approval.
- New River Community College, Registered Nursing Program, Dublin, continued full approval.
- Effective June 1, 2018, Southside Regional Medical Center, Registered Nursing program is operating under a new name as Southside College of Health Sciences.
- Riverside College of Health Careers, Registered Nursing Program, Newport News has received ACEN Accreditation.
- Washington County Career and Technical Center is transferring the operation of its Practical Nursing Program to Virginia Highlands Community College beginning in the Fall of 2018.

Action: Recommend to accept the report as information.

Meeting adjourned at 2:36 p.m.

Paula B. Saxby, R.N., Ph.D.
Paula B. Saxby, R.N., Ph.D.
Deputy Executive Director

Charlette Ridout RN, MSCNE
Charlette Ridout, R.N., M.S.
Senior Nursing Education Consultant

Virginia Department of
Health Professions

NURSE SCHOLARSHIP FUND
Cash Balance as of June 30, 2018

	RN	LPN	Total
Beginning Balance July 1, 2017	$162,772.40	$19,700.00	$182,472.40
Add: FY 2018 Revenue	$54,726.00	$14,405.00	$69,131.00
Deduct: FY 2018 Expenditures	($44,300.00)	($20,700.00)	($65,000.00)
Add: FY 2018 Reimbursements	$0.00	$0.00	$0.00
Ending Cash Balance 6/30/2017	**$173,198.40**	**$13,405.00**	**$186,603.40**

Proposed Text

Action: Prescribing of opioids

Stage: Proposed 9/22/17 8:53 AM

Part IV
Disciplinary Provisions

18VAC90-30-220. Grounds for disciplinary action against the license of a licensed nurse practitioner.

The boards may deny licensure or relicensure, revoke or suspend the license, or take other disciplinary action upon proof that the nurse practitioner:

1. Has had a license or multistate privilege to practice nursing in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;

2. Has directly or indirectly represented to the public that the nurse practitioner is a physician, or is able to, or will practice independently of a physician;

3. Has exceeded the authority as a licensed nurse practitioner;

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

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

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

7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-30-105;

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

9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program, the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

Part I
General Provisions

18VAC90-40-10. Definitions.

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

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

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

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

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

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

"FDA" means the U.S. Food and Drug Administration.

"MME" means morphine milligram equivalent.

"Nonprofit health care clinics or programs" means a clinic organized in whole or in part for the delivery of health care services without charge or when a reasonable minimum fee is charged only to cover administrative costs.

"Nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as a nurse practitioner as stated in 18VAC90-30.

"Practice agreement" means a written or electronic agreement jointly developed by the patient care team physician and the nurse practitioner for the practice of the nurse practitioner that also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

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

"SAMHSA" means the federal Substance Abuse and Mental Health Services Administration.

Part V
Management of Acute Pain

18VAC90-40-150. Evaluation of the patient for acute pain.

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

1. The treatment of acute pain related to (i) cancer, (ii) a patient in hospice care, or (iii) a patient in palliative care;

2. The treatment of acute pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

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

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

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

18VAC90-40-160. Treatment of acute pain with opioids.

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

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

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

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

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

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

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

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

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

18VAC90-40-170. Medical records for acute pain.

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

Part VI
Management of Chronic Pain

18VAC90-40-180. Evaluation of the chronic pain patient.

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

1. The treatment of chronic pain related to (i) cancer, (ii) a patient in hospice care, or (iii) a patient in palliative care;

2. The treatment of chronic pain during an inpatient hospital admission or in a

nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

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

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;

5. Psychiatric, addiction, and substance misuse histories of the patient and any family history of addiction or substance misuse;

6. A urine drug screen or serum medication level;

7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance misuse; and

9. A request for prior applicable records.

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

18VAC90-40-190. Treatment of chronic pain with opioids.

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

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

1. Carefully consider and document in the medical record the reasons to exceed 50 MME/day;

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

3. Prescribe naloxone for any patient when risk factors of prior overdose, substance misuse, doses in excess of 120 MME/day, or concomitant benzodiazepine are present; and

4. Document the rationale to continue opioid therapy every three months.

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

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

are prescribed.

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

18VAC90-40-200. Treatment plan for chronic pain.

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

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

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

18VAC90-40-210. Informed consent and agreement for treatment of chronic pain.

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

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

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

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

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

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

18VAC90-40-220. Opioid therapy for chronic pain.

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

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

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

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate

specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-40-230. Additional consultation.

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

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

18VAC90-40-240. Medical records.

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

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;

4. Diagnostic, therapeutic, and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

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

11. Patient instructions; and

12. Periodic reviews.

Part VII
Prescribing of Buprenorphine

18VAC90-40-250. General provisions.

A. Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a waiver from SAMHSA and the appropriate U.S. Drug Enforcement Administration registration.

B. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. Nurse practitioners who have obtained a SAMHSA waiver shall only prescribe buprenorphine for opioid addiction pursuant to a practice agreement with a SAMHSA-waivered doctor of medicine or doctor of osteopathic medicine.

D. Practitioners engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance misuse counseling. The practitioner shall document provision of counseling or referral in the medical record.

18VAC90-40-260. Patient assessment and treatment planning.

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance misuse history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for human immunodeficiency virus, hepatitis B, hepatitis C, and tuberculosis.

B. The treatment plan shall include the practitioner's rationale for selecting medication assisted treatment, patient education, written informed consent, how counseling will be accomplished, and a signed treatment agreement that outlines the responsibilities of the patient and the practitioner.

18VAC90-40-270. Treatment with buprenorphine.

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant;

2. When converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days;

3. In formulations other than tablet form for indications approved by the FDA; or

4. For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patients medical record.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opiate treatment programs. With the exception of those conditions listed in subsection A of this section, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

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

E. Prior to starting medication-assisted treatment, the practitioner shall perform a check of the Prescription Monitoring Program.

F. During the induction phase, except for medically indicated circumstances as documented in the medical record, patients should be started on no more than eight milligrams of buprenorphine per day. The patient shall be seen by the prescriber at least once a week.

G. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

H. Practitioners shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least every six months thereafter.

I. Documentation of the rationale for prescribed doses exceeding 16 milligrams of buprenorphine per day shall be placed in the medical record. Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.

J. The practitioner shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance abuse counseling.

18VAC90-40-280. Special populations.

A. Pregnant women may be treated with the buprenorphine mono-product, usually 16 milligrams per day or less.

B. Patients younger than the age of 16 years shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

C. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives that can be identified, quantified, and independently verified.

D. Practitioners shall (i) evaluate patients with medical comorbidities by history, physical exam, and appropriate laboratory studies and (ii) be aware of interactions of buprenorphine with other prescribed medications.

E. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and is not stable. A patient who is determined by the practitioner to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.

18VAC90-40-290. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete, and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR Part 2 shall be followed.

Virginia's Certified Nurse Aide Workforce: 2017

Healthcare Workforce Data Center

October 2017

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Richmond, VA 23233
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31,266 Certified Nursing Aides voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.*

Thank You!

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The Certified Nursing Aide Workforce: At a Glance:

The Workforce

Licensees:	60,026
Virginia's Workforce:	56,680
FTEs:	49,992

Survey Response Rate

All Licensees:	52%
Renewing Practitioners:	80%

Demographics

Female:	94%
Diversity Index:	58%
Median Age:	38

Background

Rural Childhood:	49%
HS Degree in VA:	71%
Prof. Degree in VA:	89%

Education

RMA Certification:	7%
Advanced CNA Cert.:	1%

Finances

Med. Income:	$12-$13/hr.
Health Benefits:	52%
Retirement Benefits:	42%

Current Employment

Employed in Prof.:	86%
Hold 1 Full-time Job:	57%
Satisfied?:	94%

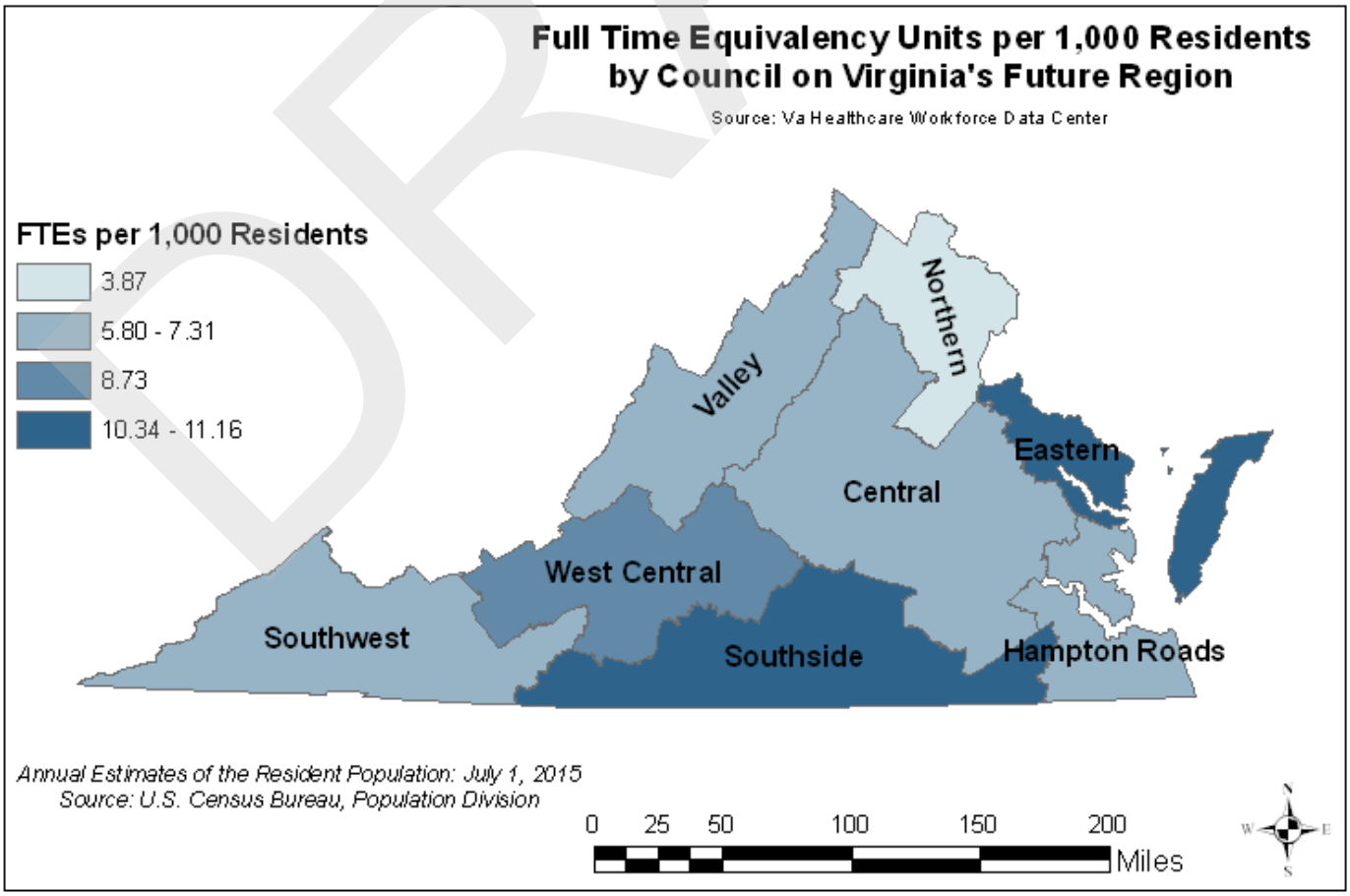
Job Turnover

New Location:	39%
Employed over 2 yrs:	47%

Establishment Type

Nursing Home:	31%
Home Health Care:	18%
Assisted Living:	15%

Source: Va. Healthcare Workforce Data Center



Results in Brief

31,266 Certified Nurse Aides (CNAs) voluntarily took part in the 2017 Certified Nurse Aide Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every year on the license issuance month of each respondent. These survey respondents represent 52% of the 60,026 CNAs who are licensed in the state and 80% of renewing practitioners.

The HWDC estimates that 56,680 CNAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Between October 2016 and September 2017, Virginia's CNA workforce provided 49,992 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours a year (or 40 hours per week for 50 weeks with 2 weeks off).

94% of all CNAs are female, and the median age of the CNA workforce is 38. In a random encounter between two CNAs, there is a 58% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's CNA workforce more diverse than the state's overall population, where there is a 56% chance that two randomly chosen people would be of different races or ethnicities. 54% of all CNAs are under the age of 40, and 94% of these professionals are also female. In addition, the diversity index among those CNAs who are under the age of 40 is 59%, which makes this group even more diverse than the overall CNA workforce.

49% of all CNAs grew up in a rural area, and 29% of these professionals currently work in non-Metro areas of the state. Overall, 19% of all CNAs work in non-Metro areas of the state. Meanwhile, 71% of Virginia's CNAs graduated from high school in Virginia, and 89% of CNAs earned their initial professional certification in the state. In total, 91% of Virginia's CNA workforce has some educational background in the state.

30% of all CNAs received their initial training at a nursing home or hospital, while another 26% were trained at a public high/vocational school. In addition to a CNA certificate, 7% of Virginia's CNA workforce also holds a certificate as a Registered Medication Aide (RMA), while 1% of CNAs are certified as Advanced Practice CNAs. In addition, 10% of all CNAs are currently pursuing additional educational opportunities by enrolling in either a RN or LPN program.

86% of CNAs are currently employed in the profession, while 4% of CNAs are involuntarily unemployed at the moment. 57% of all CNAs hold one full-time position, while another 20% currently hold multiple positions simultaneously. With respect to work hours, 38% of CNAs work between 40 and 49 hours per week, 19% work less than 30 hours per week, and 5% work at least 60 hours per week. In addition, 47% of CNAs have been at their primary work location for more than two years, while another 39% began work in a new location at some point in the past year.

The typical CNA earns between $12.00 and $13.00 per hour at their primary work location. In addition, 73% of all CNAs receive at least one employer-sponsored benefit. This includes 52% of CNAs who receive health insurance through their employer and 42% who have access to an employer-provided retirement plan. 94% of CNAs are satisfied with their current employment situation, including 64% who indicate they are "very satisfied".

93% of all CNAs fill primarily a clinical or patient care role at their primary work location. 31% of all CNAs work at a nursing home as their primary work location, the most of any establishment type among CNAs. Meanwhile, 18% of all CNAs are employed by home health care establishments as their primary work location, while another 15% work at assisted living facilities.

Summary of Trends

Since 2014, the number of licensed CNAs in Virginia has declined by 2.5% from 61,574 to 60,026. Along with this decline, there is a concomitant decrease in the percentage of CNAs in the state who have responded to the HWDC survey. In 2014, 32,289 licensed CNAs completed the survey, but this number fell to just 31,266 in 2017, which represents a decline of 3.2%.

However, despite these declines, the size of Virginia's CNA workforce has actually increased over the past three years quite substantially from 53,395 to 56,680. At the same time, the total number of FTEs that have been provided by the state's CNAs has also increased significantly. While Virginia's CNA workforce provided 45,077 FTEs in 2014, this same workforce furnished 49,992 FTEs in 2017.

Over the past three years, there has been no change in the percentage of Virginia's CNA workforce that is female, which remains at 94%. In addition, there has been no change in the diversity of the state's CNA workforce. The diversity index among Virginia's CNAs has remained at 58% since 2014 even though the diversity index of the state's overall population has increased over the same time period from 54% to 56%. On the other hand, there has been some change in the age distribution of Virginia's CNA workforce. In 2014, the median age of Virginia's CNAs was 39, but this has fallen to 38 in 2017. In addition, the percentage of CNAs who are under the age of 40 has increased from 51% to 54% over the past three years.

Although there was a slight increase in the percentage of CNAs who grew up in rural areas over the past three years from 48% to 49%, there was no change in the percentage of these professionals who currently work in non-metro areas of the state, which has remained at 29% since 2014. In addition, there has been no change in the percentage of Virginia's CNA workforce that works in non-metro areas of the state. This percentage has held steady at 19% since 2014.

In 2014, 34% of all CNAs received their initial training in a nursing home or hospital. Although nursing homes and hospitals remain the most common initial training location for Virginia's CNA workforce, this percentage has still fallen to 30% in 2017. Instead, CNAs have become more likely to study at public high/vocational schools. The percentage of CNAs who received their initial training at a public high/vocational school has increased from 23% in 2014 to 26% in 2017.

84% of Virginia's CNA workforce was employed in the profession in 2014, but this percentage increased to 86% in 2017. At the same time, the percentage of CNAs who are involuntarily unemployed has fallen substantially from 9% to 4%. There were also other significant changes in the employment situation of Virginia's CNA workforce since 2014. For example, the percentage of CNAs who work between 40 and 49 hours per week has increased from 34% to 38%. In addition, the percentage of CNAs who hold two or more positions simultaneously has increased from 16% to 20%.

The median wage for the typical CNA was $11-$12 per hour in 2014. However, this median wage increased to $12-$13 per hour in 2017. In addition, Virginia's CNAs are now more likely to receive at least one employer-sponsored benefit. 70% of Virginia's CNA workforce received such a benefit in 2014, but this percentage increased to 73% in 2017. In particular, the percentage of CNAs who receive health insurance from their employer increased from 47% to 52% over the past three years, while the percentage that have access to a retirement plan has increased from 32% to 42%. Along with this increase in compensation, Virginia's CNAs are indicating that they are more satisfied with their current work situation. While 91% of CNAs said that they were satisfied with their current work situation in 2014, 94% said the same in 2017.

Virginia's CNA workforce was slightly less likely to engage in clinical/patient care activities at their primary work location in 2017. 94% of all CNAs were engaged in these activities in 2014, but this percentage fell slightly to 93% in 2017. Meanwhile, there was a shift in the employment distribution of the various establishment types that employ Virginia's CNAs. In 2014, 33% of all CNAs were employed by nursing homes. However, only 31% of CNAs were employed by nursing homes in 2017. The percentage of CNAs who are employed by home health care establishments also fell from 19% to 18%. Instead, CNAs are more likely to be employed by assisted living facilities and the inpatient department of hospitals.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	40,689	68%
New Licensees	5,472	9%
Non-Renewals	8,289	14%
Renewal date not in survey period	5,576	9%
All Licensees	**60,026**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 80% of renewing CNAs submitted a survey. These represent 52% of CNAs who held a license at some point during the licensing period.

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	11,026	6,677	38%
30 to 34	4,147	3,597	46%
35 to 39	2,654	3,697	58%
40 to 44	2,173	3,213	60%
45 to 49	2,132	3,363	61%
50 to 54	1,961	3,483	64%
55 to 59	1,910	3,287	63%
60 and Over	2,757	3,949	59%
Total	**28,760**	**31,266**	**52%**
New Licenses			
Issued in Past Year	5,472	0	0%
Metro Status			
Non-Metro	5,364	6,519	55%
Metro	20,021	23,328	54%
Not in Virginia	3,375	1,419	30%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed CNAs

Number: 60,026
New: 9%
Not Renewed: 14%

Response Rates

All Licensees: 52%
Renewing Practitioners: 80%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	31,266
Response Rate, all licensees	52%
Response Rate, Renewals	80%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted between October 2016 and September 2017 on the month of initial licensure of each renewing practitioner.
2. **Target Population:** All CNAs who held a Virginia license at some point during the survey time period.
3. **Survey Population:** The survey was available to CNAs who renewed their licenses online. It was not available to those who did not renew, including CNAs newly licensed in the past two years.

At a Glance:

Workforce

Virginia's CNA Workforce:	56,680
FTEs:	49,992

Utilization Ratios

Licensees in VA Workforce:	94%
Licensees per FTE:	1.20
Workers per FTE:	1.13

Source: Va. Healthcare Workforce Data Center

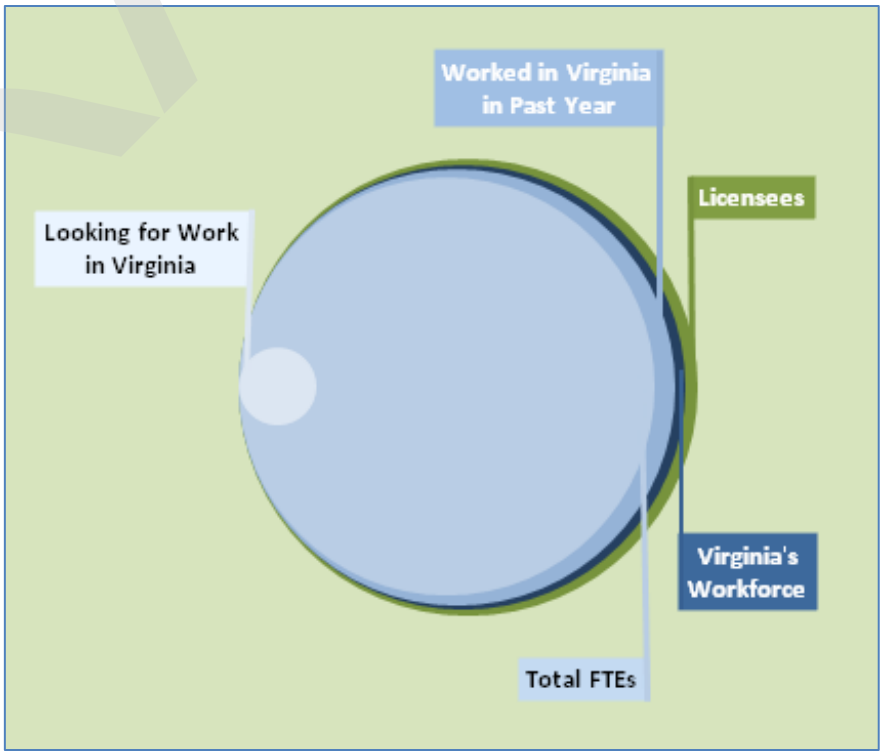
Virginia's CNA Workforce		
Status	#	%
Worked in Virginia in Past Year	54,940	97%
Looking for Work in Virginia	1,739	3%
Virginia's Workforce	**56,680**	**100%**
Total FTEs	**49,992**	
Licensees	**60,026**	

Source: Va. Healthcare Workforce Data Center

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

Definitions

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	913	6%	15,152	94%	16,065	30%
30 to 34	431	6%	6,547	94%	6,978	13%
35 to 39	342	6%	5,418	94%	5,761	11%
40 to 44	284	6%	4,583	94%	4,866	9%
45 to 49	338	7%	4,545	93%	4,883	9%
50 to 54	294	6%	4,520	94%	4,815	9%
55 to 59	267	6%	4,268	94%	4,534	8%
60 +	324	6%	5,456	94%	5,780	11%
Total	**3,194**	**6%**	**50,488**	**94%**	**53,682**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	94%
% Under 40 Female:	94%

Age

Median Age:	38
% Under 40:	54%
% 55+:	19%

Diversity

Diversity Index:	58%
Under 40 Div. Index:	59%

Source: Va. Healthcare Workforce Data Center

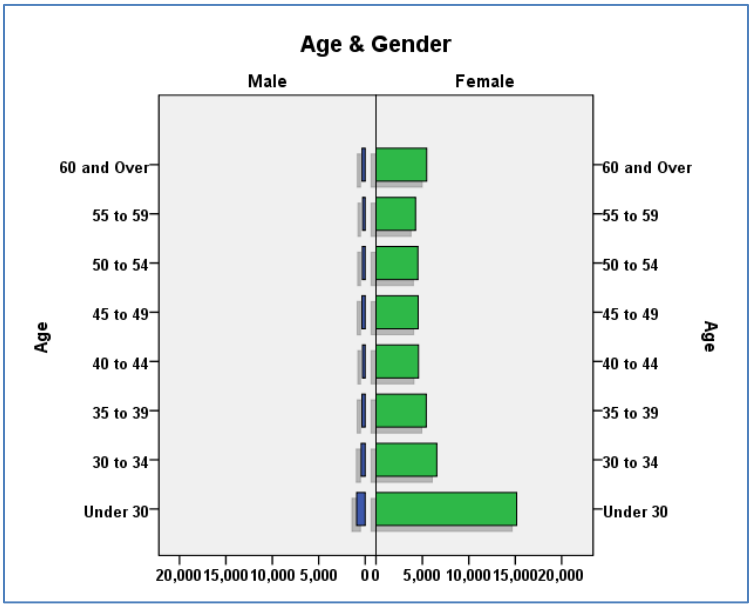
Race & Ethnicity					
Race/ Ethnicity	Virginia*	CNAs		CNAs under 40	
	%	#	%	#	%
White	63%	20,613	38%	12,206	42%
Black	19%	28,675	53%	14,248	49%
Asian	6%	1,518	3%	545	2%
Other Race	< 1%	559	1%	270	1%
Two or more races	3%	1,140	2%	849	3%
Hispanic	9%	2,105	4%	1,186	4%
Total	**100%**	**54,610**	**100%**	**29,304**	**100%**

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two CNAs, there is a 58% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 56% chance for Virginia's population as a whole.

54% of all CNAs are under the age of 40. 94% of these professionals are female. In addition, the diversity index among CNAs who are under the age of 40 is 59%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	29%
Rural Childhood:	49%

Virginia Background

HS in Virginia:	71%
Prof. Training in VA:	89%
HS or Prof. Train. in VA:	91%

Location Choice

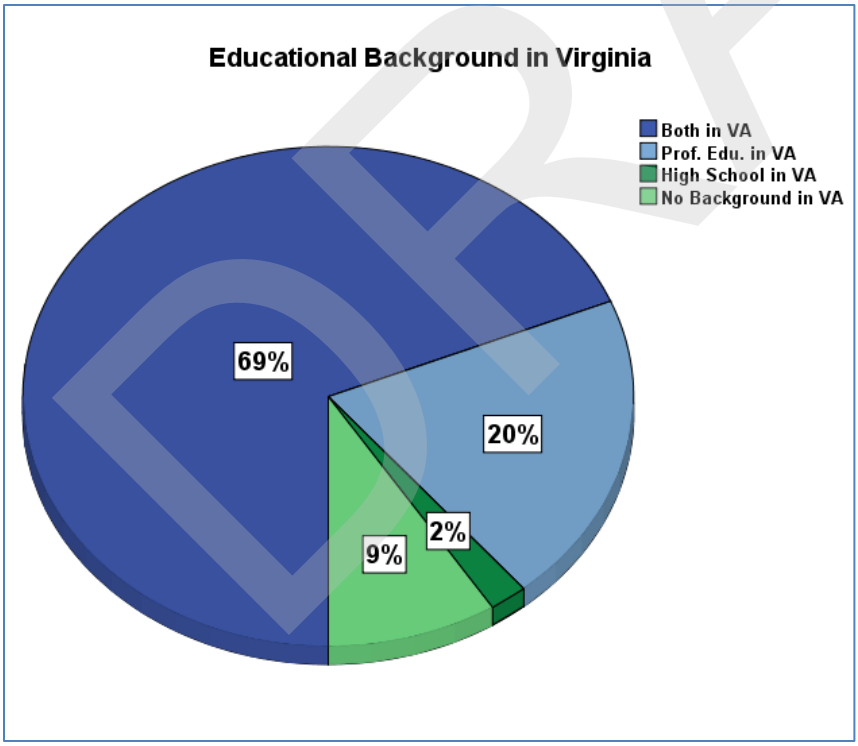
% Rural to Non-Metro:	29%
% Urban/Suburban to Non-Metro:	9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	33%	27%	39%
2	Metro, 250,000 to 1 million	57%	18%	25%
3	Metro, 250,000 or less	66%	18%	16%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	66%	13%	21%
6	Urban pop, 2,500-19,999, Metro adj	74%	12%	13%
7	Urban pop, 2,500-19,999, nonadj	86%	7%	7%
8	Rural, Metro adj	81%	9%	10%
9	Rural, nonadj	76%	11%	13%
	Overall	**49%**	**22%**	**29%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

49% of all CNAs grew up in self-described rural areas, and 29% of these professionals currently work in non-Metro counties. Overall, 19% of all CNAs currently work in non-Metro counties.

Top Ten States for Certified Nursing Aide Recruitment

Rank	All CNAs			
	High School	#	Init. Prof Degree	#
1	Virginia	38,259	Virginia	48,289
2	Outside U.S./Canada	7,510	North Carolina	911
3	New York	1,253	New York	674
4	North Carolina	894	Maryland	498
5	Maryland	689	West Virginia	420
6	West Virginia	655	Pennsylvania	345
7	Pennsylvania	623	New Jersey	275
8	New Jersey	529	California	258
9	Florida	369	Washington, D.C.	207
10	Georgia	290	Georgia	199

Source: Va. Healthcare Workforce Data Center

71% of Virginia's licensed CNAs earned their high school degree in Virginia, while 89% received their initial CNA training in the state.

Among CNAs who received their license in the past five years, 71% received their high school degree in Virginia, while 88% received their initial CNA training in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	12,141	Virginia	15,102
2	Outside U.S./Canada	2,250	North Carolina	268
3	New York	308	New York	183
4	North Carolina	275	Maryland	166
5	Maryland	232	Pennsylvania	147
6	Pennsylvania	222	West Virginia	145
7	West Virginia	168	New Jersey	87
8	Florida	165	Florida	78
9	New Jersey	158	Tennessee	77
10	Georgia	103	Georgia	76

Source: Va. Healthcare Workforce Data Center

5% of Virginia's licensees did not participate in Virginia's CNA workforce during the past year. 84% of these licensees worked at some point in the past year, including 69% who worked in a CNA-related capacity.

At a Glance:

Not in VA Workforce

Total:	3,276
% of Licensees:	5%
Va. Border State/DC:	35%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Credential		
Credential	#	% of Workforce
Registered Medication Aide (RMA)	3,928	7%
Advanced Practice CNA	392	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

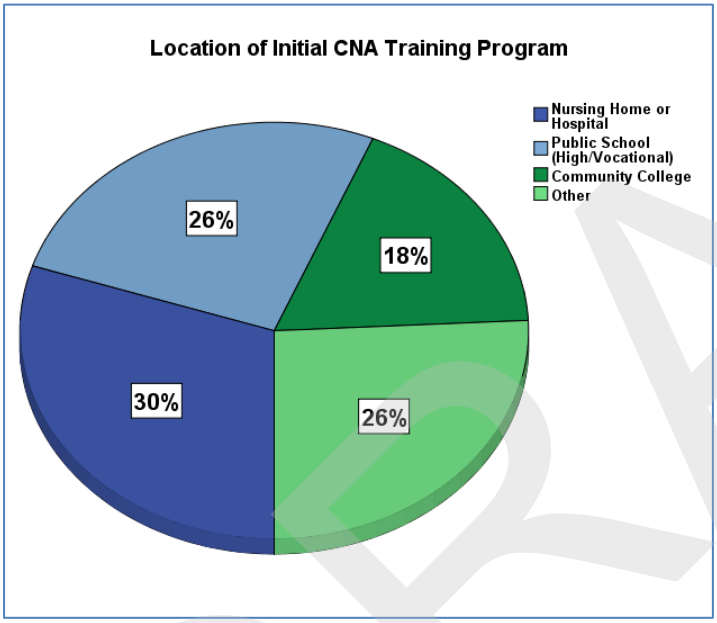
Education

RMA: 7%
Advanced Practice CNA: 1%

Educational Advancement

RN Program: 6%
LPN Program: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/ Hospital	16,171	30%
Public School (High/Vocational)	14,168	26%
Community College	9,618	18%
Other	13,888	26%
Total	**53,844**	**100%**

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	45,807	91%
RN Program	3,007	6%
LPN Program	1,815	4%
Total	**50,628**	**100%**

Source: Va. Healthcare Workforce Data Center

10% of CNAs are currently enrolled in nursing programs, including 6% who are enrolled in an RN program.

At a Glance:

Employment

Employed in Profession: 86%
Involuntarily Unemployed: 4%

Positions Held

1 Full-time: 57%
2 or More Positions: 20%

Weekly Hours:

40 to 49: 38%
60 or more: 5%
Less than 30: 19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	25	< 1%
Employed in a CNA- related capacity	47,089	86%
Employed, NOT in a CNA-related capacity	4,983	9%
Not working, reason unknown	0	0%
Involuntarily unemployed	2,304	4%
Voluntarily unemployed	91	< 1%
Retired	17	< 1%
Total	**54,509**	**100%**

Source: Va. Healthcare Workforce Data Center

86% of CNAs are currently employed in their profession. 57% of CNAs have one full-time job, and 38% of CNAs work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	2,395	5%
1 to 9 hours	1,823	4%
10 to 19 hours	2,794	5%
20 to 29 hours	5,503	11%
30 to 39 hours	15,280	29%
40 to 49 hours	19,885	38%
50 to 59 hours	1,594	3%
60 to 69 hours	719	1%
70 to 79 hours	794	2%
80 or more hours	1,165	2%
Total	**51,952**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	2,395	4%
One Part-Time Position	10,183	19%
Two Part-Time Positions	2,361	4%
One Full-Time Position	30,753	57%
One Full-Time Position & One Part-Time Position	7,083	13%
Two Full-Time Positions	638	1%
More than Two Positions	460	1%
Total	**53,873**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Less than $7.50 per hour	452	1%
$7.50 to $7.99 per hour	665	1%
$8.00 to $8.99 per hour	1,835	4%
$9.00 to $9.99 per hour	3,126	7%
$10.00 to $10.99 per hour	6,807	15%
$11.00 to $11.99 per hour	7,629	16%
$12.00 to $12.99 per hour	7,650	17%
$13.00 to $13.99 per hour	5,980	13%
$14.00 to $14.99 per hour	4,396	10%
$15.00 or more per hour	7,838	17%
Total	**46,377**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $12-$13/hr.

Benefits

Health Insurance: 52%
Retirement: 42%

Satisfaction

Satisfied: 94%
Very Satisfied: 64%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	34,615	64%
Somewhat Satisfied	16,000	30%
Somewhat Dissatisfied	2,120	4%
Very Dissatisfied	1,041	2%
Total	**53,777**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical CNA earned between $12 and $13 per hour during the past year. In addition, 73% of CNAs receive at least one employer-sponsored benefit, including 52% who have access to health insurance.

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	29,356	62%
Health Insurance	24,718	52%
Paid Sick Leave	24,338	52%
Dental Insurance	22,668	48%
Retirement	19,557	42%
Group Life Insurance	14,656	31%
Received At Least One Benefit	**34,414**	**73%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,677	12%	3,037	21%
6 Months to 1 Year	7,302	15%	2,829	19%
1 to 2 Years	12,887	26%	3,614	25%
3 to 5 Years	10,842	22%	2,839	19%
6 to 10 Years	5,834	12%	1,239	9%
More than 10 Years	6,204	13%	1,009	7%
Subtotal	**48,747**	**100%**	**14,567**	**100%**
Did not have location	3,459		39,409	
Item Missing	4,474		2,703	
Total	**56,680**		**56,680**	

Source: Va. Healthcare Workforce Data Center

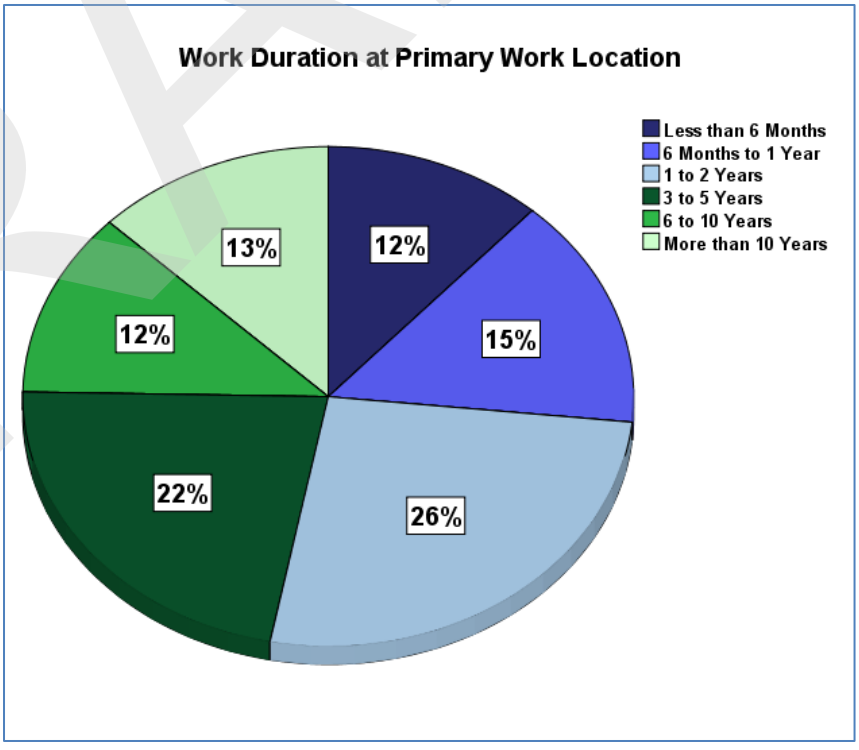
At a Glance:

Turnover & Tenure

New Location:	39%
Over 2 years:	47%
Over 2 yrs, 2nd location:	35%

Source: Va. Healthcare Workforce Data Center

47% of CNAs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.



Source: Va. Healthcare Workforce Data Center

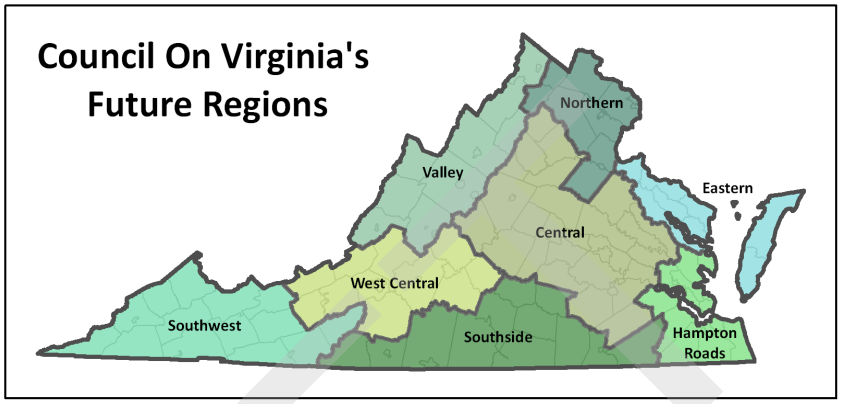
At a Glance:

Concentration

Top Region:	22%
Top 3 Regions:	62%
Lowest Region:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

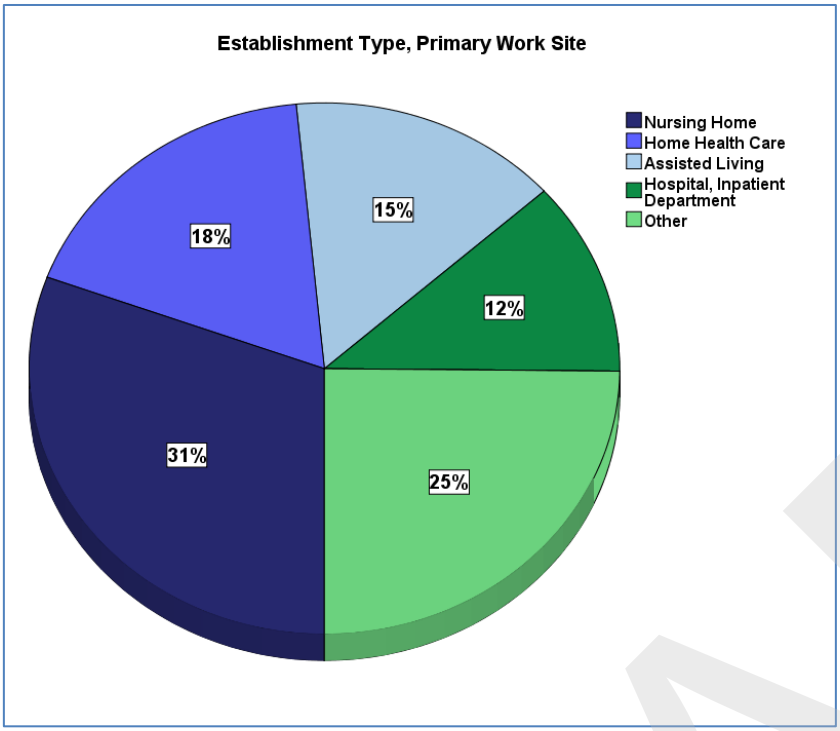
Regional Distribution of Work Locations				
COVF Region[1]	Primary Location		Secondary Location	
	#	%	#	%
Central	10,160	22%	3,301	22%
Eastern	1,454	3%	492	3%
Hampton Roads	9,003	19%	3,097	20%
Northern	9,320	20%	3,889	26%
Southside	3,523	8%	1,054	7%
Southwest	2,519	5%	540	4%
Valley	3,601	8%	864	6%
West Central	6,451	14%	1,746	11%
Virginia Border State/DC	91	< 1%	87	1%
Other US State	76	< 1%	109	1%
Outside of the US	11	< 1%	11	< 1%
Total	**46,209**	**100%**	**15,190**	**100%**
Item Missing	7,011		2,079	

Source: Va. Healthcare Workforce Data Center

22% of all CNAs are employed in Central Virginia, the most of any region in the state. Another 20% of the state's CNA workforce is employed in Northern Virginia, while 19% are employed in Hampton Roads.

[1] These are now referred to as VA Perform's regions: http://vaperforms.virginia.gov/Regions/regionalScorecards.php

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Activity

Clinical/Patient Care:	93%
Non-Clinical:	7%

Top Establishments

Nursing Home:	31%
Home Health Care:	18%
Assisted Living:	15%

Source: Va. Healthcare Workforce Data Center

Nursing homes employed 31% of Virginia's CNA workforce, the most of any establishment type. Meanwhile, 93% of all CNAs were engaged in either clinical or patient care at their primary work location.

Establishment Type	Location Type: Primary Location #	Primary Location %	Secondary Location #	Secondary Location %
Nursing Home	15,265	31%	2,754	17%
Home Health Care	8,924	18%	4,209	26%
Assisted Living	7,423	15%	2,172	13%
Hospital, Inpatient Department	5,886	12%	770	5%
Personal Care: Companion / Sitter / Private Duty	2,191	4%	1,289	8%
Mental Health Facility	1,244	2%	171	1%
Group Home	1,028	2%	426	3%
Physician's Office	1,005	2%	96	1%
Hospital, Ambulatory Care	953	2%	146	1%
Hospice	952	2%	161	1%
Health Clinic	457	1%	107	1%
Ambulatory or Outpatient Care	441	1%	149	1%
Other Practice Setting	4,128	8%	3,664	23%
Total	**49,897**	**100%**	**16,114**	**100%**
Did Not Have a Location	3,459		39,409	

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total:	49,992
FTEs/1,000 Residents:	5.963
Average:	0.94

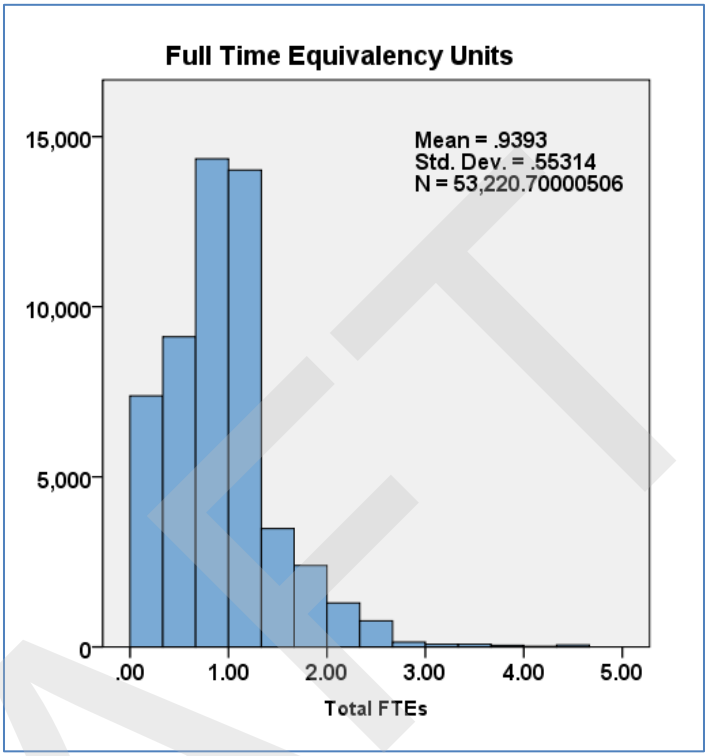
Age & Gender Effect

Age, Partial Eta^2:	Small
Gender, Partial Eta^2:	Negligible

Partial Eta^2 Explained:
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

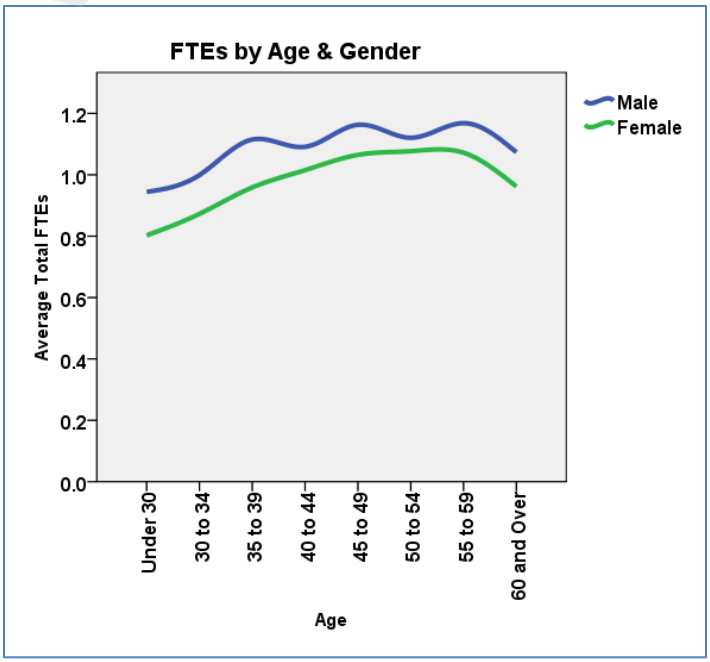


Source: Va. Healthcare Workforce Data Center

The typical (median) CNA provided 0.91 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.[1]

Full-Time Equivalency Units		
Age	**Average**	**Median**
Age		
Under 30	0.81	0.83
30 to 34	0.87	0.89
35 to 39	0.96	0.91
40 to 44	1.02	0.92
45 to 49	1.07	1.03
50 to 54	1.07	1.06
55 to 59	1.06	1.06
60 and Over	0.95	0.91
Gender		
Male	1.06	1.04
Female	0.94	0.91

Source: Va. Healthcare Workforce Data Center

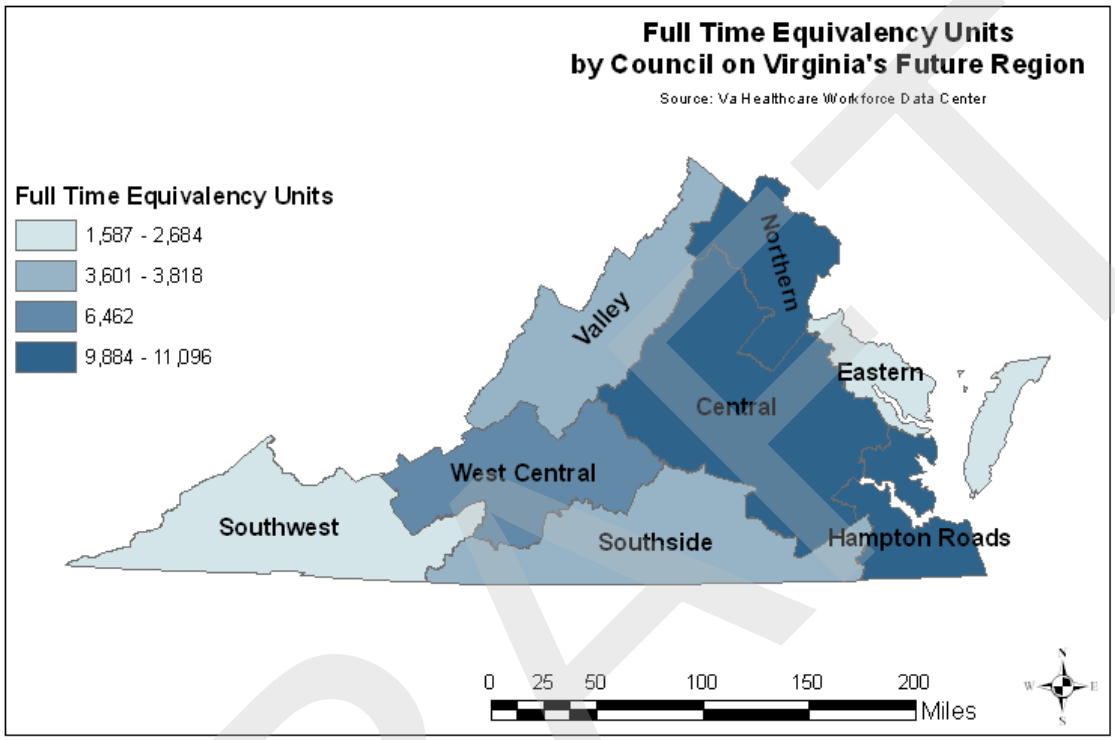


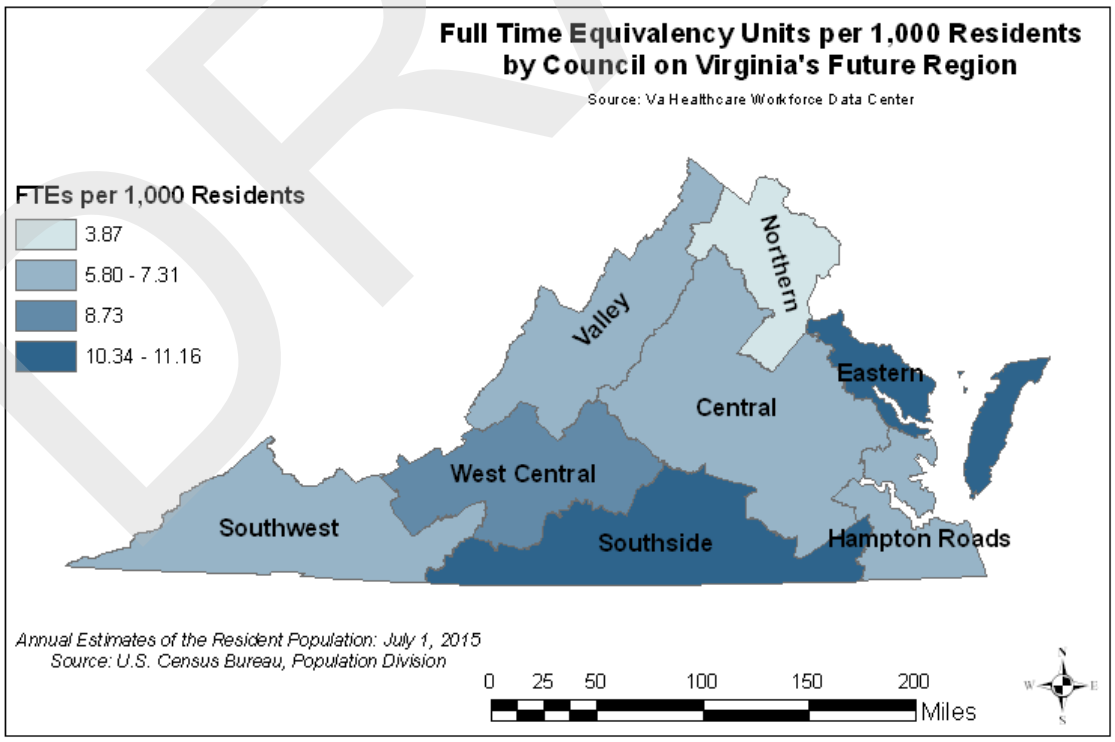
Source: Va. Healthcare Workforce Data Center

[2] Due to assumption violations in Mixed between-within ANOVA (Levene's Test is significant)

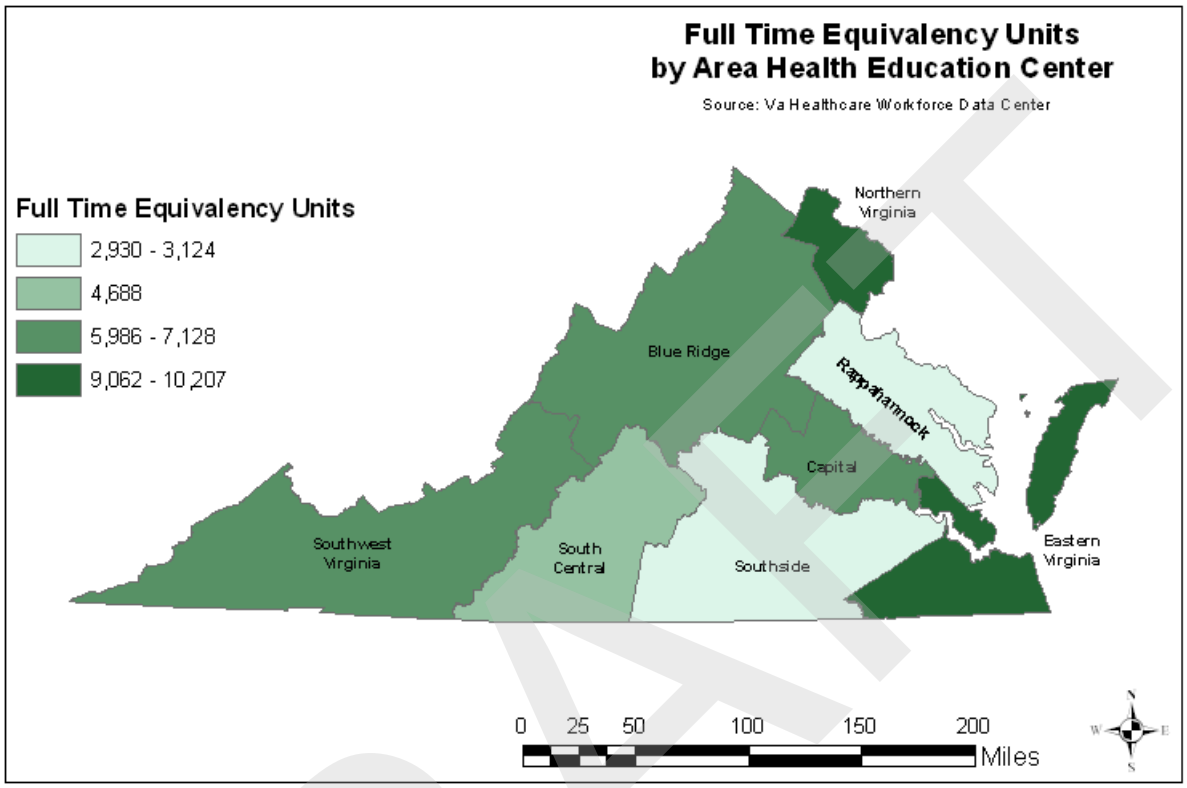
Maps

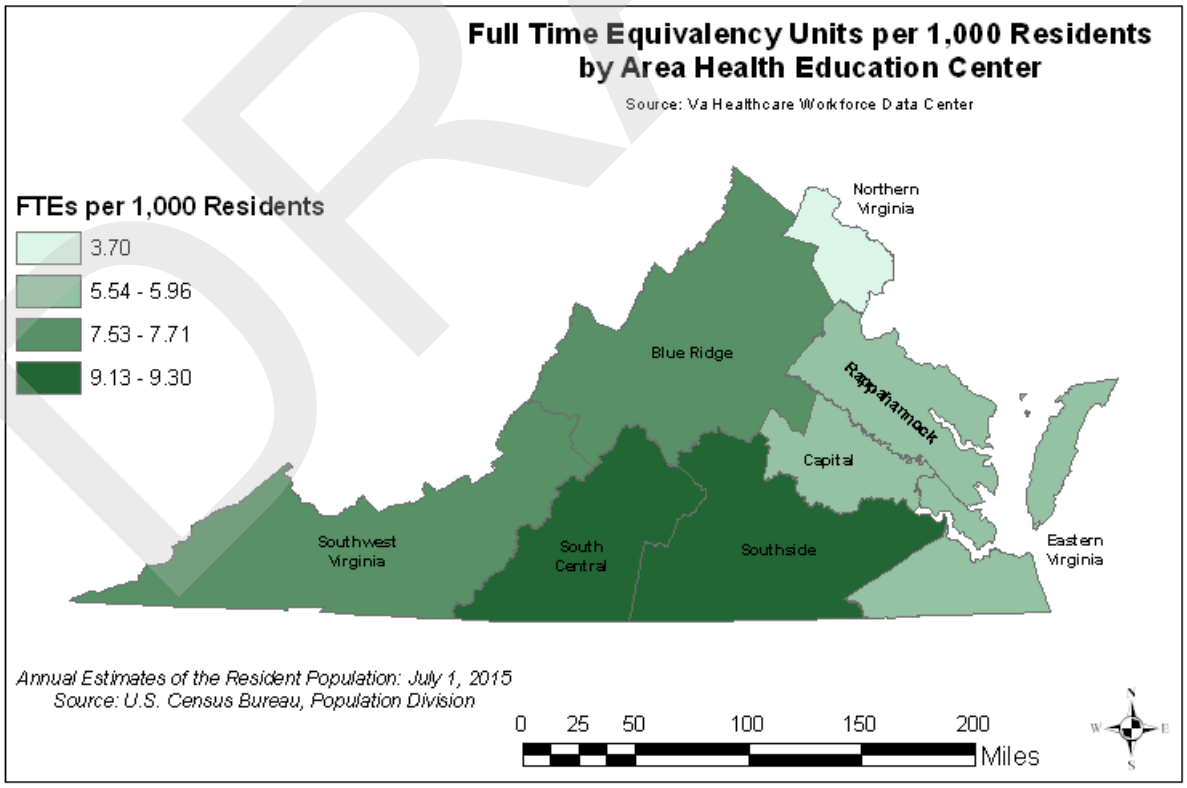
Council on Virginia's Future Regions[1]



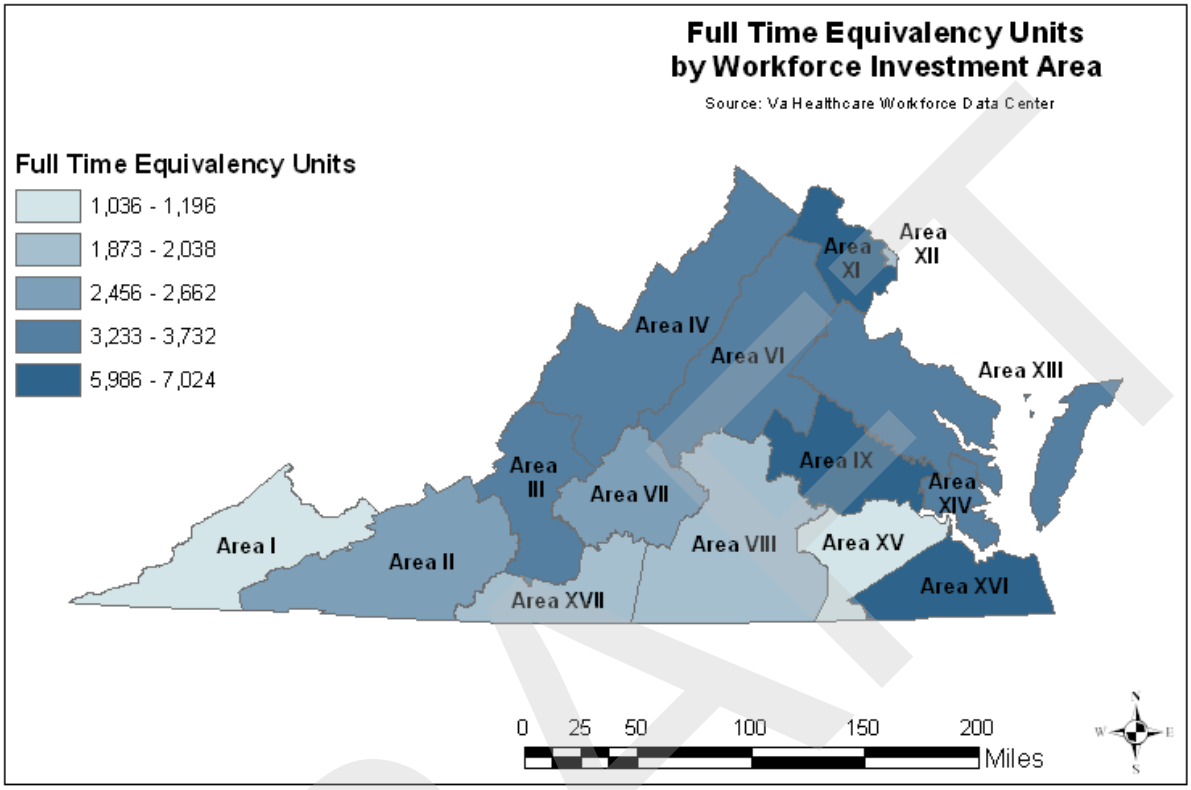


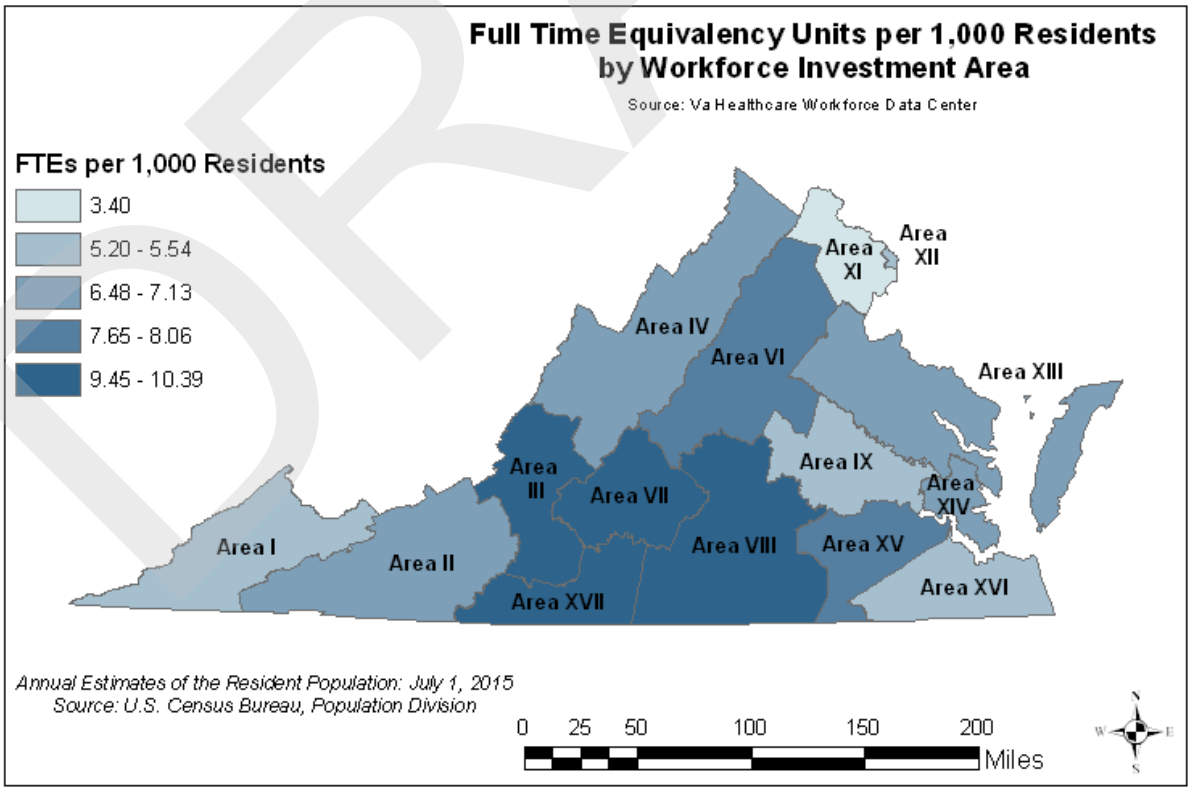
Area Health Education Center Regions



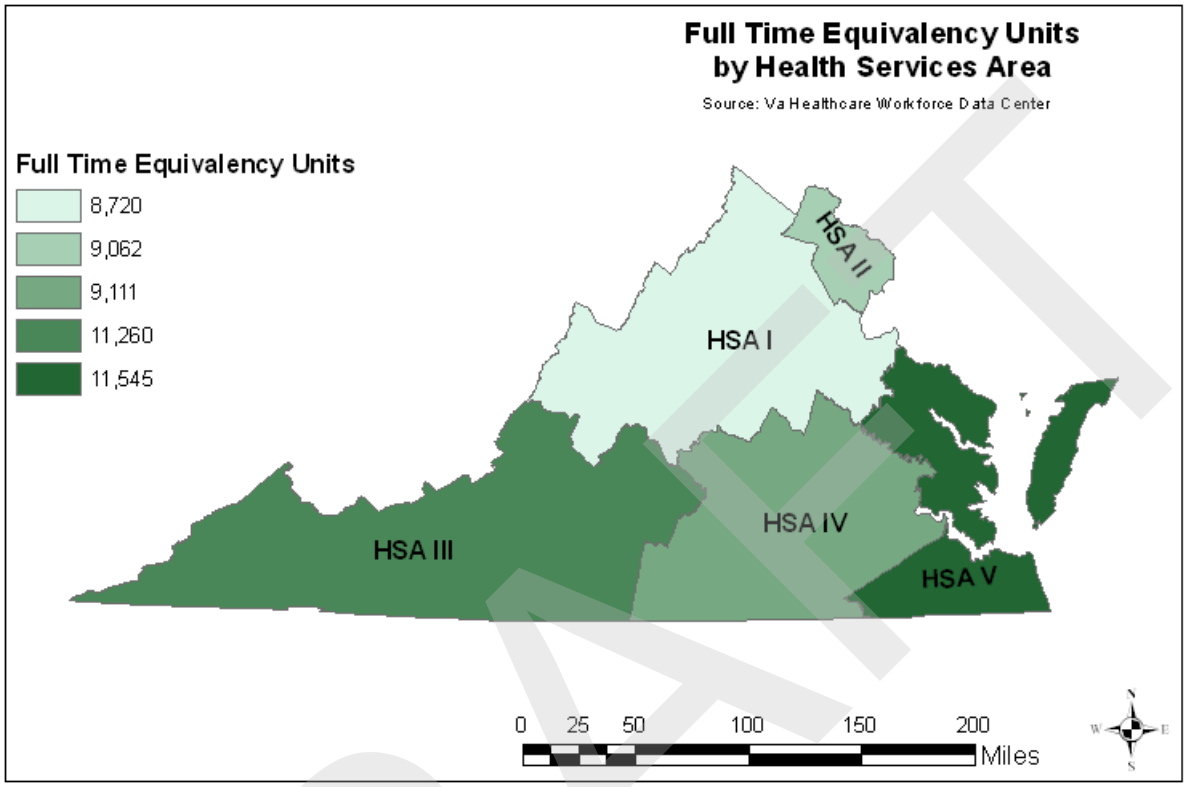


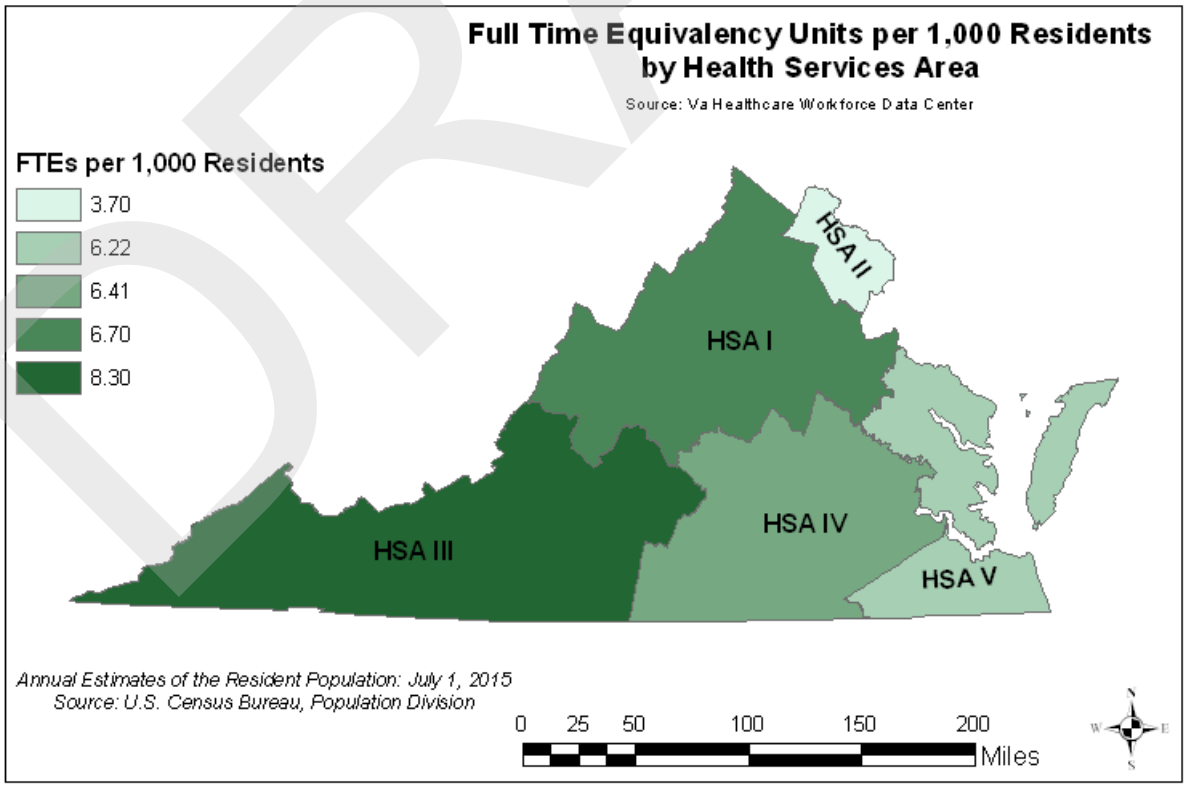
Workforce Investment Areas

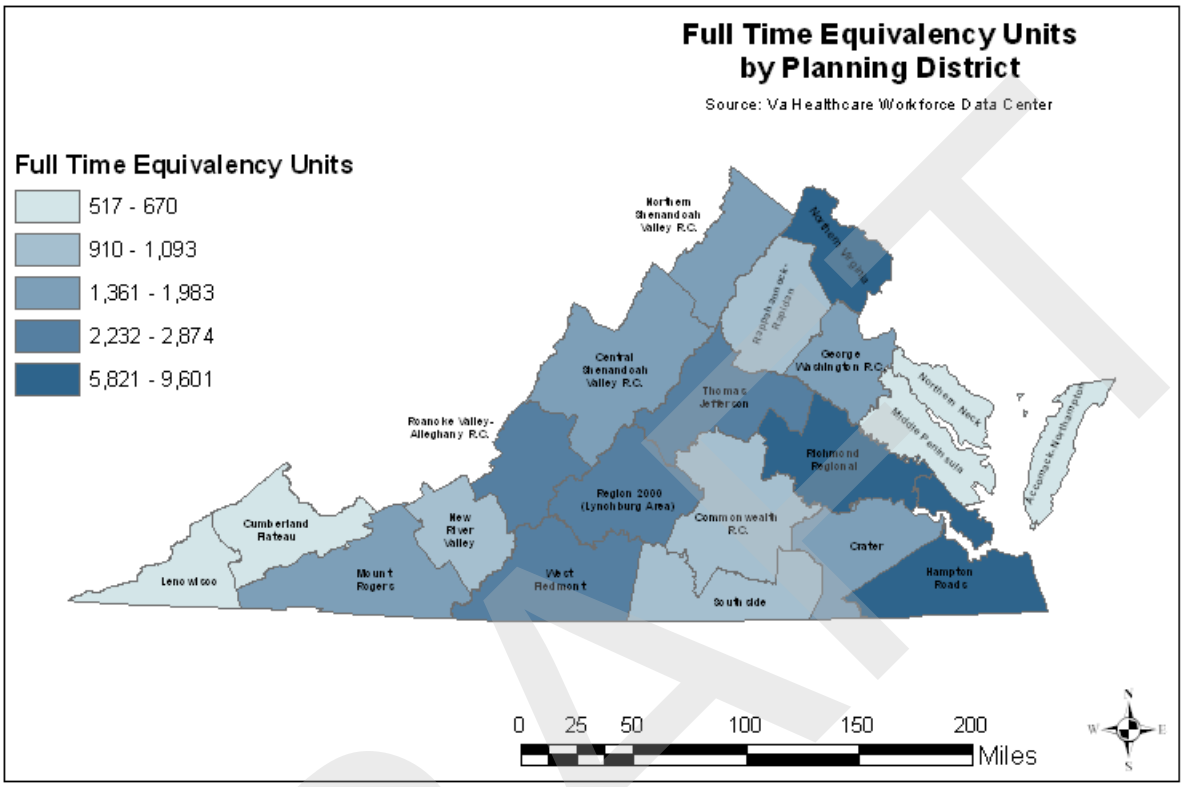


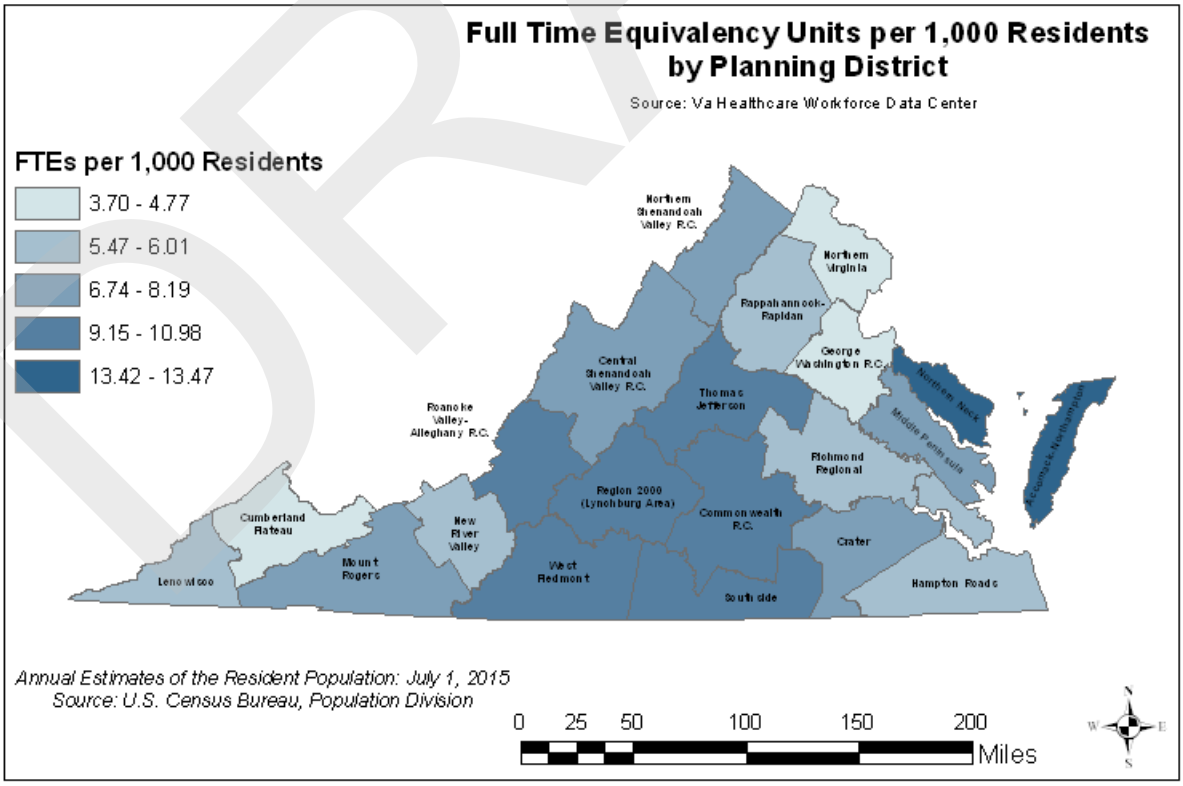


Health Services Areas






Full Time Equivalency Units
by Planning District
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
517 - 670
910 - 1,093
1,361 - 1,983
2,232 - 2,874
5,821 - 9,601
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Cumberland Plateau
New River Valley
Crater
Lenowisco
Mount Rogers
West Piedmont
South side
Hampton Roads
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units per 1,000 Residents
by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
3.70 - 4.77
5.47 - 6.01
6.74 - 8.19
9.15 - 10.98
13.42 - 13.47
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
Central Shenandoah Valley R.C.
George Washington R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Cumberland Plateau
New River Valley
Crater
Lenowisco
Mount Rogers
West Piedmont
South side
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2015
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
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Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	31,008	53.48%	1.869979	1.52242	2.58247
Metro, 250,000 to 1 million	6,473	53.84%	1.857389	1.512169	2.565082
Metro, 250,000 or less	5,868	55.57%	1.799448	1.464997	2.485065
Urban pop 20,000+, Metro adj	2,008	57.42%	1.741544	1.417855	2.405098
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	4,446	56.97%	1.755231	1.428999	2.424
Urban pop, 2,500-19,999, nonadj	2,028	50.25%	1.990186	1.620285	2.748477
Rural, Metro adj	2,384	54.15%	1.846631	1.50341	2.550225
Rural, nonadj	1,017	51.43%	1.944551	1.583131	2.685454
Virginia border state/DC	3,354	34.65%	2.886403	2.349928	3.986166
Other US State	1,440	17.85%	5.603113	4.561702	7.737983

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	17,703	37.72%	2.65134	2.405098	7.737983
30 to 34	7,744	46.45%	2.152905	1.952955	6.283291
35 to 39	6,351	58.21%	1.717879	1.558332	5.013661
40 to 44	5,386	59.65%	1.676315	1.520628	4.892354
45 to 49	5,495	61.20%	1.633958	1.482205	4.768734
50 to 54	5,444	63.98%	1.56302	1.417855	4.561702
55 to 59	5,197	63.25%	1.581077	1.434235	4.614401
60 and Over	6,706	58.89%	1.698151	1.540436	4.956085

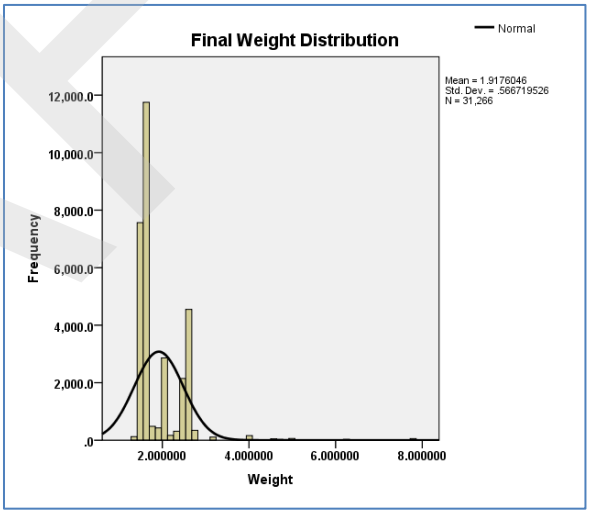
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.520874



Source: Va. Healthcare Workforce Data Center

Virginia's Nursing Education Programs: 2016-2017 Academic Year

Healthcare Workforce Data Center

March 2018

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Virginia's Nursing Education Programs		
	PN Programs	RN Programs
Mean Program Length	16 Months	24 Months
% with SACS Accreditation	50%	76%
% with ACEN Accreditation	9%	39%
% with CCNE Accreditation	N/A	39%
% offering Evening Courses	29%	54%
% offering Weekend Courses	24%	31%
% offering Online Courses	13%	35%
Median Clinical Experience Hours	426-450	576-600
Median Direct Client Care Hours	400+	500+
Students		
Total Applicants	4,114	15,846
% Qualified Applicants	75%	67%
Total 1st Year Students Enrolled	2,292	6,062
Mean GPA of Admitted Students	2.8	3.3
Mean Age of Admitted Students	27	27
1st Year Student Capacity	3,034	6,434
% Unfilled Capacity	27%	13%
Total Enrollment	2,466	10,503
Attrition Rate	26%	19%
Total Graduates	895	3,966
% Male Graduates	5%	12%
Diversity Index*	61%	52%
Faculty		
Total Faculty	407	2,158
% Full-Time Employees	41%	46%
Mean Student-to-Faculty Ratio	7.4	6.0
% Female	93%	93%
Diversity Index	51%	43%
Most Common Degree	BSN	MSN
Full-Time Turnover Rate	28%	12%
Full-Time Newly Appointed Rate	27%	14%
% with Adequate Budget for Full-Time Hiring	98%	90%
% of Full-Time Vacancies in Active Recruitment	64%	93%
% Expecting More Future Employment Disruption	7%	2%

*Diversity Index: In a random encounter between two practitioners, the likelihood that they would be of different race or ethnicity (using the categories listed in the Demographics section of the report).

Source: VA. Healthcare Workforce Data Center

Summary of Trends

There are some changes over the years in the statistics relating to Nurse Education programs that are worth noting. The percent of Practical Nursing (PN) and registered nursing (RN) programs offering weekend and evening courses increased in the past year. In the past academic year, 29% and 54% of PN and RN programs, respectively, offered evening classes compared to 16% and 44% in the 2015-16 year. However, for PN programs, the percent offering evening classes is still not as high as in 2012-13 when 39% offered evening classes. Similarly, there was a significant increase in the percent offering weekend classes in the past year. Compared to the 2015-16 year when only 9% and 25% of PN and RN programs, respectively, offered weekend courses, 24% and 31% of the programs who responded to the most recent survey did. Online program offerings declined from 21% of PN programs offering it last year to 13% in current report; the decline for RN programs was from 38% in the last report to 35% in the current report.

A higher percentage of PN and RN programs reported accreditation by the Southern Association of Colleges and Schools (SACS); 50% and 76% of PN and RN programs, respectively, were SACS accredited in the current report compared to 48% and 68% in 2015-16. Accreditation by the Accreditation Commission for Education in Nursing (ACEN) declined from 11% to 9% for PN programs but increased from 36% to 39% for RN programs.

Mean program length stayed the same at 24 months for RN programs but increased from 15 to 16 months for PN programs. Some changes were also recorded with regards to students and applicants. The number of total PN program applicants has been erratic over the years. It was 4,114 in this current report compared to 5,072, 5,667, 4,391, and 5,013 in 2015-16, 2014-15, 2013-14, and 2012-13, respectively. The number of total first year PN students enrolled increased to 2,292 from last year's 4-year low of 2,238. By contrast, the number of first year RN students enrolled hit a 5-year high at 6,062. Total enrollment increased for both types of programs. The total enrollment increased from 2,417 last year to 2,466 in the current report for PN programs and from 10,453 in 2015-16 to 10,503 in 2016-17 for RN programs.

For admission and graduation, the PN program paints a distressing picture with admission declining by 3% and graduation declining by 26%. For RN programs, only the number of graduates declined by 2%; the number admitted increased by 3%. The number admitted into RN programs is at an all-time high at 7,373.

Some significant changes were also noted in faculty statistics. Although the total number of faculty reported in PN programs increased to 407 from its 4-year low of 400 last year, it is still lower than the 411, 447, and 439 faculty number recorded in 2014-15, 2013-14, and 2012-13, respectively. By contrast, RN programs reported an all-time high number of faculty members of 2,158. This is an increase from 2,053 in 2015-16. The percent of faculty that were full time declined only for PN programs; 41% of PN faculty are fulltime in 2016-17 compared to 46% in 2015-16. For RN programs, the percent full time remain at 46% from last year. Full time faculty turnover rates continued its increase for PN programs as it increased from 27% in 2015-16 to a 5-year high of 28% in the current report. However, faculty turnover rate declined slightly from 14% to 12% for RN programs. Fortunately, full time faculty newly appointed rate increased for both programs. For PN programs, the rate increased from 22% to 27% whereas for RN programs, the rate increased from 12% to 14%.

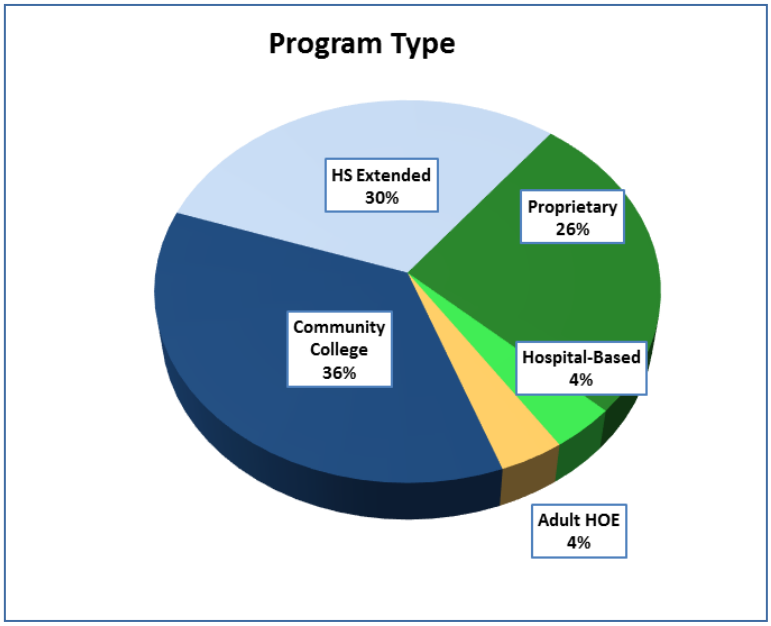
Practical Nursing Education Program

Program Structure

A Closer Look:

Program Type		
Type	**#**	**%**
High School Extended	16	30
Post-Secondary Adult HOE	2	4
Community College	19	36
Hospital-Based	2	4
Proprietary	14	26
Total	**53**	**100%**

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Community College:	36%
HS Extended:	30%
Proprietary:	26%

Delivery Method

Semester:	88%
Quarter:	8%
Trimester:	6%

Mean Program Length

HS Extended:	18 Mos.
Adult HOE:	18 Mos.
Community College:	15 Mos.
Proprietary:	14 Mos.

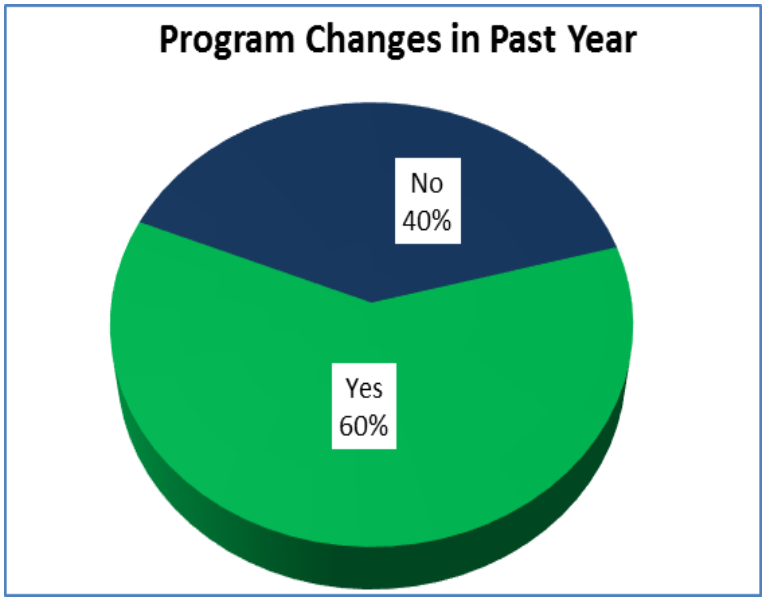
Source: VA. Healthcare Workforce Data Center

There were 59 Practical Nursing (PN) Education Programs approved in Virginia during the 2016-2017 academic year. 53 of these programs responded to this year's survey.

Program Length (Months)					
Program Type	**Mean**	**Min**	**25th %**	**75th %**	**Max**
HS Extended	18	18	18	18	21
Adult HOE	18	18	18	18	18
Community College	15	12	12	18	21
Hospital-Based	12	12	12	12	12
Proprietary	14	12	13	15	16
All Programs	**16**	**12**	**12**	**18**	**21**

Source: VA. Healthcare Workforce Data Center

Program Details



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	93%
Online Courses:	13%
Evening Courses:	29%
Weekend Courses:	24%

Admissions Frequency (Annual)

One:	66%
Two:	8%
Three:	9%
Four or More:	17%

Source: VA. Healthcare Workforce Data Center

Over half of Virginia's PN programs initiated a change to their program within the past year. Twenty-four programs had faculty changes, nine reported schedule changes, eight reported curriculum changes, and another four reported changes in course content.

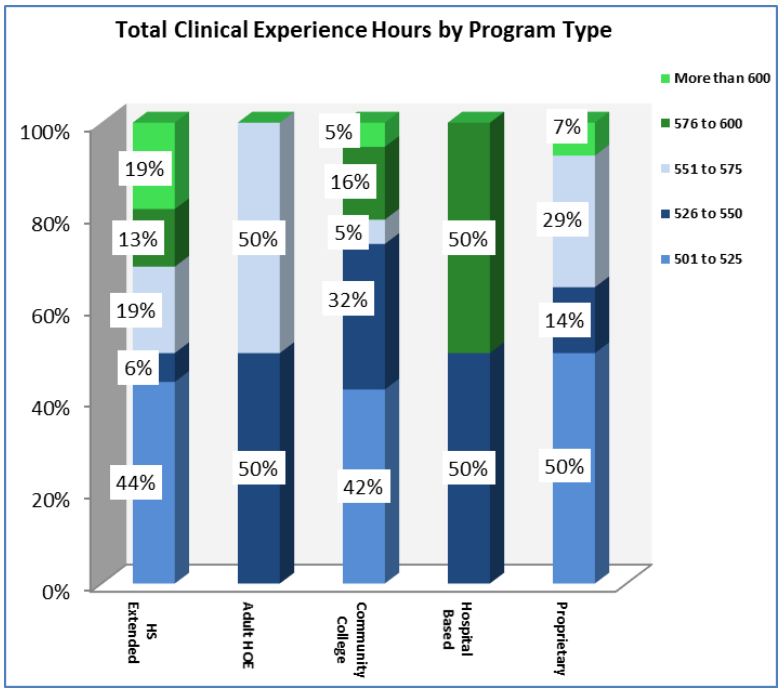
Scheduling Option	#	%
Daytime Courses	51	93%
Evening AND Weekend Courses	12	22%
Evening Courses	4	7%
Online Courses	7	13%
Accelerated Courses	1	2%
Weekend Courses	1	2%

Source: VA. Healthcare Workforce Data Center

Accreditation			
Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	**SACS**	28	50%
Accreditation Commission for Education in Nursing	**ACEN**	5	9%
Accrediting Council for Independent Colleges and Schools	**ACICS**	1	2%
Accrediting Comission of Career Schools and Colleges	**ACCSC**	2	4%
Accrediting Bureau of Health Education Schools	**ABHES**	3	5%
Council on Occupational Education	**COE**	2	4%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

Clinical Experience:	426-450
Direct Client Care:	400+
Direct Client Care in Va.:	430
Clinical Simulation:	1-25
Clinical Observation:	1-25

Source: VA. Healthcare Workforce Data Center

Nearly 80% of all PN programs in Virginia required between 400 and 475 hours of clinical experience from their students; the rest required more than 476 hours. Pursuant to 18VAC 90-20-120.E, Virginia's PN programs are required to provide 400 hours of direct client care, of which 20% may be simulated.

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	2	4%
North Carolina	0	0%
Maryland	1	2%
West Virginia	0	0%
Tennessee	2	4%
At least One	**5**	**9%**

Source: VA. Healthcare Workforce Data Center

Only 5 programs offered clinical experience hours outside of Virginia. Washington, D.C. and Tennessee were the only places where clinical experience was offered by more than one program.

Breakdown of Clinical Hours by Program Type

Clinical Hours		Program Type						
Type	Amount	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs	% of Total
Clinical Experience Hours	400 or less	0	0	0	0	0	0	**0%**
	401 to 425	7	0	8	0	7	22	**42%**
	426 to 450	1	1	6	1	2	11	**21%**
	451 to 475	3	1	1	0	4	9	**17%**
	476 to 500	2	0	3	1		6	**11%**
	More than 500	3	0	1	0	1	5	**9%**
	Total	**16**	**2**	**19**	**2**	**14**	**53**	**100%**
Direct Client Care Hours	300 or less	0	0	0	0	0	0	**0%**
	301 to 325	1	0	0	0	1	2	**4%**
	326 to 350	0	0	1	0	0	1	**2%**
	351 to 375	1	0	0	0	0	1	**2%**
	376 to 400	1	0	0	1	2	4	**8%**
	More than 400	13	2	17	1	11	44	**85%**
	Total	**16**	**2**	**18**	**2**	**14**	**52**	**100%**
Clinical Simulation Hours	None	5	1	8	0	2	16	**30%**
	1-25	7	1	6	0	6	20	**38%**
	26 to 50	3	0	3	1	3	10	**19%**
	51 to 75	0	0	1	0	1	2	**4%**
	76 to 100	1	0	1	1	1	4	**8%**
	More than 100	0	0	0	0	1	1	**2%**
	Total	**16**	**2**	**19**	**2**	**14**	**53**	**100%**
Clinical Observation Hours	None	5	0	10	1	10	26	**49%**
	1-25	8	2	8	1	4	23	**43%**
	26 to 50	2	0	1	0	0	3	**6%**
	51 to 75	0	0	0	0	0	0	**0%**
	76 to 100	1	0	0	0	0	1	**2%**
	Total	**16**	**2**	**19**	**2**	**14**	**53**	**100%**

Source: VA. Healthcare Workforce Data Center

Admissions

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled

Out of 3,
Six programs
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and another
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admission in

HS Extended	975	762	78%	662	87%	563	85%	58%
Adult HOE	81	42	52%	31	74%	31	100%	38%
Community College	969	641	66%	510	80%	458	90%	47%
Hospital	139	80	58%	78	98%	70	90%	50%
Proprietary	1,950	1,568	80%	1,292	82%	1,170	91%	60%
All Programs	**4,114**	**3,093**	**75%**	**2,573**	**83%**	**2,292**	**89%**	**56%**

Source: VA. Healthcare Workforce Data Center

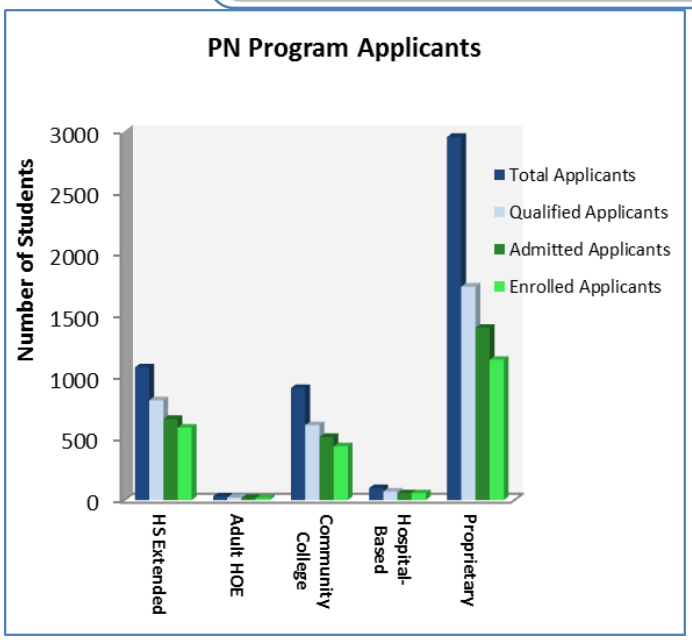
At a Glance:

Program Applicants

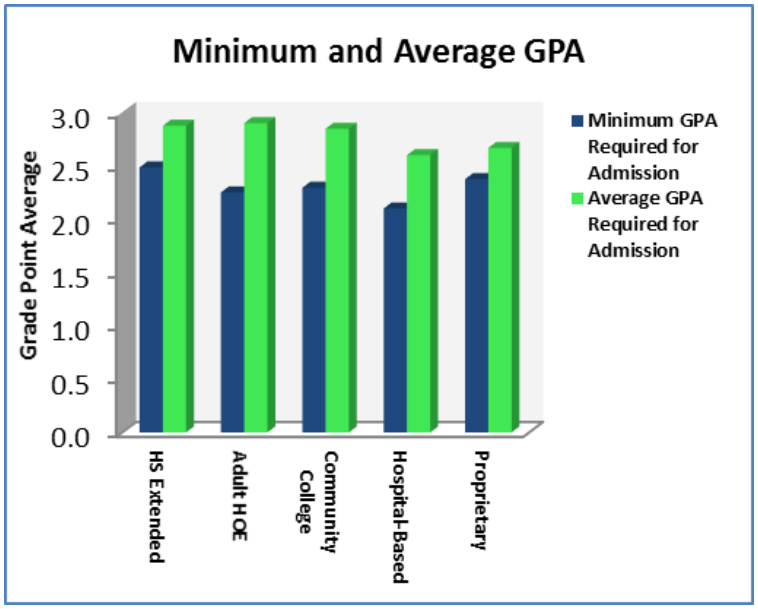
Total:	4,114
Qualified:	3,093
Admitted:	2,573
Enrolled:	2,292
Waitlisted:	46

Virginia's PN programs received a total of 4,114 student applications during the 2016-2017 academic year. More than half of these applications ultimately resulted in an enrolled student.

Source: VA. Healthcare Workforce Data Center



Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)

Minimum Requirement:	2.4
Student Average:	2.8

Age (mean)

Overall:	27
HS Extended:	25
Proprietary:	29

Source: VA. Healthcare Workforce Data Center

Average Age of Admitted Students	
Program Type	Mean
High School Extended	25
Post-Secondary Adult HOE	25
Community College	28
Hospital-Based	27
Proprietary	29
All Programs	**27**

Source: VA. Healthcare Workforce Data Center

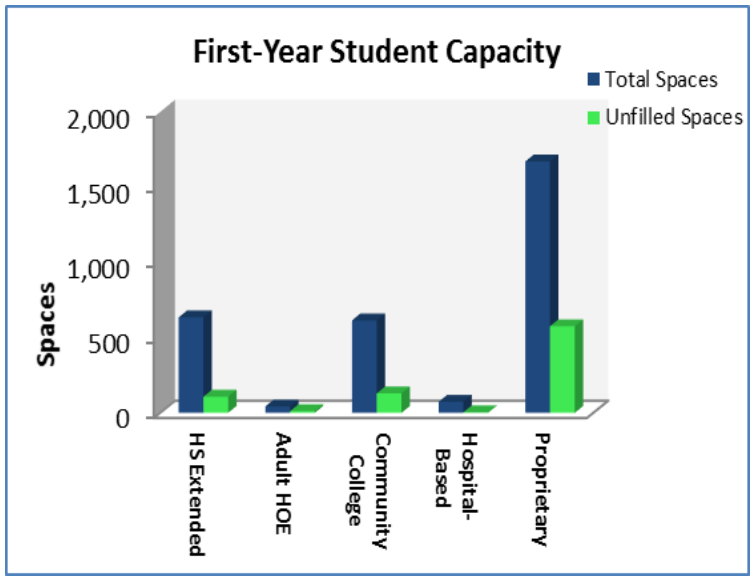
The average age of students who were admitted into Virginia's PN programs was 27. High School Extended and Adult HOE programs had the lowest average age of admitted students at 25, while Proprietary programs had the highest average age of admitted students at 29.

GPA		
Program Type	Min	Avg.
High School Extended	2.5	2.9
Post-Secondary Adult HOE	2.3	2.9
Community College	2.3	2.8
Hospital-Based	2.1	2.6
Proprietary	2.4	2.7
All Programs	**2.4**	**2.8**

Source: VA. Healthcare Workforce Data Center

A typical PN program required that prospective students have a minimum GPA of 2.4, while the average GPA among admitted students was 2.8. On average, High School Extended programs had the highest minimum requirements for admission. Along with Post-Secondary Adult HOE, they also had the highest GPA among admitted students.

Capacity



Source: VA. Healthcare Workforce Data Center

At a Glance:

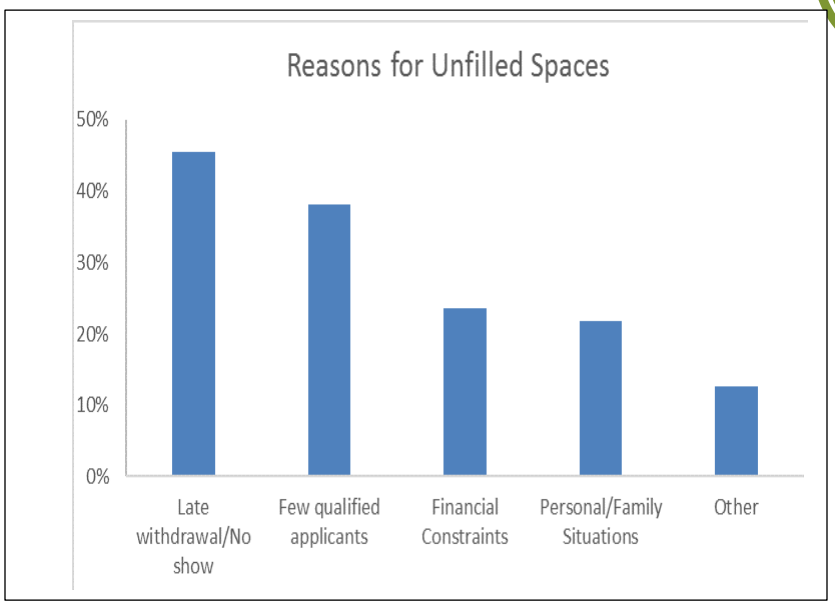
1st-Year Student Capacity

Spaces Available:	3,034
Spaces Unfilled:	825

Unfilled Capacity

% of Programs:	23%
% of Total Capacity:	27%

Source: VA. Healthcare Workforce Data Center



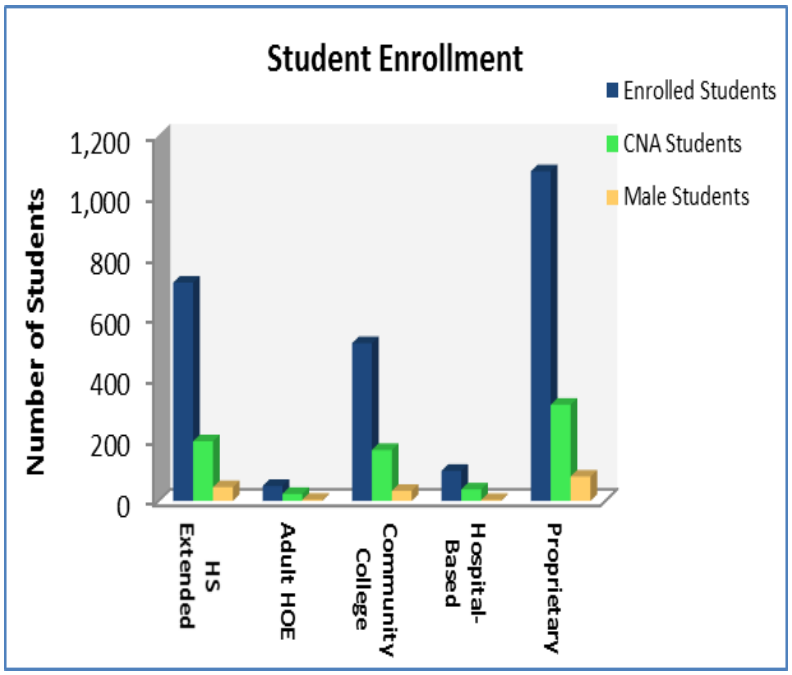
Source: VA. Healthcare Workforce Data Center

Virginia's PN programs were able to utilize 73% of their available first-year student capacity.

Program Type	# of Programs with Unfilled Spaces		# of Unfilled Spaces		Total Spaces	% of Total Capacity
	No	Yes	Unfilled Spaces	%		
HS Extended	7	9	107	13%	635	17%
Adult HOE	0	2	11	1%	42	26%
Community College	4	15	129	16%	614	21%
Hospital-Based	1	1	3	0%	73	4%
Proprietary	0	13	575	70%	1,670	34%
All Programs	**12**	**40**	**825**	**100%**	**3,034**	**27%**

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total:	2,466
CNA:	740
Male:	165

Enrollment by Program Type

Proprietary:	44%
HS Extended:	29%
Community College:	21%

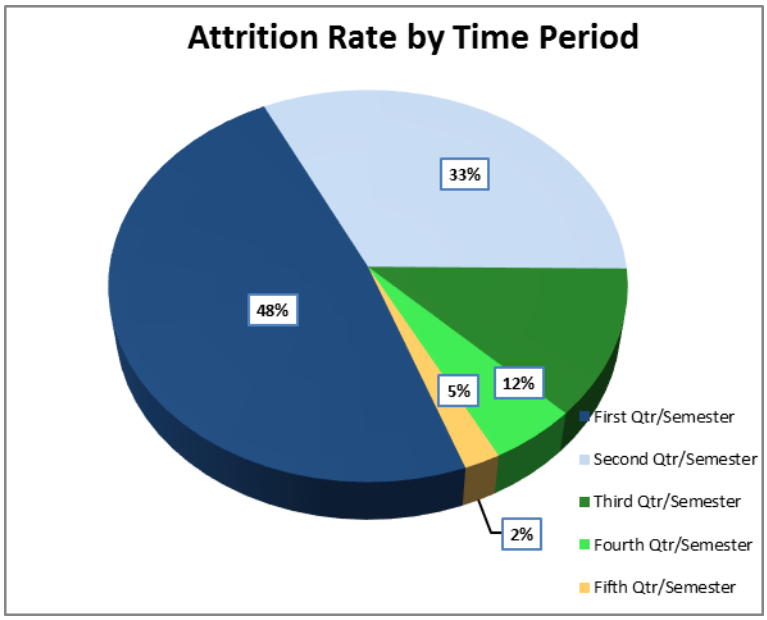
Source: VA. Healthcare Workforce Data Center

A total of 2,466 students were enrolled in Virginia's PN programs during the current academic year. 30% of these students were CNAs, while 7% of enrolled students were male.

Program Type	Total Enrollment		CNA Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
HS Extended	717	29%	196	26%	45	27%
Adult HOE	49	2%	23	3%	4	2%
Community College	518	21%	167	23%	33	20%
Hospital-Based	99	4%	38	5%	3	2%
Proprietary	1,083	44%	316	43%	80	48%
All Programs	**2,466**	**100%**	**740**	**100%**	**165**	**100%**

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Quarter/ Semester/ Trimester	Number of Students	
	Count	%
First	233	48%
Second	156	32%
Third	59	12%
Fourth	24	5%
Fifth	10	2%
Total	**482**	**100%**

Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduation Rate

HS Extended:	62%
Hospital-based:	59%
Adult HOE:	57%

Attrition Rate

All Programs:	26%
Adult HOE:	40%
HS Extended:	28%

Source: VA. Healthcare Workforce Data Center

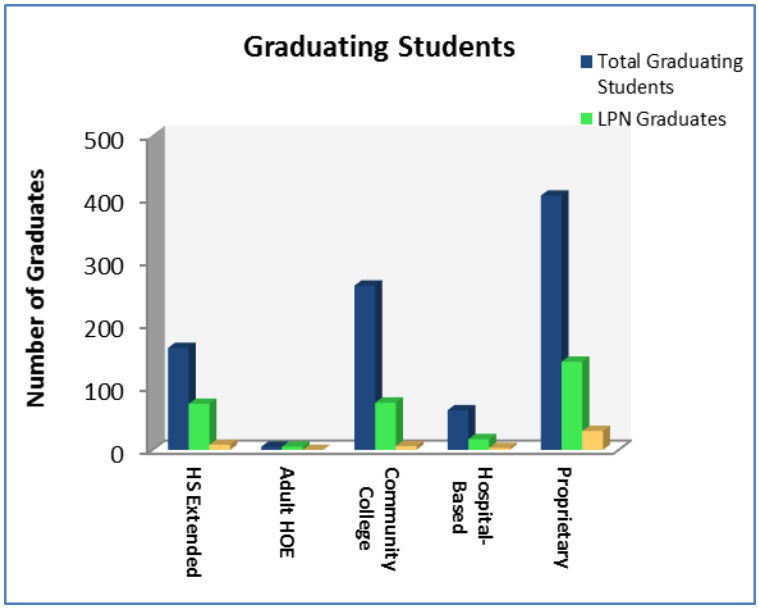
Close to half of all students who left a PN program without graduating did so during the first quarter or semester of the program.

Attrition Statistics	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Scheduled to Graduate	290	30	398	74	806	**1,598**
Graduated on Time	180	17	214	44	294	**749**
On-Time Graduation Rate	62%	57%	54%	59%	36%	**47%**
Permanently Left Program	82	12	105	7	217	**423**
Attrition Rate	28%	40%	26%	9%	27%	**26%**

Source: VA. Healthcare Workforce Data Center

Among all students who were expected to graduate during this academic year, less than half ultimately did graduate. Meanwhile, a quarter of students expected to graduate this year permanently left their respective program instead.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total:	895
% CNA:	35%
% Male:	5%

Grad. by Program Type

Proprietary:	45%
Community College:	29%
HS Extended:	18%

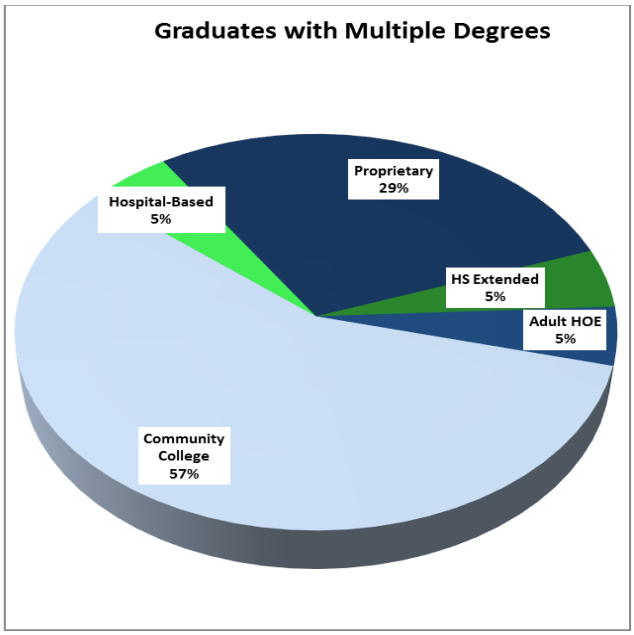
Source: VA. Healthcare Workforce Data Center

A total of 895 students graduated from Virginia's PN programs during the current academic year. 35% of these graduates were CNA students, while 5% were male. Nearly half graduated from Proprietary PN programs.

Program Type	Total Graduates		CNA Graduates		Male Graduates	
	Count	%	Count	%	Count	%
HS Extended	162	18%	73	24%	8	17%
Adult HOE	5	1%	5	2%	0	0%
Community College	261	29%	75	24%	6	13%
Hospital-Based	63	7%	17	5%	3	6%
Proprietary	404	45%	140	45%	30	64%
All Programs	**895**	**100%**	**310**	**100%**	**47**	**100%**

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity

White:	51%
Black:	36%
Hispanic:	8%

Multi-Degree Grads.

Multi-Degree Graduates:	42
% of Total Graduates:	5%

Source: VA. Healthcare Workforce Data Center

Five percent of all graduates from Virginia's PN programs held other non-nursing degrees.

Program Type	Multi-Degree Graduates	%	% of Total Graduates
HS Extended	2	5%	1%
Adult HOE	2	5%	40%
Comm. College	24	57%	9%
Hospital Based	2	5%	3%
Proprietary	12	29%	3%
All Programs	**42**	**100%**	**5%**

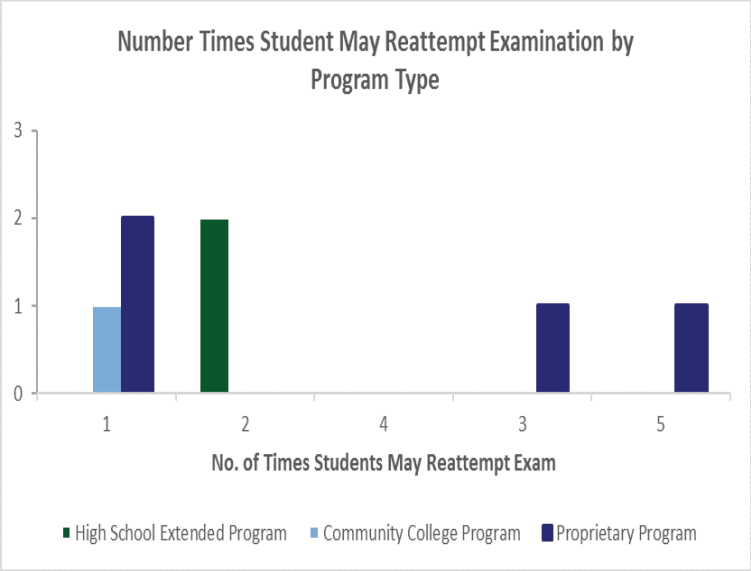
Source: VA. Healthcare Workforce Data Center

Half of all graduates from Virginia's PN programs are non-Hispanic White, while more than one-third of all graduates are non-Hispanic Black.

Race/ Ethnicity	HS Extended		Adult HOE		Comm. College		Hospital Based		Proprietary		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%
White	103	60%	14	78%	183	74%	42	67%	111	28%	453	51%
Black	39	23%	4	22%	47	19%	12	19%	216	55%	318	36%
Hispanic	19	11%	0	0%	10	4%	3	5%	35	9%	67	8%
Asian	5	3%	0	0%	4	2%	1	2%	15	4%	25	3%
American Indian	0	0%	0	0%	2	1%	0	0%	0	0%	2	0%
Pacific Islander	1	1%	0	0%	0	0%	0	0%	0	0%	1	0%
Two or More	3	2%	0	0%	0	0%	5	8%	10	3%	18	2%
Unknown	1	1%	0	0%	1	0%	0	0%	6	2%	8	1%
Total	**171**	**100%**	**18**	**100%**	**247**	**100%**	**63**	**100%**	**393**	**100%**	**892**	**100%**

Source: VA. Healthcare Workforce Data Center

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

At a Glance:

No. of Programs Requiring Comprehensive Exam

Proprietary:	4
HS. Extended:	2
Community:	1

No. Who Did Not Graduate.

Proprietary:	6
HS. Extended:	2

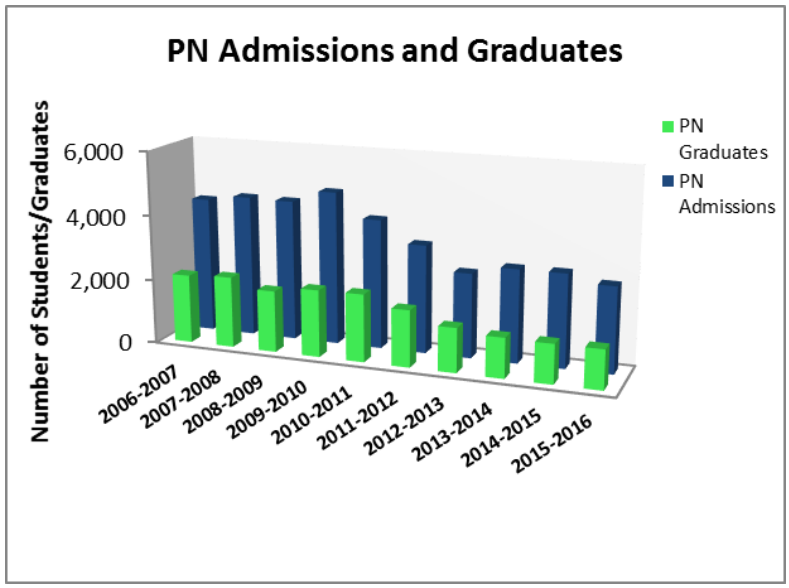
Source: VA. Healthcare Workforce Data Center

Seven programs require students to pass a comprehensive examination before graduating. In the 2016-17 year, eight students did not graduate as a result of this requirement.

	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Reattempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
HS Extended	2	13%	2	100%	2	2
Adult HOE	0	0%	N/A	N/A	N/A	N/A
Community College	1	5%	1	100%	1	0
Hospital-Based	0	0%	N/A	N/A	N/A	N/A
Proprietary	4	29%	4	100%	3	6
All Programs	**7**	**13%**	**7**	**100%**	**N/A**	**8**

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions

Total:	2,573
Year-over-Year Change:	-3%

Graduates

Total:	895
Year-over-Year Change:	-26%

Source: VA Healthcare Workforce Data Center

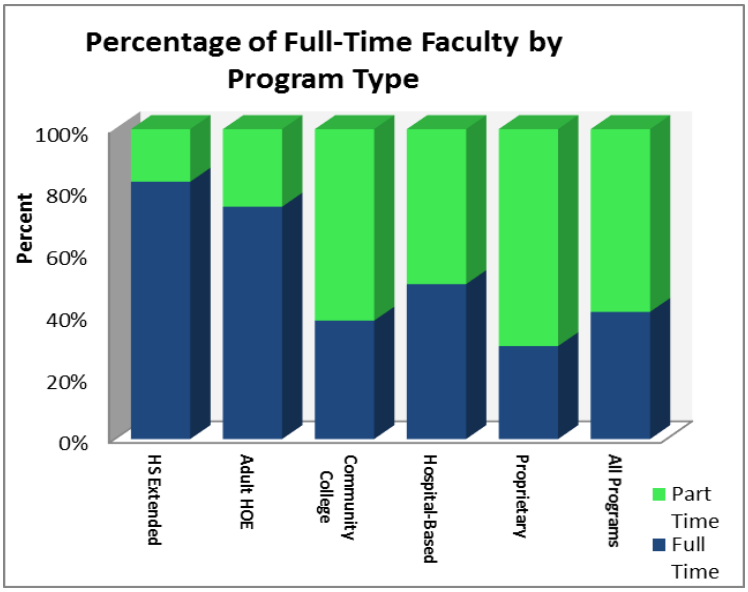
The number of new students who were admitted into Virginia's PN programs declined by 3% during the 2016-2017 academic year. The number of enrolled students who graduated from these programs declined by over a quarter. This is the steepest decline in a decade.

Academic Year	PN Admissions		PN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2005-2006	4,376	-	2,191	-
2006-2007	4,358	0%	1,900	-13%
2007-2008	4,742	9%	2,072	9%
2008-2009	4,003	-16%	2,086	1%
2009-2010	3,346	-16%	1,753	-16%
2010-2011	2,614	-22%	1,371	-22%
2011-2012	2,881	10%	1,235	-10%
2012-2013	2,887	0%	1,214	-2%
2013-2014	2,645	-8%	1,215	0%
2014-2015	2,573	-3%	895	-26%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

Over half of all faculty work in proprietary programs, but only 30% of those workers have full-time jobs. Only High School Extended, Adult HOE, and Hospital-Based programs have at least half of their faculty members in full-time positions.

At a Glance:

% of Total Faculty

Proprietary:	57%
Community College:	25%
HS Extended:	14%

% Full-Time

HS Extended:	83%
Adult HOE:	75%
Hospital Based:	50%

Student-Faculty Ratio

Proprietary:	5.0
Hospital-Based:	5.8
Adult HOE:	6.1

Source: VA. Healthcare Workforce Data Center

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25th %	Mean	75th %
HS Extended	49	29%	10	4%	59	14%	83%	6.5	11.8	15.1
Adult HOE	6	4%	2	1%	8	2%	75%	5.3	6.1	0.0
Community College	39	23%	63	26%	102	25%	38%	2.3	5.3	5.7
Hospital Based	4	2%	4	2%	8	2%	50%	5.8	5.8	5.8
Proprietary	69	41%	161	67%	230	57%	30%	2.9	5.0	6.8
All Programs	**167**	**100%**	**240**	**100%**	**407**	**100%**	**41%**	**3.1**	**7.4**	**10.8**

Source: VA. Healthcare Workforce Data Center

On average, the typical PN program had a student-to-faculty ratio of 7.4. However, four of the five program types had student-to-faculty ratios that were below the overall average, which was skewed upward by the higher mean of HS Extended programs.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	0	0%	0	0%	0	0%	0%
25 to 34	15	9%	33	14%	48	12%	31%
35 to 44	36	22%	55	24%	91	23%	40%
45 to 54	62	38%	68	29%	130	33%	48%
55 to 64	43	26%	47	20%	90	23%	48%
65 to 74	9	5%	22	10%	31	8%	29%
75 and Over	0	0%	1	0%	1	0%	0%
Unknown	0	0%	5	2%	5	1%	0%
Total	**165**	**100%**	**231**	**100%**	**396**	**100%**	**42%**

Source: Va. Healthcare Workforce Data Center

A typical faculty member would be a female between the ages of 45 and 54. Less than half of all faculty members held full-time positions.

At a Glance:

Gender

% Female: 93%

% Female w/ FT Job: 47%

Age

% Under 35: 12%

% Over 54: 31%

Diversity

Diversity Index (Total): 51%

Diversity Index (FT Jobs): 39%

Source: VA. Healthcare Workforce Data Center

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	8	5%	20	9%	28	7%	29%
Female	149	95%	211	91%	360	93%	41%
Total	**157**	**100%**	**231**	**100%**	**388**	**100%**	**40%**

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 51% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.

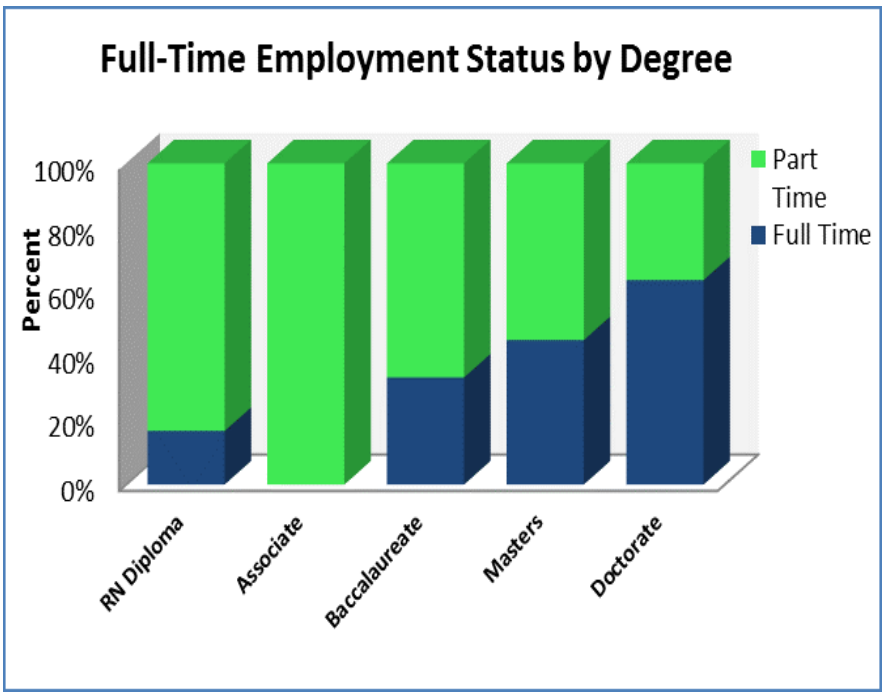
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	63%	124	75%	131	57%	255	64%	49%
Black	19%	33	20%	75	32%	108	27%	31%
Asian	6%	7	4%	17	7%	24	6%	29%
Other Race	0%	0	0%	0	0%	0	0%	0%
Two or more races	3%	1	1%	2	1%	3	1%	33%
Hispanic	9%	0	0%	5	2%	5	1%	0%
Unknown	0	0	0%	1	0%	1	0%	0%
Total	**100%**	**165**	**100%**	**231**	**100%**	**396**	**100%**	**42%**

** Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

BSN:	41%
Masters in Nursing:	37%
Non-Nursing Bachelors:	10%

Full-Time Employment

Masters in Nursing:	47%
Doctorate:	64%
BSN:	38%

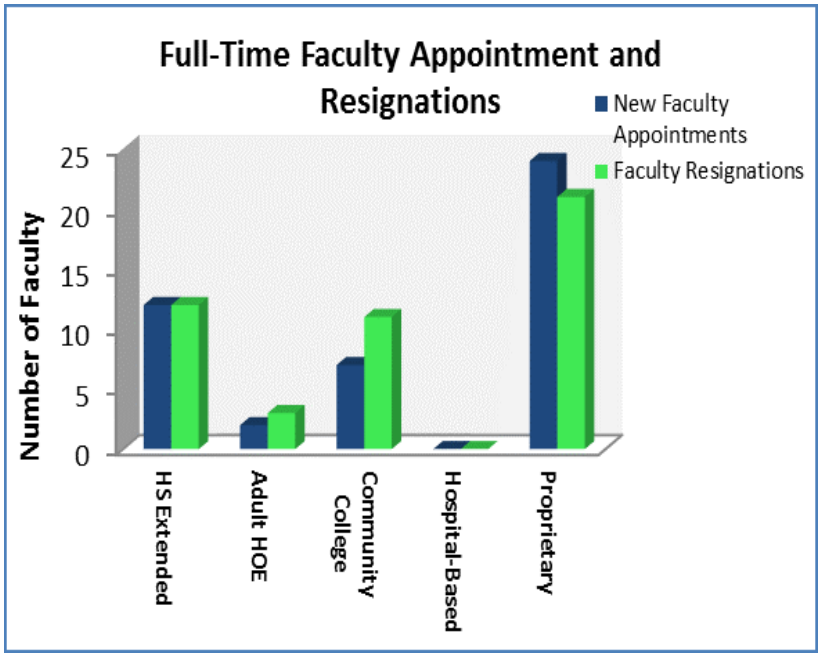
Source: VA. Healthcare Workforce Data Center

Over 75% of all faculty members held either a BSN or a Masters in Nursing as their highest professional degree. Of this group, 42% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	1	1%	5	2%	6	2%	17%
ASN	0	0%	6	3%	6	2%	0%
Non-Nursing Bachelors	5	4%	30	14%	35	10%	14%
BSN	55	41%	90	41%	145	41%	38%
Non-Nursing Masters	6	4%	13	6%	19	5%	32%
Masters in Nursing	61	45%	69	32%	130	37%	47%
Doctorate	7	5%	4	2%	11	3%	64%
Total	**135**	**100%**	**217**	**100%**	**352**	**100%**	**38%**

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty

Turnover Rate:	28%
Newly Appointed Rate:	27%

Turnover Rate

Adult HOE:	50%
Proprietary:	30%
Community College:	28%

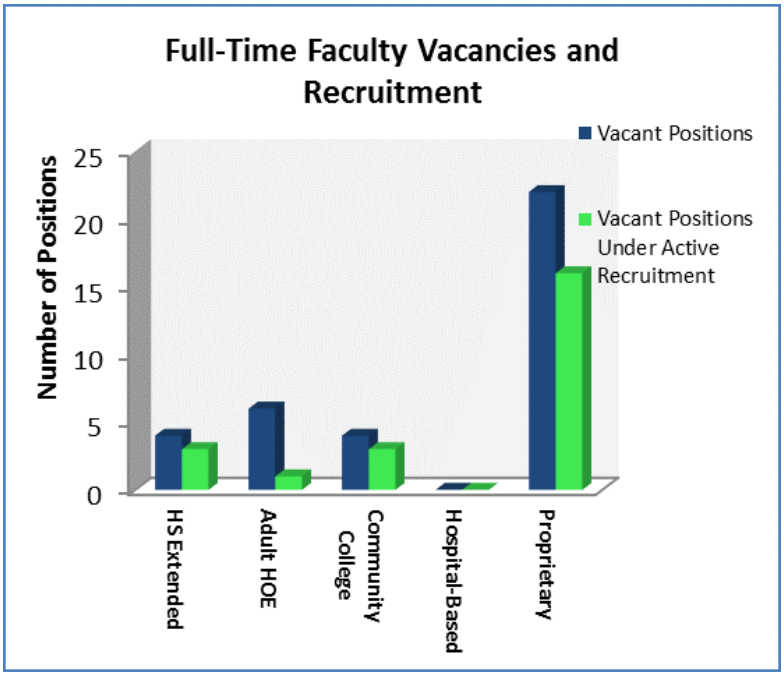
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's PN Programs experienced a 28% turnover rate and a newly appointed faculty rate of 27% over the past year.

Full-Time Faculty	Program Type					
	HS Extended	Adult HOE	Community College	Hospital Based	Proprietary	All Programs
Total	49	6	39	4	69	**167**
Newly Appointed	12	2	7	0	24	**45**
Resignations	12	3	11	0	21	**47**
Turnover Rate	24%	50%	28%	0%	30%	**28%**
Proportion Newly Appointed	24%	33%	18%	0%	35%	**27%**

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment

Full-Time Hiring:	64%
Part-Time Hiring:	93%

Budget Adequacy

Full-Time Hiring:	98%
Part-Time Hiring:	96%

Expected Job Disruption

Less:	57%
Same:	37%
More:	7%

Source: VA. Healthcare Workforce Data Center

A total of 23 full-time faculty positions and 14 part-time faculty positions are currently in active recruitment. Over 60% of these jobs are needed in Proprietary programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	46	96%	48	98%
No	2	4%	1	2%
Total	**48**	**100%**	**49**	**100%**

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
HS Extended	5	38%	6	46%	2	15%	13	100%
Adult HOE	1	50%	1	50%	0	0%	2	100%
Community College	10	63%	5	31%	1	6%	16	100%
Hospital	0	0%	1	100%	0	0%	1	100%
Proprietary	10	71%	4	29%	0	0%	14	100%
All Programs	**26**	**57%**	**17**	**37%**	**3**	**7%**	**46**	**100%**

Source: VA. Healthcare Workforce Data Center

Only 7% of Virginia's PN programs expect more employment disruption among full-time faculty over the course of the next year. In addition, most programs currently have a budget of sufficient size to adequately meet their faculty needs.

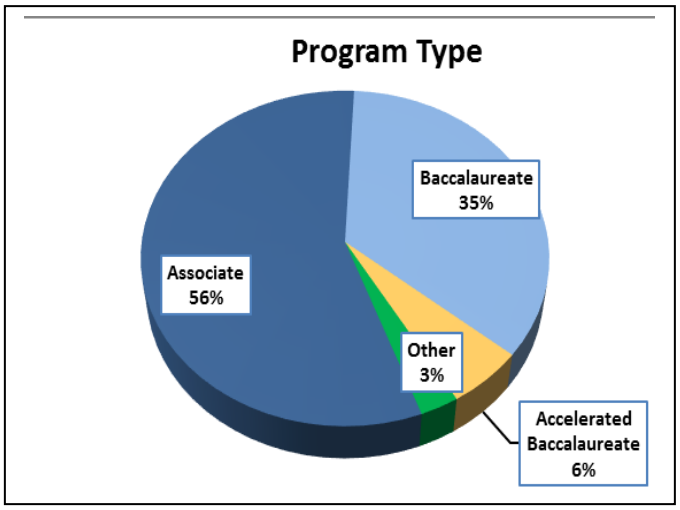
Registered Nursing Education Programs

Program Structure

A Closer Look:

Program Type		
Type	**#**	**%**
Associate	40	56%
Baccalaureate	25	35%
Accelerated Baccalaureate	4	6%
Baccalaureate Online	1	1%
Associate Online	1	1%
Accelerated Masters	1	1%
Total	**72**	**100%**

Source: VA. Healthcare Workforce Data Center



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Type

Associate: 56%
Baccalaureate: 35%
Accelerated Baccalaureate: 6%

Delivery Method

Semester: 90%
Quarters: 7%

Mean Program Length

Associate: 20 Mos.
Baccalaureate: 30 Mos.

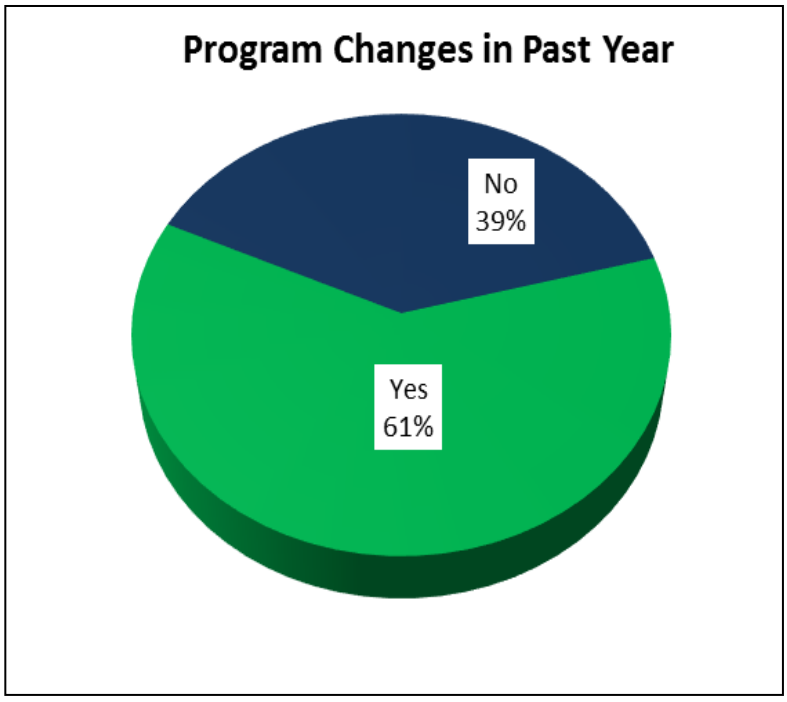
Source: VA. Healthcare Workforce Data Center

There were 79 Registered Nursing (RN) Education Programs approved in Virginia during the 2016-2017 academic year. 29 of these programs offer a RN-to-BSN option to their students in addition to their pre-licensure program.

Program Length, Months					
Program Type	**Mean**	**Min**	**25th %**	**75th %**	**Max**
Associate	20	18	18	0	21
Associate Online	21	21	21	21	21
Baccalaureate	30	30	30	30	30
Accelerated Baccalaureate	15	15	15	15	15
Baccalaureate Online	32	32	32	32	32
Accelerated Masters	24	24	24	0	24
All Programs	**24**	**15**	**20**	**24**	**36**

Source: VA. Healthcare Workforce Data Center

Program Details



Source: VA. Healthcare Workforce Data Center

At a Glance:

Schedule Options

Daytime Courses:	97%
Evening Courses:	54%
Online Courses:	35%
Weekend Courses:	31%

Admissions Frequency (Annual)

One:	43%
Two:	35%
Three:	13%
Four or More:	10%

Source: VA. Healthcare Workforce Data Center

Over half of all RN programs implemented a change to their nursing program in the past year. 38 programs initiated faculty changes whereas 15 made curriculum changes. Another 14 made schedule changes whereas 12 changed course content.

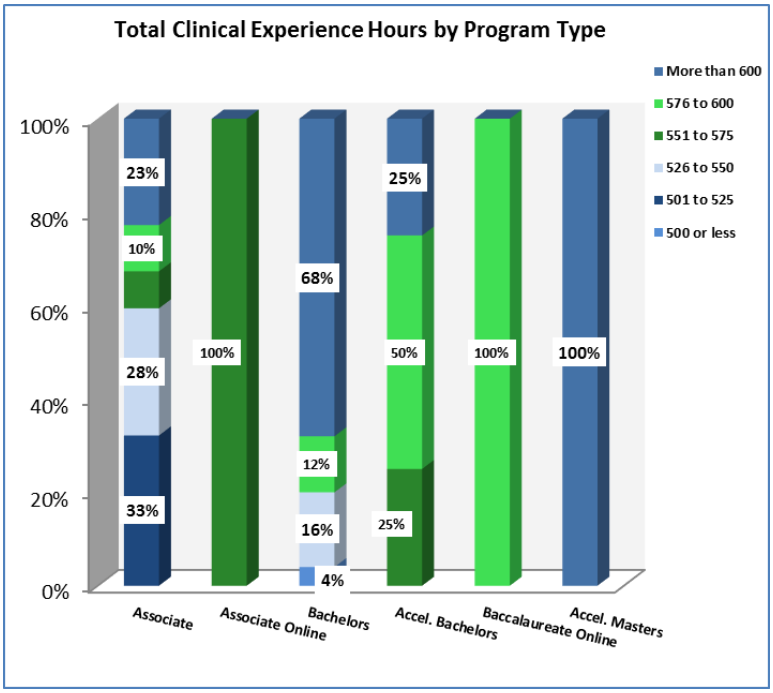
Scheduling Option	#	%
Daytime Courses	70	97%
Evening Courses	25	35%
Online Courses	25	35%
Evening & Weekend Courses	14	19%
Accelerated Courses	9	13%
Weekend Courses	8	11%

Source: VA. Healthcare Workforce Data Center

Accreditation			
Accrediting Agency	Abbv.	#	%
Southern Association of Colleges and Schools	**SACS**	57	76%
Commission on Collegiate Nursing Education	**CCNE**	29	39%
Accreditation Commission for Education in Nursing	**ACEN**	29	39%
Accrediting Council for Independent Colleges and Schools	**ACICS**	4	5%
Accrediting Bureau of Health Education Schools	**ABHES**	5	7%
Council on Occupational Education	**COE**	2	3%

Source: VA. Healthcare Workforce Data Center

Clinical Hours



Source: VA. Healthcare Workforce Data Center

At a Glance:

Median Clinical Hours

Clinical Experience:	576-600
Direct Client Care:	500+
Direct Client Care in Va.:	540
Clinical Simulation:	26-50
Clinical Observation:	1-25

Source: VA. Healthcare Workforce Data Center

More than half of all RN programs in Virginia required at least 576 total hours of clinical experience from their students. Pursuant to 18VAC 90-20-120.E, Virginia's RN programs are required to provide 500 hours of direct client care, of which 20% may be simulated.

Clinical Experiences Outside Virginia		
State	# of Programs	% of Programs
Washington, D.C.	14	19%
Maryland	6	8%
North Carolina	3	4%
West Virginia	2	3%
Tennessee	2	3%
Other[1]	6	8%
At least One	**23**	**32%**

Source: VA. Healthcare Workforce Data Center

23 programs offered clinical experience hours outside of Virginia. Washington, D.C. and Maryland were the two states in which clinical experience hours were most likely to be provided.

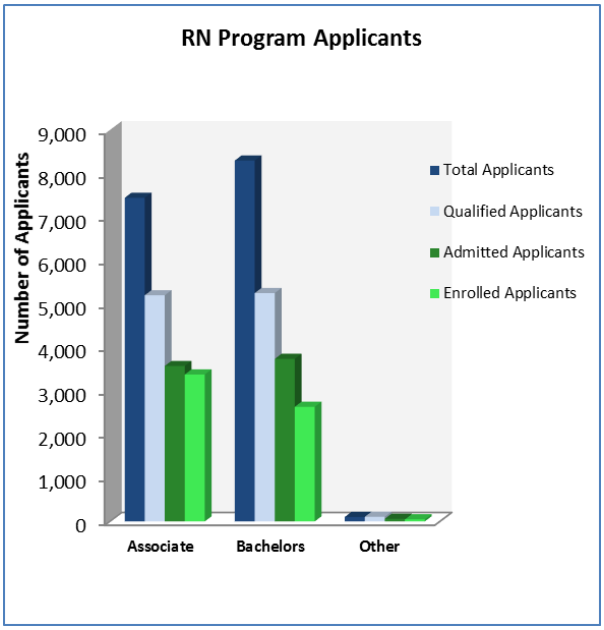
[1] Could be a combination of the states above.

Breakdown of Clinical Hours by Program Type

Clinical Hours		Program Type						
Type	**Amount**	**Associate**	**Associate Online**	**Baccalaureate**	**Accel. Baccalaureate**	**BSN Online**	**Accel. Masters**	**All Programs**
Clinical Experience Hours	500 or less	0	0	1	0	0	0	**1**
	501 to 525	13	0	0	0	0	0	**13**
	526 to 550	11	0	4	0	0	0	**15**
	551 to 575	3	1	0	1	0	0	**5**
	576 to 600	4	0	3	2	1	0	**10**
	More than 600	9	0	17	1	0	1	**28**
	Total	**40**	**1**	**25**	**4**	**1**	**1**	**72**
Direct Client Care Hours	400 or less	1	0	0	0	0	0	**1**
	401 to 425	0	0	0	0	0	0	**0**
	426 to 450	0	0	0	0	0	0	**0**
	451 to 475	1	0	0	0	0	0	**1**
	476 to 500	7	0	2	0	0	0	**9**
	More than 500	31	1	23	4	1	1	**61**
	Total	**40**	**1**	**25**	**4**	**1**	**1**	**72**
Clinical Simulation Hours	None	2	0	4	0	0	0	**6**
	1 to 25	10	1	6	2	0	0	**19**
	26 to 50	13	0	8	2	1	1	**25**
	51 to 75	8	0	4	0	0	0	**12**
	76 to 100	6	0	2	0	0	0	**8**
	More than 100	1	0	1	0	0	0	**2**
	Total	**40**	**1**	**25**	**4**	**1**	**1**	**72**
Clinical Observation Hours	None	24	0	7	1	0	1	**33**
	1 to 25	13	1	7	2	0	0	**23**
	26 to 50	3	0	4	1	0	0	**8**
	51 to 75	0	0		0	0	0	**0**
	76 to 100	0	0	4	0	1	0	**5**
	More than 100	0	0	3	0	0	0	**3**
	Total	**40**	**1**	**25**	**4**	**1**	**1**	**72**

Source: VA. Healthcare Workforce Data Center

Admissions



Source: VA. Healthcare Workforce Data Center

At a Glance:

Program Applicants

Total:	15,846
Qualified:	10,561
Admitted:	7,373
Enrolled:	6,062
Waitlisted:	994

Source: VA. Healthcare Workforce Data Center

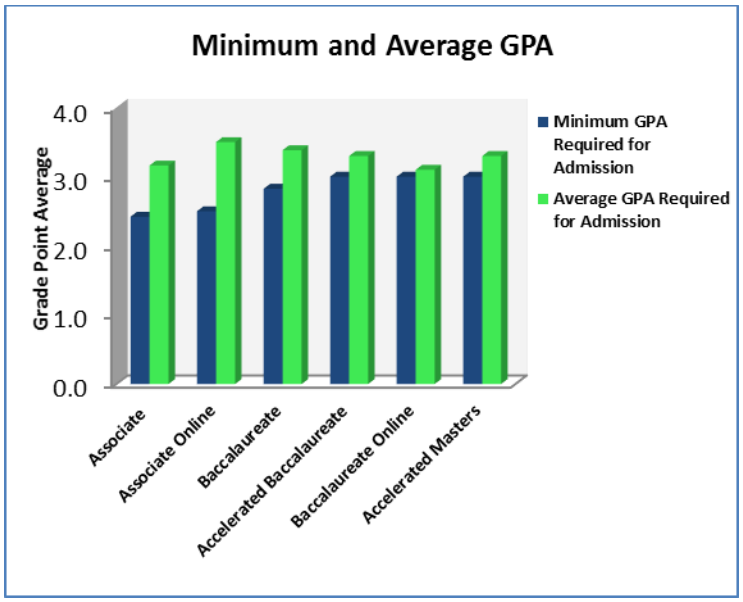
Virginia's RN programs received a total of 15,846 student applications during the 2016-2017 academic year. Approximately 38% of these applications ultimately resulted in an enrolled student.

Program Type	Applications Received	Applicants Qualified	% Qualified	Applicants Admitted	% of Qualified Admitted	Applicants Enrolled	% of Admitted Enrolled	% of Applicants Enrolled
Associate	7,200	5,001	69%	3,511	70%	3,316	94%	46%
Assoc. Online	243	200	82%	63	32%	63	100%	26%
Baccalaureate	6,418	4,066	63%	2,729	67%	2,071	76%	32%
Accel. Baccalaureate	1,430	877	61%	810	92%	376	46%	26%
Baccalaureate Online	452	310	69%	200	65%	188	94%	42%
Accel. Masters	103	107	104%	60	56%	48	80%	47%
All Programs	**15,846**	**10,561**	**67%**	**7,373**	**70%**	**6,062**	**82%**	**38%**

Source: VA. Healthcare Workforce Data Center

Out of 10,561 qualified applicants, 3,188 were not given an admission offer. 25 programs cited the lack of clinical space, while 26 programs cited the inability to expand effective program capacity as the main reason for failing to admit qualified applicants. The lack of qualified faculty and classroom space, and personal and family issues, including student finances, were also common reasons for failing to admit.

Background of Admitted Students



Source: VA. Healthcare Workforce Data Center

At a Glance:

GPA (mean)

Minimum Requirement:	2.6
Student Average:	3.3

Age (mean)

Overall:	27
Associate:	38
Baccalaureate:	24

Source: VA. Healthcare Workforce Data Center

Average Age of Admitted Students	
Program Type	Mean
Associate	29
Associate Online	38
Baccalaureate	24
Accelerated Baccalaureate	27
Baccalaureate Online	29
Accelerated Masters	26
All Programs	**27**

Source: VA. Healthcare Workforce Data Center

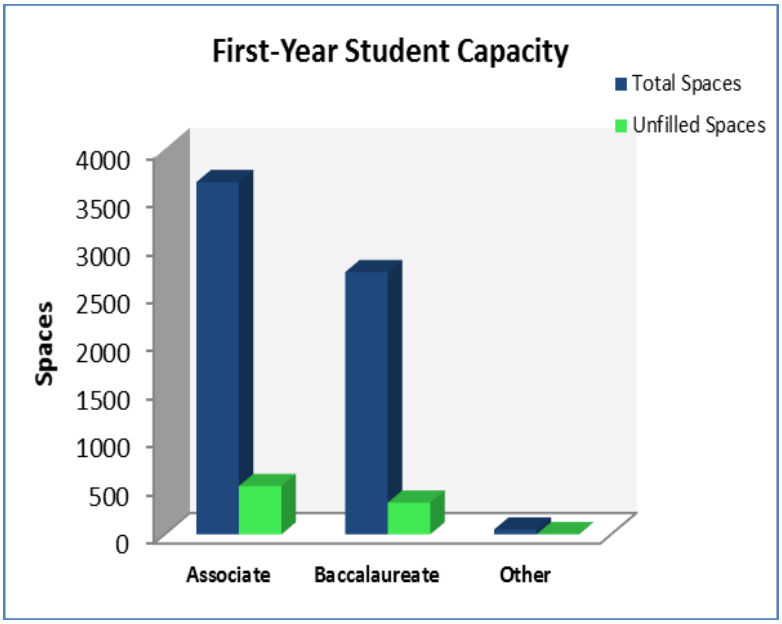
The average age of students who were admitted into Virginia's RN programs was 27. Baccalaureate programs had the lowest average age of admitted students at 24, while Associate Online programs had the highest average age of admitted students at 38.

GPA		
Program Type	Min	Avg.
Associate	2.4	3.2
Associate Online	2.5	3.5
Baccalaureate	2.8	3.4
Accelerated Baccalaureate	3.0	3.3
Baccalaureate Online	3.0	3.1
Accelerated Masters	3.0	3.3
All Programs	**2.6**	**3.3**

Source: VA. Healthcare Workforce Data Center

A typical RN program required that prospective students have a minimum GPA of 2.6, while the average GPA among admitted students was 3.3. On average, Associate programs had the lowest minimum GPA requirements for admission. Associate Online program had the highest average GPA among admitted students.

Capacity



Source: VA. Healthcare Workforce Data Center

At a Glance:

1st-Year Student Capacity

Spaces Available:	6,434
Spaces Unfilled:	834

Unfilled Capacity

% of Programs:	67%
% of Total Capacity:	13%

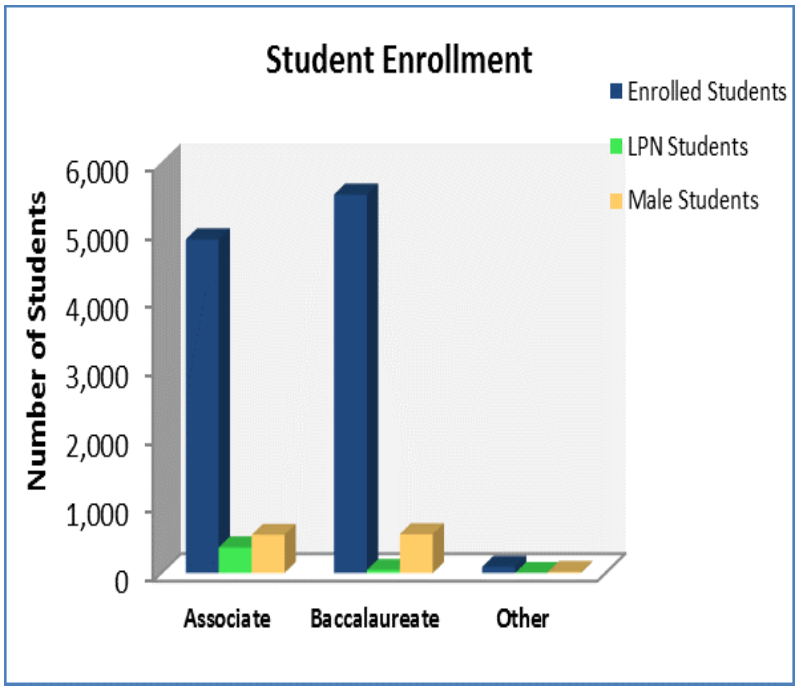
Source: VA. Healthcare Workforce Data Center

Virginia's RN programs were able to utilize 87% of their available first-year student capacity. Programs provided a variety of reasons for the unfilled spaces. One of the most common explanations was late withdrawal or no shows. Another key reason was lack of qualified applicants. Many programs also cited financial situation of students and other personal and family situations that interfered with students' enrollment. Some students could also not be admitted because they did not take or pass the entrance examination.

Program Type	# of Programs with Unfilled Spaces		Unfilled Spaces		Total Spaces	% of Total Capacity
	No	Yes	Number	%		
Associate	13	27	500	60%	3,594	14%
Associate Online	0	1	2	0%	65	3%
Baccalaureate	9	15	292	35%	2,160	14%
Accelerated Baccalaureate	1	2	25	3%	395	6%
Baccalaureate Online	0	1	13	2%	170	8%
Accelerated Masters	0	1	2	0%	50	4%
All Programs	**23**	**47**	**834**	**100%**	**6,434**	**13%**

Source: VA. Healthcare Workforce Data Center

Enrollment



Source: VA. Healthcare Workforce Data Center

At a Glance:

Enrollment

Total:	10,503
LPN:	417
Male:	1,141

Enrollment by Program Type

Associate:	46%
Baccalaureate:	43%
Accel. Baccalaureate:	6%

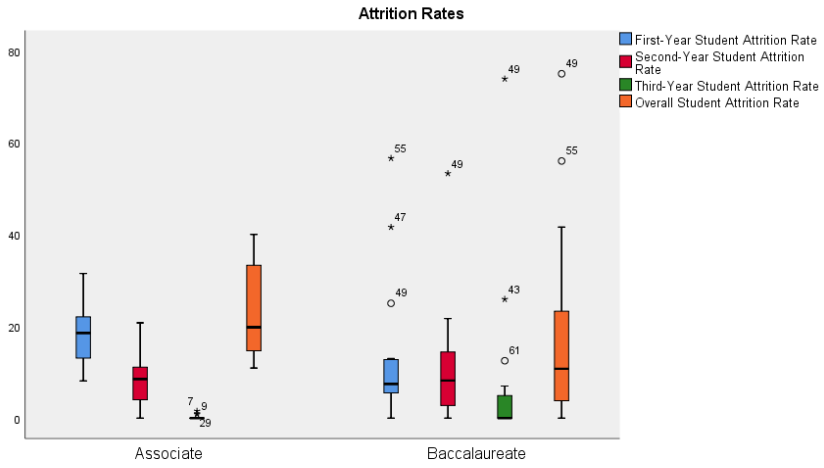
Source: VA. Healthcare Workforce Data Center

Over 10,000 students were enrolled in Virginia's RN programs during the current academic year. 4% of these students are LPNs, while 11% of enrolled students are male.

Program Type	Total Enrollment		LPN Enrollment		Male Enrollment	
	Count	%	Count	%	Count	%
Associate	4,834	46%	374	90%	547	48%
Associate Online	44	0%	0	0%	10	1%
Baccalaureate	4,512	43%	39	9%	452	40%
Accelerated Baccalaureate	657	6%	4	1%	101	9%
Baccalaureate Online	365	3%	0	0%	14	1%
Accelerated Masters	91	1%	0	0%	17	1%
All Programs	**10,503**	**100%**	**417**	**100%**	**1,141**	**100%**

Source: VA. Healthcare Workforce Data Center

Attrition



Source: VA. Healthcare Workforce Data Center

Type	Year	Avg	Min	Max	Missing
Associate	1st Year Attrition	23%	%	69%	1
	2nd Year Attrition	10%	%	36%	3
	3rd Year Attrition	0%	0%	2%	27
	Overall Attrition	23%	0%	55%	1
Online Associate	1st Year Attrition	32%	32%	32%	0
	2nd Year Attrition	12%	12%	12%	0
	3rd Year Attrition	0%	0%	0%	1
	Overall Attrition	N/A	N/A	N/A	1
Baccalaureate	1st Year Attrition	12%	0%	57%	2
	2nd Year Attrition	9%	0%	53%	3
	3rd Year Attrition	9%	0%	74%	11
	Overall Attrition	14%	0%	75%	2
Accelerated Baccalaureate	1st Year Attrition	7%	1%	20%	0
	2nd Year Attrition	1%	%	4%	0
	Third Year Attrition	0%	0%	0%	3
	Overall Attrition	7%	2%	20%	0
Baccalaureate Online	1st Year Attrition	8%	8%	8%	0
	2nd Year Attrition	4%	4%	4%	0
	3rd Year Attrition	0%	0%	0%	1
	Overall Attrition	12%	12%	12%	1
Accelerated Masters	1st Year Attrition	6%	3%	6%	0
	2nd Year Attrition	3%	3%	3%	0
	3rd Year Attrition	0%	0%	0%	1
	Overall Attrition	5%	5%	5%	0
Total	**1st Year Attrition**	18%	0%	69%	3
	2nd Year Attrition	9%	0%	53%	6
	3rd Year Attrition	4%	0%	74%	43
	Overall Attrition	19%	0%	75%	4

At a Glance:

Attrition Rate

1st Year Avg.:	18%
2nd Year Avg.:	9%
3rd Year Avg.:	4%
Overall Avg.:	19%

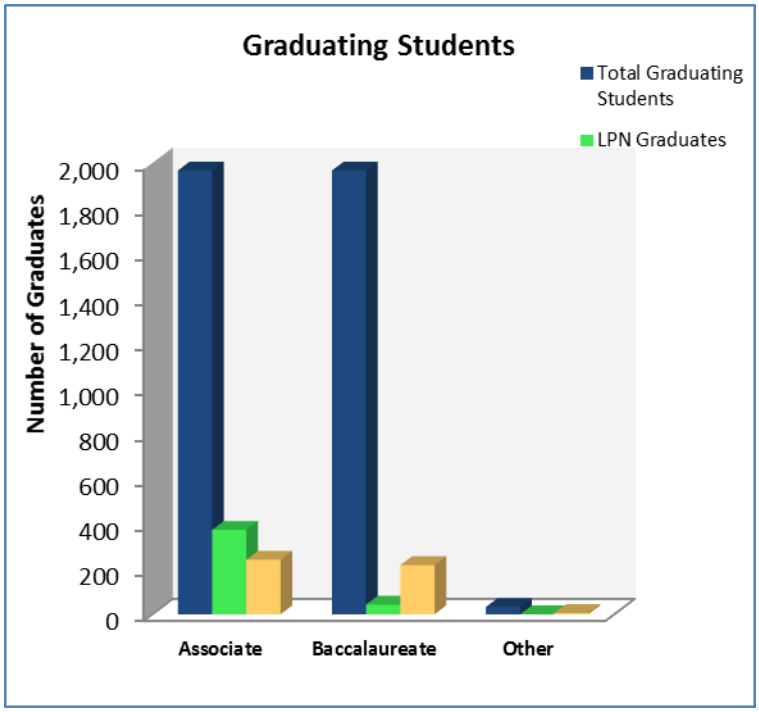
Attrition by Program Type

Associate:	23%
Baccalaureate:	14%
Baccalaureate Online:	12%

Source: VA. Healthcare Workforce Data Center

The overall attrition rate across all program types was 19%. Associate programs had the highest overall average attrition rate, with 20% of all students leaving the program. Baccalaureate programs had an attrition rate of 11%, while Accelerated Masters programs had the lowest overall attrition rate at 5%.

Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Graduates

Total:	3,966
% LPN:	11%
% Male:	12%

Grad. by Program Type

Associate:	48%
Baccalaureate:	38%
Accel. Baccalaureate:	8%

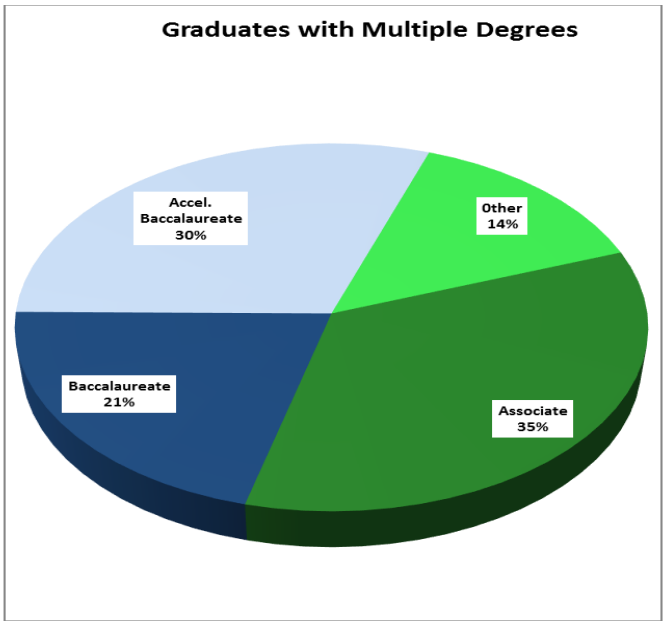
Source: VA. Healthcare Workforce Data Center

A total of 3,966 students graduated from Virginia's RN programs during the current academic year. 11% of these graduates were LPN students and another 12% were male. Close to half of all graduating students came from Associate programs.

Program Type	Total Graduates		LPN Graduates		Male Graduates	
	Count	%	Count	%	Count	%
Associate	1,911	48%	374	90%	232	50%
Associate Online	56	1%	0	0%	10	2%
Baccalaureate	1,517	38%	39	9%	153	33%
Accelerated Baccalaureate	328	8%	4	1%	53	11%
Baccalaureate Online	122	3%	0	0%	12	3%
Accelerated Masters	32	1%	0	0%	6	1%
All Programs	**3,966**	**100%**	**417**	**100%**	**466**	**100%**

Source: VA. Healthcare Workforce Data Center

Background of Graduates



Source: VA. Healthcare Workforce Data Center

At a Glance:

Race/Ethnicity

White:	67%
Black:	16%
Asian:	6%
Hispanic:	5%

Multi-Degree Grads.

Multi-Degree Graduates:	1,045
% of Total Graduates:	27%

Source: VA. Healthcare Workforce Data Center

More than a quarter of graduates from Virginia's RN programs held other non-nursing degrees.

Program Type	Multi-Degree Graduates	%	% of Total Graduates
Associate	362	35%	19%
Associate Online	34	3%	61%
Baccalaureate	220	21%	15%
Accel. Baccalaureate	316	30%	96%
Baccalaureate Online	81	8%	66%
Accel. Masters	32	3%	100%
All Programs	**1,045**	**100%**	**26%**

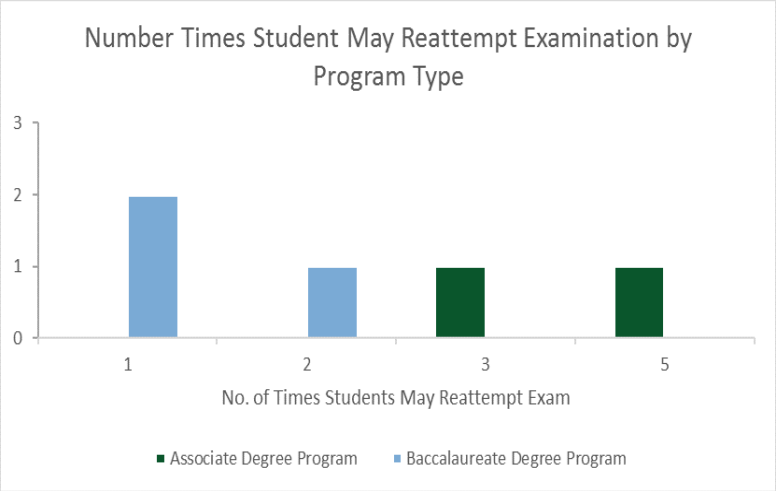
Source: VA. Healthcare Workforce Data Center

67% of all graduates from Virginia's RN programs are non-Hispanic White, while 16% of all graduates are non-Hispanic Black.

Race/ Ethnicity	BSN Online		Associate		Associate Online		BSN		Accel. BSN		Accel. Masters		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
White	65	56%	1,310	69%	20	36%	942	68%	187	57%	N/A	N/A	2,524	67%
Black	27	23%	339	18%	7	13%	192	14%	48	15%	N/A	N/A	613	16%
Hispanic	5	4%	70	4%	7	13%	62	4%	26	8%	N/A	N/A	170	5%
Asian	14	12%	68	4%	6	11%	94	7%	28	9%	N/A	N/A	210	6%
American Indian	2	2%	4	0%	0	0%	5	0%	0	0%	N/A	N/A	11	0%
Pacific Islander	1	1%	3	0%	1	2%	6	0%	0	0%	N/A	N/A	11	0%
Two or More	1	1%	48	3%	0	0%	42	3%	12	4%	N/A	N/A	103	3%
Unknown	1	1%	52	3%	15	27%	40	3%	27	8%	N/A	N/A	135	4%
Total	**116**	**100%**	**1,894**	**100%**	**56**	**100%**	**1,383**	**100%**	**328**	**100%**	**N/A**	**N/A**	**3,777**	**100%**

Source: VA. Healthcare Workforce Data Center

Comprehensive Examination Prohibiting Graduation



Source: VA. Healthcare Workforce Data Center

Five programs require students to pass a comprehensive examination before graduating. In the 2016-17 year, two students did not graduate as a result of this requirement.

At a Glance:

No. of Programs Requiring Comprehensive Exam

Associate: 2
Baccalaureate: 2

No. Who Did Not Graduate.

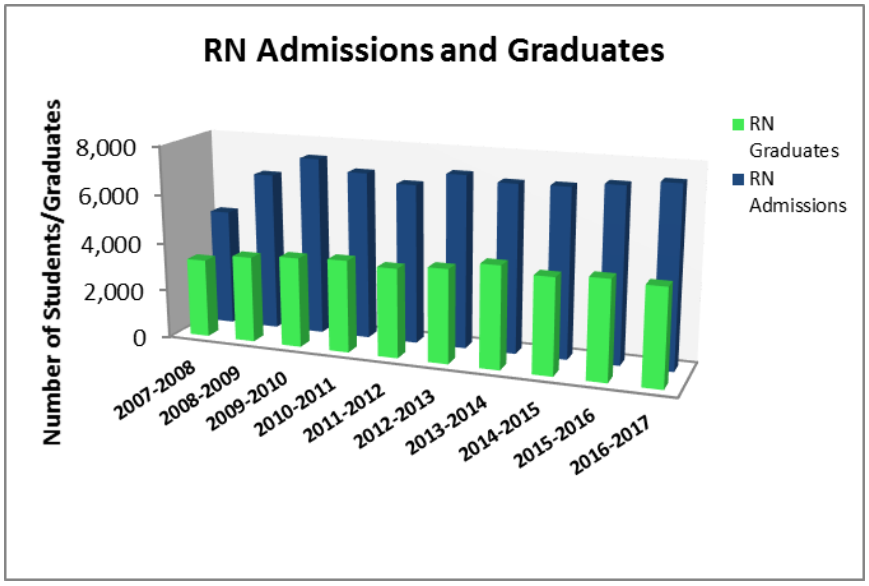
Baccalaureate: 2

Source: VA. Healthcare Workforce Data Center

	Total Requiring Comprehensive Exam Prohibiting Graduation if Failed		Number Allowing Students who Fail Comprehensive to Reattempt Exams		Average Number of Times Students May Retake Exam	Number who Didn't Graduate Because of Exam
	Count	% of All Programs	Count	% of Those Requiring Exam Prohibiting Graduation		
Associate	2	5%	2	100%	4	0
Associate Online	0	0%	N/A	0%	N/A	N/A
Baccalaureate	3	12%	3	100%	1	2
Accel. Baccalaureate	0	0%	N/A	0%	N/A	N/A
Baccalaureate Online	0	0%	N/A	#DIV/0!	N/A	N/A
Accel. Masters	0	0%	N/A	#DIV/0!	N/A	N/A
All Programs	**5**	**7%**	**5**	**100%**	**N/A**	**2**

Source: VA. Healthcare Workforce Data Center

Long-Term Trends



Source: VA. Healthcare Workforce Data Center

At a Glance:

Admissions

Total: 7,373

Year-over-Year Change: 3%

Graduates

Total: 3,966

Year-over-Year Change: -2%

Source: VA. Healthcare Workforce Data Center

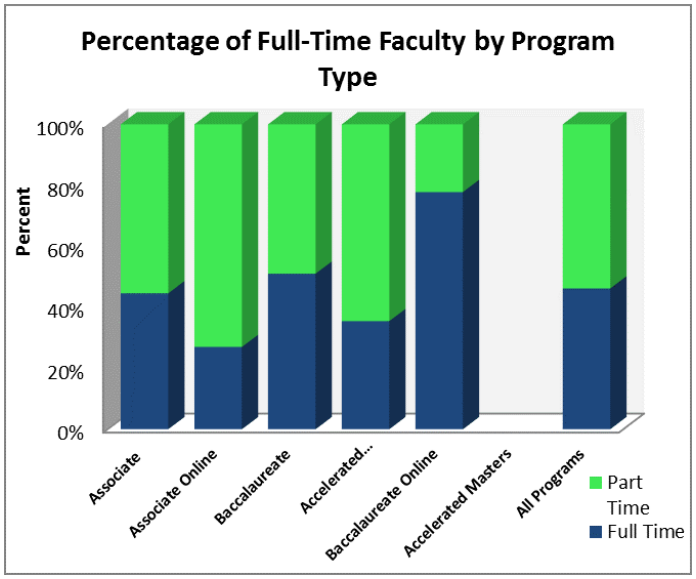
Admission to Virginia's RN programs increased during the academic year, whereas the number of graduates decreased by 2%. However, the number of graduates is still the third highest in the past decade.

Academic Year	RN Admissions		RN Graduates	
	Count	Year-over-Year Change	Count	Year-over-Year Change
2006-2007	4,799	-	3,228	-
2007-2008	6,526	36%	3,536	10%
2008-2009	7,338	12%	3,698	5%
2009-2010	6,898	-6%	3,788	2%
2010-2011	6,562	-5%	3,660	-3%
2011-2012	7,115	8%	3,845	5%
2012-2013	6,912	-3%	4,186	9%
2013-2014	6,943	0%	3,926	-6%
2014-2015	7,149	3%	4,062	-3%
2015-2016	7,373	3%	3,966	-2%

Source: VA. Healthcare Workforce Data Center

Faculty Information

Employment



Source: VA. Healthcare Workforce Data Center

Nearly half of all RN program faculty work at Baccalaureate programs, while about one-third work for Associate programs. In total, Virginia's RN programs employed 2,158 faculty members, 46% of whom are full-time workers.

At a Glance:

% of Total Faculty

Baccalaureate:	49%
Associate:	31%
Accel. Baccalaureate:	16%

% Full-Time

Overall:	46%
Baccalaureate online:	78%
Baccalaureate:	51%

Mean Student-Faculty Ratio

Overall:	6.0
Associate:	7.4
Baccalaureate:	4.5

Source: VA. Healthcare Workforce Data Center

Program Type	Full Time		Part Time		Total			Student-to-Faculty Ratio		
	#	%	#	%	#	%	% FT	25th %	Mean	75th %
Associate	296	30%	368	32%	664	31%	45%	5.1	7.4	8.8
Associate Online	17	2%	46	4%	63	3%	27%	0.7	0.7	0.7
Baccalaureate	539	54%	518	45%	1,057	49%	51%	2.2	4.5	5.2
Accelerated Baccalaureate	123	12%	224	19%	347	16%	35%	1.3	2.0	2.8
Baccalaureate Online	21	2%	6	1%	27	1%	78%	13.5	13.5	13.5
Accelerated Masters	-	-	-	-	-	-	-	-	-	-
All Programs	**996**	**100%**	**1,162**	**100%**	**2,158**	**100%**	**46%**	**3.0**	**6.0**	**8.0**

Source: VA. Healthcare Workforce Data Center

On average, the typical RN program had a student-to-faculty ratio of 6.0. Associate programs had an average student-to-faculty ratio of 7.4, while Baccalaureate programs had an average student-to-faculty ratio of 4.5.

Faculty Demographics

Age	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Under 25	0	0%	0	0%	0	0%	0%
25 to 34	58	6%	135	13%	193	10%	30%
35 to 44	172	18%	282	27%	454	23%	38%
45 to 54	273	29%	272	26%	545	27%	50%
55 to 64	329	35%	183	17%	512	26%	64%
65 to 74	101	11%	69	7%	170	9%	59%
75 and Over	0	0%	7	1%	7	0%	0%

At a Glance:

Gender

% Female: 93%
% Female w/ FT Job: 47%

Age

% Under 35: 10%
% Over 54: 30%

Diversity

Diversity Index (Total): 43%
Diversity Index (FT Jobs): 34%

Source: VA. Healthcare Workforce Data Center

Gender	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
Male	40	4%	99	9%	139	7%	29%
Female	923	96%	1,053	91%	1,976	93%	47%
Total	**963**	**100%**	**1,152**	**100%**	**2,115**	**100%**	**46%**

Source: VA. Healthcare Workforce Data Center

In a chance encounter between two faculty members, there is a 43% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 56%.

93% over ha... 64. In a... hold fu...

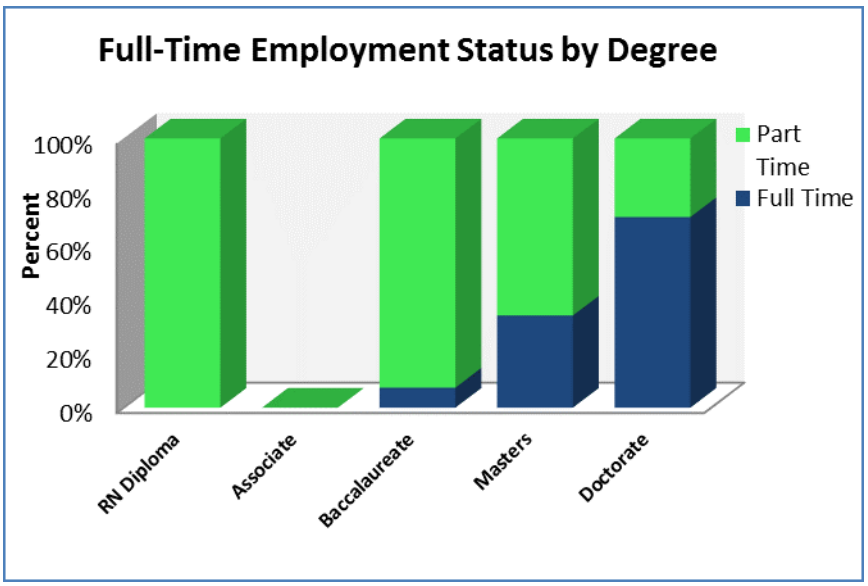
Race/ Ethnicity	Virginia*	Full Time		Part Time		Total		
	%	#	%	#	%	#	%	% FT
White	63%	733	80%	779	69%	1,512	74%	48%
Black	19%	141	15%	191	17%	332	16%	42%
Asian	6%	22	2%	45	4%	67	3%	33%
Other Race	0%	1	0%	2	0%	3	0%	33%
Two or more races	3%	4	0%	4	0%	8	0%	50%
Hispanic	9%	13	1%	30	3%	43	2%	30%
Unknown	0	6	1%	77	7%	83	4%	7%
Total	**100%**	**920**	**100%**	**1,128**	**100%**	**2,048**	**100%**	**45%**

* Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2015.

Source: VA. Healthcare Workforce Data Center

Faculty Educational Background

A Closer Look:



Source: VA. Healthcare Workforce Data Center

At a Glance:

Degree

MSN:	60%
Nursing Doctorate:	23%
BSN:	11%

Full-Time Employment

Overall:	42%
Nursing Doctorate:	72%
Non-Nursing Doctorate:	65%
Masters in Nursing:	34%

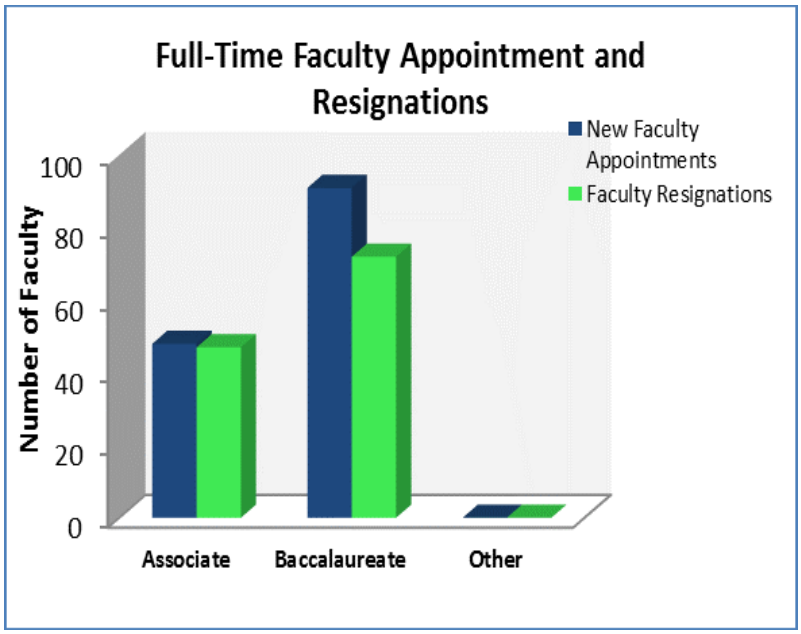
Source: VA. Healthcare Workforce Data Center

60% of all faculty members held a MSN as their highest professional degree, while 23% held a doctorate in nursing. Among all faculty, 41% were employed on a full-time basis.

Highest Degree	Full Time		Part Time		Total		
	#	%	#	%	#	%	% FT
RN Diploma	0	0%	0	0%	0	0%	0%
ASN	0	0%	4	0%	4	0%	0%
Non-Nursing Bachelors	0	0%	0	0%	0	0%	0%
BSN	16	2%	199	18%	215	11%	7%
Non-Nursing Masters	7	1%	22	2%	29	2%	24%
Masters in Nursing	391	51%	743	67%	1,134	60%	34%
Non-Nursing Doctorate	37	5%	20	2%	57	3%	65%
Nursing Doctorate	315	41%	125	11%	440	23%	72%
Total	**766**	**100%**	**1,113**	**100%**	**1,879**	**100%**	**41%**

Source: VA. Healthcare Workforce Data Center

Faculty Appointments and Resignations



Source: VA. Healthcare Workforce Data Center

At a Glance:

Full-Time Faculty

Turnover Rate:	12%
Newly Appointed Rate:	14%

Turnover Rate

Associate:	16%
Baccalaureate:	12%
Baccalaureate Online:	10%

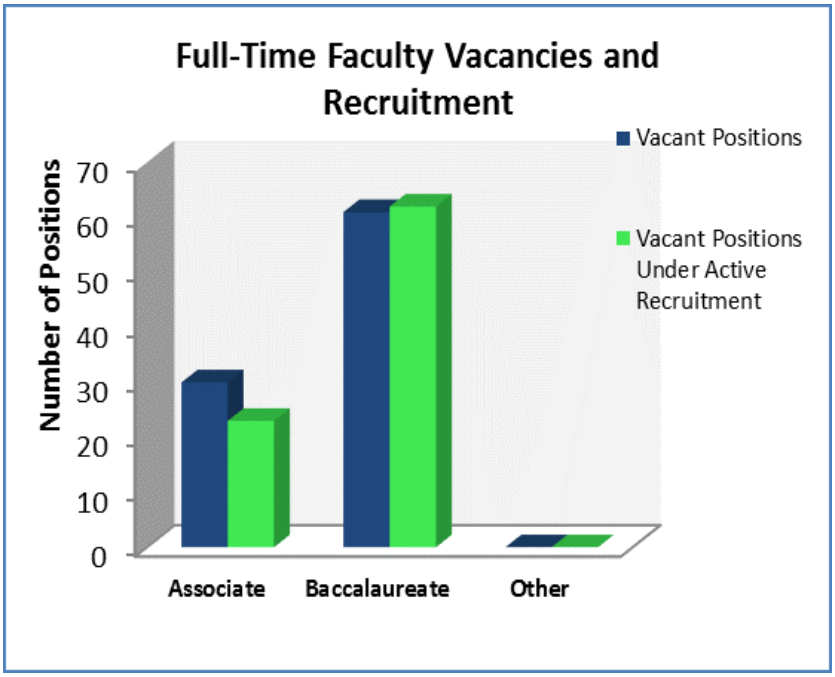
Source: VA. Healthcare Workforce Data Center

Among full-time faculty, Virginia's RN programs experienced a 12% turnover rate and a newly appointed faculty rate of 14% over the past year.

Full-Time Faculty	Program Type						
	ASN	Online ASN	BSN	Accel. BSN	BSN Online	Accel. Masters	All Programs
Total	296	17	539	123	21	-	996
Newly Appointed	46	2	80	7	4	-	139
Resignations	46	1	62	8	2	-	119
Turnover Rate	16%	6%	12%	7%	10%	-	12%
Proportion Newly Appointed	16%	12%	15%	6%	19%	-	14%

Source: VA. Healthcare Workforce Data Center

Future Faculty Requirements



Source: VA. Healthcare Workforce Data Center

At a Glance:

Active Recruitment

% of FT Vacancies:	93%
% of PT Vacancies:	105%

Budget Adequacy

Full-Time Hiring:	90%
Part-Time Hiring:	98%

Expected Job Disruption

Less:	48%
Same:	51%
More:	2%

Source: VA. Healthcare Workforce Data Center

A total of 85 full-time faculty positions and 39 part-time faculty positions are currently in active recruitment. Most of the full-time jobs are needed in Baccalaureate programs, whereas part-time job need is highest in Associate programs.

Adequate Faculty Budget?	Full Time		Part Time	
	#	%	#	%
Yes	60	90%	63	98%
No	7	10%	1	2%
Total	**67**	**100%**	**64**	**100%**

Source: VA. Healthcare Workforce Data Center

Program Type	Next Year's Expectation for Full-Time Faculty Disruption							
	Expect Less	%	Expect Same	%	Expect More	%	Total	%
RN Diploma	0	0%	1	100%	0	0%	1	100%
Associate	18	53%	15	44%	1	3%	34	100%
Associate Online	0	0%	1	100%	0	0%	1	100%
Baccalaureate	12	48%	13	52%	0	0%	25	100%
Accelerated Baccalaureate	1	25%	3	75%	0	0%	4	100%
Accelerated Masters	-	-	-	-	-	-	-	-
All Programs	**31**	**48%**	**33**	**51%**	**1**	**2%**	**65**	**100%**

Source: VA. Healthcare Workforce Data Center

Only 2% of Virginia's RN programs expect more employment disruption among full-time faculty over the course of the next year. In addition, most programs currently have a budget of sufficient size to adequately meet both their full-time and part-time faculty needs.

Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of July 5, 2018

Board **Board of Nursing**

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Clarification of 90-day authorization to practice [Action 5058] Fast-Track - *At Secretary's Office for 15 days*
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Clinical nurse specialist requirement for registration [Action 5059] Fast-Track - *At Secretary's Office for 3 days*
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	Definition of full approval and timing of criminal background checks for nursing education programs [Action 4926] Fast-Track - *At Governor's Office for 112 days*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Supervision and direction of laser hair removal [Action 4863] Proposed - *At Secretary's Office for 24 days*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Elimination of separate license for prescriptive authority [Action 4958] NOIRA - *Register Date: 7/23/18* [Stage 8137] Comment closes: 8/22/18
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Prescribing of opioids [Action 4797] Proposed - *Register Date: 7/9/18* *Comment from 7/9/18 to 9/7/18*

Agenda Item: Regulatory Action – NOIRA on Rules for use of Simulation in Nursing Education

Included in your package:

- Copy of minutes on Simulation Regulation Committee (May 15th)
- Copy of DRAFT regulations to follow recommendations of the Committee

Board Action:

Motion to adopt the recommendations of the Committee – the Board is not adopting the DRAFT regulations, but approving publication of a Notice of Intended Regulatory Action identifying the changes that will be considered.

Virginia Board of Nursing
Nursing Education Committee
Simulation Regulation Committee
9960 Mayland Drive - Conference Center Suite 201 – Board Room 2 - Henrico, Virginia 23233
May 15, 2018 – 2:30 p.m.
Minutes

TIME AND PLACE:	The Nursing Education Committee/ Simulation Education Committee of the Virginia Board of Nursing was convened at 2:33 p.m. on May 15, 2018 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia.
COMMITTEE MEMBERS PRESENT:	Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, Committee Chair Mark Monson, Citizen Member Michelle Hereford, MSHA, RN, FACHE Trula Minton, MS, RN
OTHER BOARD MEMBERS PRESENT:	Louise Hershkowitz, CRNA, MSHA, Board President Jennifer Phelps, BS, QMHPA, Board First Vice President Maria Gerardo, MS, RN, ANP-BC, Board Second Vice President Laura Cei, BS, LPN, CCRP Margaret Friedenberg, Citizen Member Grace Thapa, BSN, RN, PCCN
DHP STAFF PRESENT:	Paula B. Saxby, RN, PhD, Deputy Executive Director, Virginia Board of Nursing Charlette Ridout, RN, MS, CNE, Senior Nursing Education Consultant Jay Douglas, MSM, RN, CSAC, FRE, Executive Director Brenda Krohn, RN, MS, Deputy Executive Director Jodi Power, RN, JD, Senior Deputy Executive Director Robin Hills, RN, DNP, WHNP, Deputy Executive Director For Advanced Practice Elaine Yeatts, Policy Analyst (Left at 4:14 pm) Ann Tiller, Compliance Manager
DISCUSSION:	The focus of this meeting was to provide the education committee, board members and board staff an overview of the reporting documents used by the nursing education staff, discuss the process for establishing a nursing education program, discuss the continued approval survey visits process, discuss the activities completed during a NCLEX Site Visit and to review the types of issues most frequently presented to the Education Committee . The committee recessed at 3:43 pm. Upon reconvening at 3:48 pm, the committee focused on discussion of the regulations pertaining to simulation in lieu of direct client care. Based on the discussion, the following changes in regulation were recommended: Add to 18VAC90-27-10. Definitions- a definition of "Direct Client Care" Add to 18VAC90-27-10. Definitions- a definition of "Simulation" Modify 18VAC90-27-60 (A)(2) to read- Every member of a nursing faculty supervising the clinical practice of students, including simulation in lieu of direct client care, shall meet the licensure requirements of the jurisdiction in which that practice occurs. Faculty shall

provide evidence of education or experiences in the specialty area in which they supervise student clinical experiences or are supervising simulation as the subject matter expert for quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided.

Modify 18VAC90-27-100 (D) Simulation for direct client clinical hours to Clinical simulation experiences in lieu of direct client care.

Modify 18VAC90-27-100 (D)(2) to read - No more that 50% of the total clinical hours for any clinical specialty or population group may be used as simulation.

Modify 18VAC90-27-100 (D)(4) to read - Clinical simulation must be led by faculty who demonstrate competence in simulation technology, are subject matter experts and meet the qualifications specified in 18VAC90-27-60.

Modify 18VAC90-27-100 (D)(5)(e) to read - Methods of pre-briefing and debriefing

Add 18VAC90-27-100 (D)(5)(f) an evaluation of the simulation experience

Add 18VAC90-27-100 (D)(5)(g)method to communicate.

Ms. Yeattes will work with board staff to develop language appropriate for the regulations.

PLAN FOR FOLLOWUP: The proposed revisions to the regulations will be presented to a future meeting of the Board.

ADJOURNMENT: The committee adjourned at 4:20 p.m.

_____

Charlette Ridout, RN, MS. CNE
Senior Nursing Education Consultant

Project 5531 - none

BOARD OF NURSING

Simulation in clinical experiences

Part I

General Provisions

18VAC90-27-10. Definitions.

In addition to words and terms defined in § 54.1-3000 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:

"Accreditation" means having been accredited by an agency recognized by the U.S. Department of Education to include the Accreditation Commission for Education in Nursing, the Commission on Collegiate Nursing Education, the Commission for Nursing Education Accreditation, or a national nursing accrediting organization recognized by the board.

"Advisory committee" means a group of persons from a nursing education program and the health care community who meets regularly to advise the nursing education program on the quality of its graduates and the needs of the community.

"Approval" means the process by which the board or a governmental agency in another state or foreign country evaluates and grants official recognition to nursing education programs that meet established standards not inconsistent with Virginia law.

"Associate degree nursing program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or other institution and designed to lead to an associate degree in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Baccalaureate degree nursing program" or "prelicensure graduate degree program" means a nursing education program preparing for registered nurse licensure, offered by a Virginia college or university and designed to lead to a baccalaureate or a graduate degree with a major in nursing, provided that the institution is authorized to confer such degree by SCHEV.

"Board" means the Board of Nursing.

"Clinical setting" means any location in which the clinical practice of nursing occurs as specified in an agreement between the cooperating agency and the school of nursing.

"Conditional approval" means a time-limited status that results when an approved nursing education program has failed to maintain requirements as set forth in this chapter.

"Cooperating agency" means an agency or institution that enters into a written agreement to provide clinical or observational experiences for a nursing education program.

"Diploma nursing program" means a nursing education program preparing for registered nurse licensure, offered by a hospital and designed to lead to a diploma in nursing, provided the hospital is licensed in this state.

"Direct client care" means nursing care provided to patients/clients in a clinical setting supervised by qualified faculty or a designated preceptor.

"Initial approval" means the status granted to a nursing education program that allows the admission of students.

"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.

"Nursing education program" means an entity offering a basic course of study preparing persons for licensure as registered nurses or as licensed practical nurses. A basic course of study shall include all courses required for the degree, diploma, or certificate.

"Nursing faculty" means registered nurses who teach the practice of nursing in nursing education programs.

"Practical nursing program" means a nursing education program preparing for practical nurse licensure that leads to a diploma or certificate in practical nursing, provided the school is authorized by the Virginia Department of Education or by an accrediting agency recognized by the U.S. Department of Education.

"Preceptor" means a licensed nurse who is employed in the clinical setting, serves as a resource person and role model, and is present with the nursing student in that setting, providing clinical supervision.

"Program director" means a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege and who has been designated by the controlling authority to administer the nursing education program.

"Recommendation" means a guide to actions that will assist an institution to improve and develop its nursing education program.

"Requirement" means a mandatory condition that a nursing education program must meet to be approved or maintain approval.

"SCHEV" means the State Council of Higher Education for Virginia.

"Simulation" means an evidence-based teaching methodology utilizing an activity in which students are immersed into a realistic clinical environment or situation and in which students are required to learn and use critical thinking and decision-making skills.

"Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.

"Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.

18VAC90-27-60. Faculty.

A. Qualifications for all faculty.

1. Every member of the nursing faculty, including the program director, shall (i) hold a current license or a multistate licensure privilege to practice nursing in Virginia as a registered nurse without any disciplinary action that currently restricts practice and (ii) have had at least two years of direct client care experience as a registered nurse prior to employment by the program. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.

2. Every member of a nursing faculty supervising the clinical practice of students, including simulation in lieu of direct client care, shall meet the licensure requirements of the jurisdiction in which that practice occurs. ~~Faculty~~ and shall provide evidence of education or experience in the specialty area in which they supervise student clinical experience for

quality and safety. Prior to supervision of students, the faculty providing supervision shall have completed a clinical orientation to the site in which supervision is being provided. Faculty members who supervise clinical practice by simulation shall also demonstrate simulation knowledge and skills in that methodology and shall engage in ongoing professional development in the use of simulation.

3. The program director and each member of the nursing faculty shall maintain documentation of professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects, and professional writing. Documentation of annual professional development shall be maintained in employee files for the director and each faculty member until the next survey visit and shall be available for board review.

4. For baccalaureate degree and prelicensure graduate degree programs:

a. The program director shall hold a doctoral degree with a graduate degree in nursing.

b. Every member of the nursing faculty shall hold a graduate degree; the majority of the faculty shall have a graduate degree in nursing. Faculty members with a graduate degree with a major other than in nursing shall have a baccalaureate degree with a major in nursing.

5. For associate degree and diploma programs:

a. The program director shall hold a graduate degree with a major in nursing.

b. The majority of the members of the nursing faculty shall hold a graduate degree, preferably with a major in nursing.

c. All members of the nursing faculty shall hold a baccalaureate or graduate degree with a major in nursing.

6. For practical nursing programs:

a. The program director shall hold a baccalaureate degree with a major in nursing.

b. The majority of the members of the nursing faculty shall hold a baccalaureate degree, preferably with a major in nursing.

B. Number of faculty.

1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for clients to whom students provide care.

2. When students are giving direct care to clients, the ratio of students to faculty shall not exceed 10 students to one faculty member, and the faculty shall be on site solely to supervise students.

3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students.

C. Functions. The principal functions of the faculty shall be to:

1. Develop, implement, and evaluate the philosophy and objectives of the nursing education program;

2. Design, implement, teach, evaluate, and revise the curriculum. Faculty shall provide evidence of education and experience necessary to indicate that they are competent to teach a given course;

3. Develop and evaluate student admission, progression, retention, and graduation policies within the framework of the controlling institution;

4. Participate in academic advisement and counseling of students in accordance with requirements of the Financial Educational Rights and Privacy Act (20 USC § 1232g);

5. Provide opportunities for and evidence of student and graduate evaluation of curriculum and teaching and program effectiveness; and

6. Document actions taken in faculty and committee meetings using a systematic plan of evaluation for total program review.

18VAC90-27-100. Curriculum for direct client care.

A. A nursing education program preparing a student for licensure as a registered nurse shall provide a minimum of 500 hours of direct client care supervised by qualified faculty. A nursing education program preparing a student for licensure as a practical nurse shall provide a minimum of 400 hours of direct client care supervised by qualified faculty. Direct client care hours shall include experiences and settings as set forth in 18VAC90-27-90 B 1.

B. Licensed practical nurses transitioning into prelicensure registered nursing programs may be awarded no more than 150 clinical hours of the 400 clinical hours received in a practical nursing program. In a practical nursing to registered nursing transitional program, the remainder of the clinical hours shall include registered nursing clinical experience across the life cycle in adult medical/surgical nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, and pediatric nursing.

C. Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives. Observational experiences shall not be accepted toward the 400 or 500 minimum clinical hours required. Observational objectives shall be available to students, the clinical unit, and the board.

D. Simulation for direct client clinical hours.

1. No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the

total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).

2. No more than 50% of the total clinical hours for any course may be used as simulation. If courses are integrated, simulation shall not be used for more than 50% of the total clinical hours in different clinical specialties and population groups across the life span.

3. Skills acquisition and task training alone, as in the traditional use of a skills laboratory, do not qualify as simulated client care and therefore do not meet the requirements for direct client care hours.

4. Clinical simulation must be led by faculty who meet the qualifications specified in 18VAC90-27-60. Faculty with education and expertise in simulation and in the applicable subject area must be present during the simulation experience.

5. Documentation of the following shall be available for all simulated experiences:

a. Course description and objectives;

b. Type of simulation and location of simulated experience;

c. Number of simulated hours;

d. Faculty qualifications; ~~and~~

e. Methods of pre-briefing and debriefing;

f. Evaluation of simulated experience; and

g. Method to communicate student performance to clinical faculty.

Agenda Item: Regulatory –Emergency Action on regulations for autonomous practice for nurse practitioners

Enclosed are:

Copy of HB793 as passed by the 2018 General Assembly

Copy of draft regulations recommended by the Regulatory Advisory Panel (RAP), comprised of Members of the Committee of the Joint Boards and members of the Advisory Committee

Copies of comments on the draft regulations & summary of comment

Staff note:

The 2nd enactment clause on HB793 requires regulations to be in effect within 280 days of enactment, which is 1/9/19. The Boards of Nursing and Medicine must adopt identical regulations. The Board of Medicine will consider the draft regulations on August 3, 2018.

Board action:

Adoption of regulations as recommended by the RAP or as amended by board members by emergency action.

CHAPTER 776

An Act to amend and reenact §§ 22.1-271.7, 32.1-263, 32.1-282, 54.1-2901, 54.1-2903, 54.1-2957, 54.1-2957.01, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3482, and 54.1-3482.1 of the Code of Virginia, relating to nurse practitioners; practice agreements.

[H 793]

Approved April 4, 2018

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-271.7, 32.1-263, 32.1-282, 54.1-2901, 54.1-2903, 54.1-2957, 54.1-2957.01, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3482, and 54.1-3482.1 of the Code of Virginia are amended and reenacted as follows:

§ 22.1-271.7. Public middle school student-athletes; pre-participation physical examination.

No public middle school student shall be a participant on or try out for any school athletic team or squad with a predetermined roster, regular practices, and scheduled competitions with other middle schools unless such student has submitted to the school principal a signed report from a licensed physician, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician attesting that such student has been examined, within the preceding 12 months, and found to be physically fit for athletic competition.

§ 32.1-263. Filing death certificates; medical certification; investigation by Office of the Chief Medical Examiner.

A. A death certificate, including, if known, the social security number or control number issued by the Department of Motor Vehicles pursuant to § 46.2-342 of the deceased, shall be filed for each death that occurs in the Commonwealth. Non-electronically filed death certificates shall be filed with the registrar of any district in the Commonwealth within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Electronically filed death certificates shall be filed with the State Registrar of Vital Records within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Any death certificate shall be registered by such registrar if it has been completed and filed in accordance with the following requirements:

1. If the place of death is unknown, but the dead body is found in the Commonwealth, the death shall be registered in the Commonwealth and the place where the dead body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation, taking into consideration all relevant information, including information provided by the immediate family regarding the date and time that the deceased was last seen alive, if the individual died in his home; and

2. When death occurs in a moving conveyance, in the United States of America and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth and the place where it is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth but the certificate shall show the actual place of death insofar as can be determined.

B. The licensed funeral director, funeral service licensee, office of the state anatomical program, or next of kin as defined in § 54.1-2800 who first assumes custody of a dead body shall file the certificate of death with the registrar. He shall obtain the personal data, including the social security number of the deceased or control number issued to the deceased by the Department of Motor Vehicles pursuant to § 46.2-342, from the next of kin or the best qualified person or source available and obtain the medical certification from the person responsible therefor.

C. The medical certification shall be completed, signed in black or dark blue ink, and returned to the funeral director within 24 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death except when inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283 or 32.1-285.1, or by the physician that pronounces death pursuant to § 54.1-2972.

In the absence of such physician or with his approval, the certificate may be completed and signed by the following: (i) another physician employed or engaged by the same professional practice; (ii) a physician assistant supervised by such physician; (iii) a nurse practitioner practicing ~~as part of a patient care team as defined in § 54.1-2900~~ *in accordance with the provisions of § 54.1-2957*; (iv) the chief medical officer or medical director, or his designee, of the institution, hospice, or nursing home in which death occurred; (v) a physician specializing in the delivery of health care to hospitalized or emergency department patients who is employed by or engaged by the facility where the death occurred; (vi) the physician who performed an autopsy upon the decedent; or (vii) an individual to whom the physician

has delegated authority to complete and sign the certificate, if such individual has access to the medical history of the case and death is due to natural causes.

D. When inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283 or 32.1-285.1, the Chief Medical Examiner shall cause an investigation of the cause of death to be made and the medical certification portion of the death certificate to be completed and signed within 24 hours after being notified of the death. If the Office of the Chief Medical Examiner refuses jurisdiction, the physician last furnishing medical care to the deceased shall prepare and sign the medical certification portion of the death certificate.

E. If the death is a natural death and a death certificate is being prepared pursuant to § 54.1-2972 and the physician, nurse practitioner, or physician assistant is uncertain about the cause of death, he shall use his best medical judgment to certify a reasonable cause of death or contact the health district physician director in the district where the death occurred to obtain guidance in reaching a determination as to a cause of death and document the same.

If the cause of death cannot be determined within 24 hours after death, the medical certification shall be completed as provided by regulations of the Board. The attending physician or the Chief Medical Examiner, an Assistant Chief Medical Examiner, or a medical examiner appointed pursuant to § 32.1-282 shall give the funeral director or person acting as such notice of the reason for the delay, and final disposition of the body shall not be made until authorized by the attending physician, the Chief Medical Examiner, an Assistant Chief Medical Examiner, or a medical examiner appointed pursuant to § 32.1-282.

F. A physician, nurse practitioner, or physician assistant who, in good faith, signs a certificate of death or determines the cause of death shall be immune from civil liability, only for such signature and determination of causes of death on such certificate, absent gross negligence or willful misconduct.

§ 32.1-282. Medical examiners.

A. The Chief Medical Examiner may appoint for each county and city one or more medical examiners, who shall be licensed as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner in the Commonwealth and appointed as agents of the Commonwealth, to assist the Office of the Chief Medical Examiner with medicolegal death investigations. A physician assistant appointed as a medical examiner shall have a practice agreement with and be under the continuous supervision of a physician medical examiner in accordance with § 54.1-2952. A nurse practitioner appointed as a medical examiner shall ~~have a practice agreement with and~~ practice ~~in collaboration with a physician medical examiner~~ in accordance with § 54.1-2957.

B. At the request of the Chief Medical Examiner, the Assistant Chief Medical Examiner, or their designees, medical examiners may assist the Office of the Chief Medical Examiner with cases requiring medicolegal death investigations in accordance with § 32.1-283.

C. The term of each medical examiner appointed, other than an appointment to fill a vacancy, shall begin on the first day of October of the year of appointment. The term of each medical examiner shall be three years; however, an appointment to fill a vacancy shall be for the unexpired term.

§ 54.1-2901. Exceptions and exemptions generally.

A. The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed nurse practitioner from rendering care in ~~collaboration and consultation with a patient care team physician as part of a patient care team pursuant to §~~ *accordance with the provisions of §§* 54.1-2957 *and 54.1-2957.01* or any nurse practitioner licensed by the Boards of ~~Nursing and~~ Medicine *and Nursing* in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957 when such services are authorized by regulations promulgated jointly by the ~~Board~~ *Boards* of Medicine and ~~the Board of~~ Nursing;

4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine or osteopathy, a nurse practitioner, or a physician assistant;

5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracemaker or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracemaker or prosthetist has received a prescription from a licensed physician, licensed nurse practitioner, or licensed physician assistant directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministration to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia temporarily and such practitioner has been issued a temporary authorization by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administrating 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;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering

free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when such testing is conducted (i) in accordance with a written protocol between the physician or nurse practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or nurse practitioner;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing;

31. Any person from performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks; or

32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state from engaging in the practice of that profession in Virginia with a patient who is being transported to or from a Virginia hospital for care.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a pilot program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist.

§ 54.1-2903. What constitutes practice.

Any person shall be regarded as practicing the healing arts who actually engages in such practice as defined in this chapter, or who opens an office for such purpose, or who advertises or announces to the public in any manner a readiness to practice or who uses in connection with his name the words or letters "Doctor," "Dr.," "M.D.," "D.O.," "D.P.M.," "D.C.," "Healer," *"N.P.,"* or any other title, word, letter or designation intending to designate or imply that he is a practitioner of the healing arts or that he is able to heal, cure or relieve those suffering from any injury, deformity or disease. No person regulated under this chapter shall use the title "Doctor" or the abbreviation "Dr." in writing or in advertising in connection with his practice unless he simultaneously uses a clarifying title, initials, abbreviation or designation or language that identifies the type of practice for which he is licensed.

Signing a birth or death certificate, or signing any statement certifying that the person so signing has rendered professional service to the sick or injured, or signing or issuing a prescription for drugs or other remedial agents, shall be prima facie evidence that the person signing or issuing such writing is practicing the healing arts within the meaning of this chapter except where persons other than physicians are required to sign birth certificates.

§ 54.1-2957. Licensure and practice of nurse practitioners.

A. As used in this section:

"Clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

"Collaboration" means the communication and decision-making process among *a nurse practitioner,*

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

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

B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the licensure of nurse practitioners. It ~~shall be~~ *is* unlawful for a person to practice as a nurse practitioner in the Commonwealth unless he holds such a joint license.

C. ~~Except as provided in subsection H, a~~ *Every* nurse practitioner ~~shall only practice as part of a patient care team. Each member of a patient care team shall have specific responsibilities related to the care of the patient or patients and shall provide health care services within the scope of his usual professional activities. Nurse practitioners practicing as part of a patient care team~~ *other than a nurse practitioner licensed by the Boards of Medicine and Nursing as a certified nurse midwife or a certified registered nurse anesthetist or a nurse practitioner who meets the requirements of subsection I* shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. ~~Nurse practitioners~~ *A nurse practitioner who meets the requirements of subsection I may practice without a written or electronic practice agreement. A nurse practitioner who is licensed by the Boards of Medicine and Nursing as a certified nurse midwife shall practice pursuant to subsection H. A nurse practitioner* who ~~are~~ *is a* certified registered nurse anesthetists shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. ~~Nurse practitioners~~ *A nurse practitioner who is* appointed as *a* medical ~~examiners~~ *examiner* pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among nurse practitioners and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16. ~~Practice of patient care teams in all settings shall include the periodic review of patient charts or electronic health records and may include visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team.~~

Physicians on patient care teams may require that a nurse practitioner be covered by a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

Service on a patient care team by a patient care team member shall not, by the existence of such service alone, establish or create liability for the actions or inactions of other team members.

D. The ~~Board~~ *Boards* of Medicine and ~~the Board of~~ Nursing shall jointly promulgate regulations specifying collaboration and consultation among physicians and nurse practitioners working as part of patient care teams that shall include the development of, and periodic review and revision of, a written or electronic practice agreement; guidelines for availability and ongoing communications that define consultation among the collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice agreements shall include ~~a provision~~ *provisions* for ~~appropriate physician~~ *(i) periodic review of health records, which may include visits to the site where health care is delivered, in the manner and at the frequency determined by the nurse practitioner and the patient care team physician and (ii)* input *from appropriate health care providers* in complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities in collaboration and consultation with a patient care team physician.

E. The Boards *of Medicine and Nursing* may issue a license by endorsement to an applicant to practice as a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws of another state and, ~~in the opinion~~ *pursuant to regulations* of the Boards, the applicant meets the qualifications for licensure required of nurse practitioners in the Commonwealth. *A nurse practitioner to whom a license is issued by endorsement may practice without a practice agreement with a patient care team physician pursuant to subsection I if such application provides an attestation to the Boards that the applicant has completed the equivalent of at least five years of full-time clinical experience, as determined by the Boards, in accordance with the laws of the state in which the nurse practitioner was licensed.*

F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant temporary licensure to nurse practitioners.

G. In the event a physician who is serving as a patient care team physician dies, becomes disabled,

retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter into a new practice agreement with another patient care team physician, the nurse practitioner may continue to practice upon notification to the designee or his alternate of the Boards and receipt of such notification. Such nurse practitioner may continue to treat patients without a patient care team physician for an initial period not to exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate ~~physician~~ input *from appropriate health care providers* in complex clinical cases and patient emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input.

H. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife shall practice in consultation with a licensed physician in accordance with a practice agreement between the nurse practitioner and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request. The Boards shall jointly promulgate regulations, consistent with the Standards for the Practice of Midwifery set by the American College of Nurse-Midwives, governing such practice.

I. A nurse practitioner, other than a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of certified nurse midwife or certified registered nurse anesthetist, who has completed the equivalent of at least five years of full-time clinical experience as a licensed nurse practitioner, as determined by the Boards, may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse practitioner of an attestation from the patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. A copy of such attestation shall be submitted to the Boards together with a fee established by the Boards. Upon receipt of such attestation and verification that a nurse practitioner satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a new license that includes a designation indicating that the nurse practitioner is authorized to practice without a practice agreement. In the event that a nurse practitioner is unable to obtain the attestation required by this subsection, the Boards may accept other evidence demonstrating that the applicant has met the requirements of this subsection in accordance with regulations adopted by the Boards.

A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection shall (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

A nurse practitioner practicing without a practice agreement pursuant to this subsection shall obtain and maintain coverage by or shall be named insured on a professional liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

§ 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.). ~~Nurse practitioners shall have such prescriptive authority upon the provision~~

B. A nurse practitioner who does not meet the requirements for practice without a written or electronic practice agreement set forth in subsection I of § 54.1-2957 shall prescribe controlled substances or devices only if such prescribing is authorized by a written or electronic practice agreement entered into by the nurse practitioner and a patient care team physician. Such nurse practitioner shall provide to the ~~Board~~ *Boards* of Medicine and ~~the Board of~~ Nursing ~~of~~ such evidence as ~~they~~ *the Boards* may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a patient care team physician that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as described in the practice agreement. Evidence

of a practice agreement shall be maintained by a nurse practitioner pursuant to § 54.1-2957. Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section *either* shall ~~either~~ be signed by the patient care team physician ~~who is practicing as part of a patient care team with the nurse practitioner~~ or shall clearly state the name of the patient care team physician who has entered into the practice agreement with the nurse practitioner.

~~B.~~ It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless *(i)* such prescription is authorized by the written or electronic practice agreement *or (ii) the nurse practitioner is authorized to practice without a written or electronic practice agreement pursuant to subsection I of § 54.1-2957.*

C. The ~~Board of Nursing and the Board~~ *Boards* of Medicine *and Nursing* shall promulgate ~~such~~ regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients. ~~Regulations promulgated pursuant to this section~~ *Such regulations* shall include~~, at a minimum, such~~ requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed nurse practitioner. Any ~~member of a patient care team~~ *party to a practice agreement* shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

2. Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of ~~Nursing and~~ Medicine *and Nursing* in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe (i) Schedules II through V controlled substances in accordance with any prescriptive authority included in a practice agreement with a licensed physician pursuant to subsection H of § 54.1-2957 and (ii) Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

§ 54.1-3300. Definitions.

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

"Board" means the Board of Pharmacy.

"Collaborative agreement" means a voluntary, written, or electronic arrangement between one pharmacist and his designated alternate pharmacists involved directly in patient care at a single physical location where patients receive services and (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided *that* such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working ~~as part of a patient care team as defined in § 54.1-2900~~ *in accordance with the provisions of § 54.1-2957*, involved directly in patient care which authorizes cooperative procedures with respect to patients of such practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. A collaborative agreement is not required for the management of patients of an inpatient facility.

"Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or compounding necessary to prepare the substance for delivery.

"Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

"Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy is being conducted.

"Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of

pharmacy who is registered with the Board for the purpose of gaining the practical experience required to apply for licensure as a pharmacist.

"Pharmacy technician" means a person registered with the Board to assist a pharmacist under the pharmacist's supervision.

"Practice of pharmacy" means the personal health service that is concerned with the art and science of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include the proper and safe storage and distribution of drugs; the maintenance of proper records; the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; and the management of patient care under the terms of a collaborative agreement as defined in this section.

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.

Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ 54.1-3400 et seq.) unless the context requires a different meaning.

§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the Boards of Medicine and Pharmacy.

A pharmacist and his designated alternate pharmacists involved directly in patient care may participate with (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided *that* such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working ~~as part of a patient care team as defined in § 54.1-2900~~ *in accordance with the provisions of § 54.1-2957*, involved directly in patient care in collaborative agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. However, no person licensed to practice medicine, osteopathy, or podiatry shall be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

No patient shall be required to participate in a collaborative procedure without such patient's consent. A patient who chooses to not participate in a collaborative procedure shall notify the prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative pharmacists or by documenting the same on the patient's prescription.

Collaborative agreements may include the implementation, modification, continuation, or discontinuation of drug therapy pursuant to written or electronic protocols, provided implementation of drug therapy occurs following diagnosis by the prescriber; the ordering of laboratory tests; or other patient care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in violation of § 54.1-2902; such violation shall constitute grounds for disciplinary action pursuant to §§ 54.1-2400 and 54.1-3316.

Collaborative agreements may only be used for conditions which have protocols that are clinically accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this section and to facilitate the development and implementation of safe and effective collaborative agreements between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the Boards of Medicine and Pharmacy if review is requested by a practitioner or pharmacist.

Nothing in this section shall be construed to supersede the provisions of § 54.1-3303.

§ 54.1-3301. Exceptions.

This chapter shall not be construed to:

1. Interfere with any legally qualified practitioner of dentistry, or veterinary medicine or any physician acting on behalf of the Virginia Department of Health or local health departments, in the compounding of his prescriptions or the purchase and possession of drugs as he may require;

2. Prevent any legally qualified practitioner of dentistry, or veterinary medicine or any prescriber, as defined in § 54.1-3401, acting on behalf of the Virginia Department of Health or local health departments, from administering or supplying to his patients the medicines that he deems proper under the conditions of § 54.1-3303 or from causing drugs to be administered or dispensed pursuant to §§ 32.1-42.1 and 54.1-3408, except that a veterinarian shall only be authorized to dispense a compounded drug, distributed from a pharmacy, when (i) the animal is his own patient, (ii) the animal is a companion animal as defined in regulations promulgated by the Board of Veterinary Medicine, (iii) the quantity dispensed is no more than a 72-hour supply, (iv) the compounded drug is for the treatment of an emergency condition, and (v) timely access to a compounding pharmacy is not available, as determined by the prescribing veterinarian;

3. Prohibit the sale by merchants and retail dealers of proprietary medicines as defined in Chapter 34 (§ 54.1-3400 et seq.) of this title;

4. Prevent the operation of automated drug dispensing systems in hospitals pursuant to Chapter 34 (§ 54.1-3400 et seq.) of this title;

5. Prohibit the employment of ancillary personnel to assist a pharmacist as provided in the regulations of the Board;

6. Interfere with any legally qualified practitioner of medicine, osteopathy, or podiatry from purchasing, possessing or administering controlled substances to his own patients or providing controlled substances to his own patients in a bona fide medical emergency or providing manufacturers' professional samples to his own patients;

7. Interfere with any legally qualified practitioner of optometry, certified or licensed to use diagnostic pharmaceutical agents, from purchasing, possessing or administering those controlled substances as specified in § 54.1-3221 or interfere with any legally qualified practitioner of optometry certified to prescribe therapeutic pharmaceutical agents from purchasing, possessing, or administering to his own patients those controlled substances as specified in § 54.1-3222 and the TPA formulary, providing manufacturers' samples of these drugs to his own patients, or dispensing, administering, or selling ophthalmic devices as authorized in § 54.1-3204;

8. Interfere with any physician assistant with prescriptive authority receiving and dispensing to his own patients manufacturers' professional samples of controlled substances and devices that he is authorized, in compliance with the provisions of § 54.1-2952.1, to prescribe according to his practice setting and a written agreement with a physician or podiatrist;

9. Interfere with any licensed nurse practitioner with prescriptive authority receiving and dispensing to his own patients manufacturers' professional samples of controlled substances and devices that he is authorized, in compliance with the provisions of § 54.1-2957.01, to prescribe ~~according to his practice setting and a written or electronic agreement with a physician~~;

10. Interfere with any legally qualified practitioner of medicine or osteopathy participating in an indigent patient program offered by a pharmaceutical manufacturer in which the practitioner sends a prescription for one of his own patients to the manufacturer, and the manufacturer donates a stock bottle of the prescription drug ordered at no cost to the practitioner or patient. The practitioner may dispense such medication at no cost to the patient without holding a license to dispense from the Board of Pharmacy. However, the container in which the drug is dispensed shall be labeled in accordance with the requirements of § 54.1-3410, and, unless directed otherwise by the practitioner or the patient, shall meet standards for special packaging as set forth in § 54.1-3426 and Board of Pharmacy regulations. In lieu of dispensing directly to the patient, a practitioner may transfer the donated drug with a valid prescription to a pharmacy for dispensing to the patient. The practitioner or pharmacy participating in the program shall not use the donated drug for any purpose other than dispensing to the patient for whom it was originally donated, except as authorized by the donating manufacturer for another patient meeting that manufacturer's requirements for the indigent patient program. Neither the practitioner nor the pharmacy shall charge the patient for any medication provided through a manufacturer's indigent patient program pursuant to this subdivision. A participating pharmacy, including a pharmacy participating in bulk donation programs, may charge a reasonable dispensing or administrative fee to offset the cost of dispensing, not to exceed the actual costs of such dispensing. However, if the patient is unable to pay such fee, the dispensing or administrative fee shall be waived;

11. Interfere with any legally qualified practitioner of medicine or osteopathy from providing controlled substances to his own patients in a free clinic without charge when such controlled substances are donated by an entity other than a pharmaceutical manufacturer as authorized by subdivision 10. The practitioner shall first obtain a controlled substances registration from the Board and shall comply with the labeling and packaging requirements of this chapter and the Board's regulations; or

12. Prevent any pharmacist from providing free health care to an underserved population in Virginia who (i) does not regularly practice pharmacy in Virginia, (ii) holds a current valid license or certificate to practice pharmacy in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of this Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certificate issued in such other

jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any pharmacist whose license has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a pharmacist who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state.

This section shall not be construed as exempting any person from the licensure, registration, permitting and record keeping requirements of this chapter or Chapter 34 of this title.

§ 54.1-3482. Practice of physical therapy; certain experience and referrals required; physical therapist assistants.

A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957,* or a licensed physician assistant acting under the supervision of a licensed physician, except as provided in this section.

B. A physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than 30 consecutive days after an initial evaluation without a referral under the following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957,* or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957,* or a licensed physician assistant acting under the supervision of a licensed physician at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957,* or a licensed physician assistant acting under the supervision of a licensed physician from whom he is currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner; and (c) the physical therapist notifies the practitioner identified by the patient no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. Treatment for more than 30 consecutive days after evaluation of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957,* or a licensed physician assistant acting under the supervision of a licensed physician. A physical therapist may contact the practitioner identified by the patient at the end of the 30-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. A physical therapist shall not perform an initial evaluation of a patient under this subsection if the physical therapist has performed an initial evaluation of the patient under this subsection for the same condition within the immediately preceding 60 days.

C. A physical therapist who has not completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has not obtained a certificate of authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation that does not include treatment of a patient without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957,* or a licensed physician assistant acting under the supervision of a licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate practitioner.

D. Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957,* or a licensed physician assistant acting under the supervision of a licensed physician.

E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed nurse

practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957* when such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate practitioner.

F. Any person licensed as a physical therapist assistant shall perform his duties only under the direction and control of a licensed physical therapist.

G. However, a licensed physical therapist may provide, without referral or supervision, physical therapy services to (i) a student athlete participating in a school-sponsored athletic activity while such student is at such activity in a public, private, or religious elementary, middle or high school, or public or private institution of higher education when such services are rendered by a licensed physical therapist who is certified as an athletic trainer by the National Athletic Trainers' Association Board of Certification or as a sports certified specialist by the American Board of Physical Therapy Specialties; (ii) employees solely for the purpose of evaluation and consultation related to workplace ergonomics; (iii) special education students who, by virtue of their individualized education plans (IEPs), need physical therapy services to fulfill the provisions of their IEPs; (iv) the public for the purpose of wellness, fitness, and health screenings; (v) the public for the purpose of health promotion and education; and (vi) the public for the purpose of prevention of impairments, functional limitations, and disabilities.

§ 54.1-3482.1. Certain certification required.

A. The Board shall promulgate regulations establishing criteria for certification of physical therapists to provide certain physical therapy services pursuant to subsection B of § 54.1-3482 without referral from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a licensed physician assistant acting under the supervision of a licensed physician. The regulations shall include but not be limited to provisions for (i) the promotion of patient safety; (ii) an application process for a one-time certification to perform such procedures; and (iii) minimum education, training, and experience requirements for certification to perform such procedures.

B. The minimum education, training, and experience requirements for certification shall include evidence that the applicant has successfully completed (i) a transitional program in physical therapy as recognized by the Board or (ii) at least three years of active practice with evidence of continuing education relating to carrying out direct access duties under § 54.1-3482.

2. That the Boards of Medicine and Nursing shall jointly promulgate regulations to implement the provisions of this act, which shall govern the practice of nurse practitioners practicing without a practice agreement in accordance with the provisions of this act, to be effective within 280 days of its enactment.

3. That the Department of Health Professions shall, by November 1, 2020, report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions.

4. That the Boards of Medicine and Nursing shall report on data on the implementation of this act, including the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement, to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

DRAFT REGULATIONS RECOMMENDED BY THE REGULATORY ADVISORY PANEL

BOARDS OF MEDICINE AND NURSING

Autonomous practice

Part I

General Provisions

18VAC90-30-10. Definitions.

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

"Approved program" means a nurse practitioner education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and which hold a national accreditation acceptable to the boards.

"Autonomous practice" means practice in a category in which a nurse practitioner is certified and licensed without a written or electronic practice agreement with a patient care team physician in accordance with 18VAC90-30-86.

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

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

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

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

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

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

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives or nurse practitioners, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team physician(s) and the licensed nurse practitioner(s) that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse practitioner(s) in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

18VAC90-30-20. Delegation of authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter, to grant authorization for autonomous practice to those persons who have met the qualifications of 18VAC90-30-86, and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-30-105. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of nurse practitioners shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of nurse practitioners are:

1. Application	$125
2. Biennial licensure renewal	$80
3. Late renewal	$25
4. Reinstatement of licensure	$150

5. Verification of licensure to another jurisdiction	$35
6. Duplicate license	$15
7. Duplicate wall certificate	$25
8. Return check charge	$35
9. Reinstatement of suspended or revoked license	$200
10. Autonomous practice attestation	$100

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

Biennial renewal	$60

18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as a nurse practitioner shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another U.S. jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;

2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and

3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

C. An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of 18VAC90-30-86.

18VAC90-30-86. Autonomous practice (for nurse practitioners other than certified nurse midwives or certified registered nurse anesthetists).

A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as 1,600 hours per year for a total of 8,000 hours.

2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the nurse practitioner and the nurse practitioner's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed; and

3. The period of time and hours of practice during which the patient care team physician practiced with the nurse practitioner under such a practice agreement.

C. The nurse practitioner may submit attestations for more than one patient care team physician with whom he practiced during the equivalent of five years of practice, but all attestations shall be submitted to the boards at the same time.

D. If a nurse practitioner is licensed and certified in more than one category, as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted towards a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or other circumstance that inhibits the ability of the nurse practitioner from obtaining an attestation as specified in subsection B, the nurse practitioner may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the nurse practitioner. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of a nurse practitioner in the category for which he is licensed and certified. The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inability to obtain an attestation from a patient care team physician.

F. A nurse practitioner to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the nurse practitioner has completed the equivalent of five years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the nurse practitioner was previously licensed.

G. A nurse practitioner authorized to practice autonomously shall:

1. Only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care;

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-110. Reinstatement of license.

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

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

1. File the required application and reinstatement fee;

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

3. Provide evidence of current professional competency consisting of:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;

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

c. If applicable, current, unrestricted licensure or certification in another jurisdiction.

4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

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

1. Petition for reinstatement and pay the reinstatement fee;

2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia to include:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or

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

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

Part III

Practice of Licensed Nurse Practitioners

18VAC90-30-120. Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives.

A. A nurse practitioner licensed in a category other than certified registered nurse anesthetist or certified nurse midwife shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in 18VAC90-30-90.

C. All nurse practitioners licensed in any category other than certified registered nurse anesthetist or certified nurse midwife shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10 or in accordance with 18VAC90-30-86.

D. The written or electronic practice agreement shall include provisions for:

1. The periodic review of patient charts or electronic patient records by a 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;

2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and

3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:

a. In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;

b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and

c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the nurse practitioner and provided to the boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and

responsibilities; however, the nurse practitioner shall be responsible for providing a copy to the boards upon request.

Part III

Practice Requirements

18VAC90-40-90. Practice agreement.

A. With the ~~exception of~~ exceptions listed in subsection E of this section, a nurse practitioner with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. At any time there are changes in the patient care team physician, authorization to prescribe, or scope of practice, the nurse practitioner shall revise the practice agreement and maintain the revised agreement.

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.

2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.

3. The signature of the patient care team physician who is practicing with the nurse practitioner or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

D. In accordance with § 54.1-2957.01 of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six nurse practitioners with prescriptive authority at any one time.

E. Exceptions.

1. A nurse practitioner licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

2. A nurse practitioner who is licensed in a category other than certified nurse midwife or certified registered nurse anesthetist and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Comments on Transition to Practice (HB 793) Regulations

1 message

Denise Daly Konrad <dkonrad@vhcf.org> Thu, Jun 21, 2018 at 9:25 AM
To: "Elaine.yeatts@dhp.virginia.gov" <Elaine.yeatts@dhp.virginia.gov>
Cc: Deborah Oswalt <doswalt@vhcf.org>

Elaine Yeatts

Senior Policy Analyst

Virginia Department of Health Professions

9960 Mayland Drive

Henrico, VA 23233

Dear Ms. Yeatts:

Thank you for the opportunity to comment on the draft regulations to implement HB 793 distributed at the May 17 meeting of the Joint Boards of Nursing and Medicine.

The Virginia Health Care Foundation's (*VHCF*) comments, like those submitted on May 4, 2018, are related to situations where an NP is licensed and credentialed to practice in more than one specialty area. I do not believe that the General Assembly contemplated or discussed the implications of the 5 year requirement for NPs with credentials in multiple practice areas as HB 793 evolved. During the 2018 legislative session, when I asked the Medical Society of Virginia's (*MSV*) lobbyist, Scott Johnson, about MSV's intent for application of the 5 year requirement for these NPs, he said it was envisioned that only one five year period would be required.

We encourage the Department of Health Professions and the Joint Board of Medicine and Nursing to adopt a regulatory approach for transition to practice that does not exceed a total of 5 years (*8000 hours*) of collaboration for an NP who is credentialed and licensed in more than one specialty area. To accomplish this, it may be that an individualized approach to each application for full practice authority will be needed. We ask you to develop a framework that will enable the Joint Board to review, understand and consider each NP's individual level of training, credentials and work experience

related to the field in which s/he desires to practice independently, rather than a more "cookie cutter" approach that establishes a uniform norm.

Requiring an NP to collaborate with a physician for an additional 5 years for each specialty area in which s/he chooses to work independently will create significant barriers to practice at a time when the Commonwealth has an insufficient number of providers. NPs wishing to practice in a new specialty area will bring years of practice experience to patient care, with additional training and expertise in more than one specialty area.

While NPs can obtain post-Master's certificates in a number of areas to facilitate the transition from one practice area to another, the Foundation is most knowledgeable about working with NPs who return to school to become a Psychiatric-Mental Health Nurse Practitioner (*Psych NP*) after years of practice in another area.

Virginia is experiencing a significant challenge in meeting the needs of thousands of Virginians needing behavioral health care services:

- More than 3/4 of Virginia is federally-designated as mental health professional shortage area; 40% of Virginians live in these communities.
- This shortage will soon become worse, because, two-thirds of practicing psychiatrists are age 50 or older with an insufficient number in training to replace them.
- *The Milbank Quarterly* reports that many primary care providers are not well-equipped or comfortable diagnosing and managing behavioral health conditions or prescribing psychotropic medicines. This is a problem since it reports that as many as 70% of primary care visits stem from psychosocial issues.

Psych NPs are an important key to helping the Commonwealth address this gap between demand and available behavioral health providers. They are the only professionals other than psychiatrists who are trained and licensed to prescribe and manage psychotropic medicines, which are so important to the treatment of many mental illnesses.

There are a growing number of Virginia NPs pursuing a post-Master's Psych NP certificate to help meet this demand. These are typically family nurse practitioners or other medically-trained nurse practitioners with years of practice experience. This combination of both medical and behavioral health training is particularly valuable – as more practices move to integrate behavioral health care with primary care and we more fully understand the interplay between physical and behavioral health.

For the past 10 years, VHCF has focused much effort and money to help increase access to behavioral health services for uninsured and underserved Virginians. In the process, we have discovered the state's shortage of behavioral health professionals, the important role and scope of practice of Psych NPs, and that there are only 213 of these valuable health professionals in Virginia (*71 localities don't have any*). For the last 4 years, VHCF has worked with Virginia's Schools of Nursing to encourage education of more Psych NPs and invested nearly $200,000 in scholarships, which pay tuition and fees for existing nurse practitioners who return to school to obtain a post-master's Psych NP certificate. We will continue providing scholarships for experienced NPs to earn a post-Master's Psych NP certificate.

While there are may not be many post-Master's trained Psych NPs who wish to practice independently, we want to ensure those who do are able to do so without barriers. Following our suggestion of a more customized approach when reviewing applications from NPs with credentials in multiple specialties will help. In considering this request, it is important to remember that all NPs are credentialed to practice independently upon successful completion of their coursework, clinical experience and passage of their national certification exam.

Thank you, again, for the opportunity to provide comments on the enactment of regulations to implement HB 793. Should you have any questions, please do not hesitate to contact me at 804.828.5804.

Sincerely,

Deborah D. Oswalt

Denise Daly Konrad

Director of Strategic Initiatives and Policy

VIRGINIA HEALTH CARE FOUNDATION

On the frontlines of healthcare for uninsured Virginians

MSV℠ MEDICAL SOCIETY OF VIRGINIA

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Kevin O'Connor, MD
President
Virginia Board of Medicine
9960 Mayland Drive
Henrico, VA 23233

June 21, 2018

RE: Public comment on draft regulations to implement HB793

Dear Chairman O'Connor,

The Medical Society of Virginia (MSV) serves as the voice for more than 30,000 physicians, residents, medical students, physician assistants and physician assistant students, representing all medical specialties in all regions of the Commonwealth. These clinicians deliver health care each day to the millions of residents of the Commonwealth. The MSV appreciates the opportunity to provide comment on the first draft of the nurse practitioner (NP) regulations.

House Bill 793 will allow nurse practitioners the ability to transition to practice without maintaining a practice agreement with a patient care team physician. While many say that nurse practitioners are not looking to practice medicine, the fact is that statutorily they will be able to do just that. While most health care providers practice with good intent, regulations ensure practitioners do not unknowingly engage in practices that may cause patients harm. All practitioners, especially those that practice autonomously must be held to the same standard of care. The MSV has seven main areas of concern regarding the initial draft regulations and kindly request that these be addressed by the Virginia Board of Medicine.

1. **10,000 Hours**: HB 793 calls for 5 years of full time practice before an NP can apply. For the average person, full time means 40 hours a week, for a total of 10,000 hours in a 5 year period. We believe that the minimum 10,000 hour requirement should be reinstated. **10,000 hours is half the time a medical resident** would practice over 5 years prior to practicing autonomously.

2. **Second Specialty Attestation**: If a nurse practitioner receives a second nationally-recognized specialty certification, the Joint Boards must permit a maximum of 10 percent of relevant hours from the NP's initial specialty certification and attestation to be reused. For example, a family nurse practitioner seeking to become a psychiatric nurse practitioner could reuse a maximum of 1,000 hours that were related to mental health. Presumably, going back and earning a new specialty certification means learning new information and acquiring skills that you previously did not have; therefore, it makes sense to require a substantial number of new hours in which one would put these new skills into practice.

3. **Patient Population and Specialty Alignment:** It is critical that these regulations detail how spell out a **specialty area and/or patient population must be aligned** between the patient care team physician and nurse practitioner while under a collaborative practice agreement. For example, a family nurse practitioner practicing in a collaborative agreement with a gastroenterologist is not receiving significant and relevant clinical experience to ensure safe, autonomous practice as a primary care provider. The MSV has developed a crosswalk (below) for consideration as a basic framework.

Physician	Nurse Practitioner
Family Physician	Family nurse practitioners
Pediatrician or Family Physician (treats children)	Pediatric nurse practitioner
Internal Medicine or Family Physician	Adult nurse practitioner or geriatric nurse practitioner
Psychiatrist or Family Physician	Psychiatric nurse practitioner
Emergency Physician	Acute/geriatric acute care nurse practitioner
Obstetrician and Gynecologist Physician	Women's health nurse practitioner

4. **Adherence to National Specialty Certifications**: These regulations specify that a nurse practitioner can practice independently in the specialty in which they are licensed and certified. Many physician specialties, such as gastroenterology, dermatology, cardiology, etc., do not have a corresponding national nurse practitioner certification. Therefore, there should be no independently practicing NPs in any category without a nationally recognized certification, especially among those that would perform invasive procedures.

5. **Prescribing Limitations:** Studies have shown that some NPs overprescribe opioids and anti-psychotics. As Virginia deals with an opioid epidemic, these regulations should ensure autonomous NPs have the appropriate education, training, and experience prior to prescribing and should determine what schedules are appropriate for nurse practitioners to prescribe in an autonomous setting.

6. **Attestation:** The Joint Boards must implement a process that in the event a physician is unwilling to sign a nurse practitioner's attestation, the physician has the option to provide their rationale. This process will protect both the physician and the nurse practitioner.

7. **Core Competencies:** Finally, there is nothing in this draft of the regulations that ensures a nurse practitioner is has achieved the basic competencies necessary for autonomous practice. While the MSV remains opposed to this apprenticeship-style learning, we request that the Board develop a robust standard that defines competencies that should be met over the minimum hours of full-time clinical experience. This knowledge base and a plan for transition to practice should be specified at the onset of the transition to practice period of training and is necessary to maintaining a sufficient standard of care in the Commonwealth.

The Medical Society of Virginia appreciates the opportunity to provide comments on this important issue.

VAFP

VIRGINIA'S FAMILY PHYSICIANS

June 21, 2018

Kevin P. O'Connor, M.D., F.A.C.S.
Chair, Virginia Board of Medicine
Department of Health Professions
9960 Mayland Drive
Henrico, VA 23233

Dear Chairman O'Connor:

The Virginia Academy of Family Physicians (VAFP) represents over 3,000 practicing family physicians, family medicine residents and medical students across the Commonwealth. The VAFP appreciates the opportunity to provide comment on the draft regulations implementing House Bill 793. Because patient safety is our first priority, the VAFP also shares the concerns raised by the Medical Society of Virginia, the Virginia College of Emergency Physicians, and the Virginia Chapter of the American Academy of Pediatrics, and respectfully requests that the Board of Medicine amend the regulations as detailed below:

1. **10,000 Hours:** HB 793 calls for 5 years of full time practice before an NP can apply. For the average health care provider, full time means 40 hours a week, for a total of 10,000 hours in a 5-year period. For physicians, full time can mean as much as 80 hours per week. Accordingly, VAFP believes that the minimum 10,000-hour requirement should be reinstated. **10,000 hours is half the time a medical resident** would practice over 5 years prior to practicing autonomously. Accordingly, 10,000 hours is the absolute minimum total hours that the Joint Boards should require for autonomous practice.

   Specifically, VAFP requests that the Board of Medicine return the following amendment to the Joint Boards:

   18VAC90-30-86. Autonomous practice (for nurse practitioners other than certified nurse midwives or certified registered nurse anesthetists).

   A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

   1. Five years of full-time clinical experience shall be defined as ~~1,600~~ *at least 2,000* hours per year for a total of ~~8,000~~ *10,000* hours.

2. **Patient Population and Specialty Alignment:** It is critical that these regulations spell out how a **specialty area and/or patient population must be aligned** between the patient care team physician and nurse practitioner while under a collaborative practice agreement. For example, a family nurse practitioner practicing in a collaborative agreement with a gastroenterologist is not receiving significant and relevant clinical experience to ensure safe, autonomous practice as a primary care provider. The VAFP endorses the specialty crosswalk developed by MSV (as noted on page 2) for consideration as a basic framework:

VIRGINIA ACADEMY OF FAMILY PHYSICIANS
1503 SANTA ROSA ROAD, SUITE 207, RICHMOND, VIRGINIA 23229
PHONE: 804-968-5200 FAX: 804-968-4418
WWW.VAFP.ORG

Physician	Nurse Practitioner
Family Physician	Family nurse practitioners
Pediatrician or Family Physician (treats children)	Pediatric nurse practitioner
Internal Medicine or Family Physician	Adult nurse practitioner or geriatric nurse practitioner
Psychiatrist or Family Physician	Psychiatric nurse practitioner
Emergency Physician	Acute/geriatric acute care nurse practitioner
Obstetrician and Gynecologist Physician	Women's health nurse practitioner

3. **Prescribing Limitations:** Studies have shown that NPs tend to overprescribe opioids and anti-psychotics. As Virginia deals with an opioid epidemic, these regulations should ensure autonomous NPs have the appropriate education, training, and experience prior to prescribing and should determine what schedules are appropriate for nurse practitioners to prescribe in an autonomous setting. The Joint Boards should also consider settling DEA Controlled Substance Schedule limits (e.g. excluding autonomous prescribing of Schedule II medications) and establishing appropriate days supply limits absent consultation with a physician.

4. **Attestation:** The Joint Boards must implement a process that, in the event a physician is unwilling to sign a nurse practitioner's attestation, the physician has the option to provide his or her rationale for withholding attestation. This process will protect the physician, the nurse practitioner, and the patient.

   Additionally, the Joint Board should develop a guidance document identifying the core competencies that should be met by nurse practitioners prior to entering autonomous practice. Consistency in attestation decisions, and patient safety, will be ensured by clear guidelines for core competencies to be met by the nurse practitioner.

The Virginia Academy of Family Physicians appreciates the opportunity to provide comments on these draft regulations. VAFP respectfully requests that the Board of Medicine return amendments to the Joint Boards which address the concerns raised by VAFP, the Medical Society of Virginia, the Virginia College of Emergency Physicians, and the Virginia Chapter of the American Academy of Pediatrics.

Respectfully,

Rupen S. Amin, M.D., MBA, FAAFP
President

Jesus L. Lizarzaburu, M.D., FAAFP
Legislative Chair

VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

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SENT VIA EMAIL TO (Elaine.yeatts@dhp.virginia.gov)

June 21, 2018

Ms. Elaine Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive
Henrico, Virginia 23233

RE: Public Comment on Draft Regulations to Implement HB793

Dear Ms. Yeatts:

Thank you for the opportunity to comment on the draft regulations to implement HB793 (Chapter 776 of the 2018 General Assembly) authorizing nurse practitioners who meet certain qualifications to practice without a practice agreement with a patient care team physician. The Virginia Hospital & Healthcare Association (VHHA) submits this letter to express its support for the draft regulations and recommended amendments as adopted by the Committee of the Joint Boards of Nursing and Medicine and its Advisory Committee. VHHA also submits the following specific comments on the draft regulations and recommended amendments:

Definition of full-time experience

VHHA supports defining five years of full-time experience as 1,600 hours per year for a total of 8,000 hours. As was discussed by the Committee, the definition of full-time employment can vary by employer. The recommended amendments would allow employers the flexibility to define full-time employment at a level of 32 hours or more, which is appropriate.

Content of attestation

The draft language includes the statutory requirements for the attestation while allowing the patient care team physician and nurse practitioner to determine whether or not the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed. VHHA favors an approach that limits the attestation to those elements required by the statute.

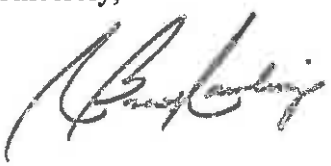
Other evidence of meeting qualifications for autonomous practice

The Regulatory Advisory Panel's amendment to the last sentence of 18VAC90-30-86(E) to require a nurse practitioner to provide evidence to support his/her inability to obtain an attestation rather than evidence to support the patient care team physician's inability to sign an attestation recognizes there may be reasons a nurse practitioner cannot obtain an attestation other than a physician's inability to sign an attestation. Providing examples of acceptable "other

evidence" that would demonstrate an applicant met the requirements helps applicants understand the types of documentations acceptable to the Board.

Thank you again for this opportunity to comment.

Sincerely,



R. Brent Rawlings
Vice President & General Counsel

June 19, 2018

Elaine Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive
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Re: Draft Regulations to implement HB793 (Chapter 776 of 2018 General Assembly)

Dear Ms. Yeatts:

I am writing on behalf of the University of Virginia Health System (UVAHS), and we are grateful for the opportunity to comment on the draft regulations to implement HB 793 recently promulgated by the Board of Nursing and the Board of Medicine ("Boards"). We appreciate the work that the Boards have done thus far to develop implementing regulations. UVAHS desires to comment on a few areas that we believe need clarifying.

18VAC90-30-86 - Multiple Attestations

The second sentence of proposed paragraph D of 18VAC90-30-86 is confusing. It states: "If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted towards a second attestation."

One could interpret this statement in different ways, including that the applicant would need to fulfill five years in each attestation area, or alternatively, that one five year period could apply concurrently for each attestation area. More than likely the language means that similar experience can count for a portion of time towards each attestation area. However, what if an applicant had four years of experience in adult primary care in an outpatient setting where psychiatric care was integrated into primary care and one year of experience in inpatient adult psychiatry? Could the applicant combine the time with the two experiences and receive two licenses—one as a psychiatric Nurse Practitioner and one as an adult/geriatric primary care Nurse Practitioner? If the applicant is hired to work in an adult psychiatric unit, would it be safe to allow him or her to practice independently with only one year of training in that setting? If such a time split will be allowed to fulfill the time requirement for different attestations, the Boards may wish to think about setting a minimum amount of time that needs to be devoted to each attestation area, being mindful of the amount of time it takes to train medical residents in specialty practice areas, and that a single attestation requires five years.

The proposed regulations require the equivalent of five years of collaborative practice in a specific practice area and patient population. It will be important for hiring entities and credentials committees to know the specific patient population and practice area for which the Nurse Practitioner qualified for independent practice. We believe it would be helpful to require the applicants to answer an open ended question to describe the populations with which they worked and the practice areas in which they worked. Additionally, we suggest that the Boards make the information about the specific patient population and practice area readily available to hiring entities and credentials committees. The most straightforward way to accomplish this would be to specify the patient population and practice area on the license issued by the Boards. As an alternative, the Boards could develop a system to share this information with hiring entities and credentials committees by secure electronic means.

18VAC90-30-86 - Endorsement

Proposed paragraph F of 18VAC90-30-86 addresses Nurse Practitioners who receive a license by endorsement. Currently Virginia does not issue a separate Virginia license to nurses allowed to practice in Virginia under the Nurse Licensure Compact Agreement. Will the Boards issue a Virginia license to an independent Nurse Practitioner from a Compact state whom the Boards authorize to practice in Virginia by endorsement? Additionally, if a Nurse Practitioner seeking a license by endorsement practiced the requisite number of years in a state that has a supervisory model of practice rather than a collaborative model of practice, would that impact endorsement?

18 VAC90-30-120 - Practice Agreements

The Boards may wish to reexamine the language of proposed 18VAC90-30-120 and consider rewriting it to make it less confusing. As it currently stands, the language could be interpreted to mean that independent Nurse Practitioners still have to maintain a practice agreement (which would not make sense). One suggestion is to modify the language in paragraphs A and C along the following lines:

> "A. A nurse practitioner licensed in a category other than *(i)* certified registered nurse anesthetist, ~~or~~ *(ii)* certified nurse midwife, or *(iii) nurse practitioner authorized to practice autonomously in accordance with 18VAC90-30-86,*[1] shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team ~~or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.~~"
>
> "C. All nurse practitioners licensed in any category other than certified registered nurse anesthetist, ~~or~~ certified nurse midwife, *or in accordance with 18VAC90-30-86,* shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10. ~~or in accordance with 18VAC90-30-86.~~

Additionally it might be helpful to reword paragraph E to make it clear that autonomous/independent Nurse Practitioners do not have to maintain a practice agreement.

"Autonomous" versus "Independent"

It is our observation that other clinicians who are authorized to practice independently are usually referred to as "licensed independent practitioners". We believe the use of the term "autonomous" to describe an independent Nurse Practitioner could lead to confusion, and we encourage the Boards to reconsider the use of this language.

Thank you for your consideration of these comments.

Sincerely,

Carol H. Craig

Carol H. Craig
Government Relations Specialist
University of Virginia Health System

[1] Perhaps the Boards should create a new name for this category of Nurse Practitioners such as "Autonomous Nurse Practitioner" or "Independent Nurse Practitioner" and insert this name in (iii).

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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June 21, 2018

William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director
Board of Nursing
Perimeter Center
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RE: VA AAP Comments on Nurse Practitioner Transition to Practice DRAFT Regulations

Dear Dr. Harp and Ms. Douglas,

Thank you for the opportunity to provide written public comment on the draft regualtions released in May as we attempt to establish guidelines for nurse practitioners transiting to independent practice. The Virginia Chapter, American Academy of Pediatrics is strongly committed to ensuring that the care we provide to children under this new model is high quality and meets the needs of all children in the Commonwalth.

To that end, we are asking the Joint Board for the following changes to the draft regulations. We stand together with the Medical Society of Virginia, the Virginia Academy of Family Physicians and the Virginia College of Emergency Physicians in asking you to make these crucial amendments.

Please provide further clarification on the specialty of the physician who can practice with a nurse practitioner during their five years of training. It is imperative that nurse practitioners that want to practice independently in pediatrics work with a primary care pediatrician or a family physician that sees a significant number of children in their practice. Every day we encounter situations with our patients that make it starkly clear that children are not mini adults and nowhere is that more apparent than in general pediatric practice. The clarification can be as simple as the following new language in red:

2. While a party to such practice agreement, the patient care team physician

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routinely practiced with a patient population and in a *primary care or specialty* practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed; and

Secondly, we are also asking the Joint Board to reverse their decision on defining "full time" as 34 hours a week versus the 40 hours a week that the legislation was intended to reflect. develop and establish guidance on the necessary components for the five years of training. The five years and 10,000 hours was a well thought out decision that was meant to be reflective of the additional education and residency training that physicians receive by substituting clinical experience for nurse practitioners. The more exposure NP's have to the different disgnoses and conditions, especially in children, the better prepared they are to practice alone. We urge you to change the language:

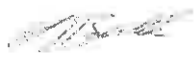
A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as ~~1,600~~ *at least 2,000* hours per year for a total of ~~8,000~~ *10,000* hours.

Finally, we, like the Medical Society of Virginia, believe that it is critical to establish key core competencies to ensure a base level of knowledge and experience is achieved, preparing a nurse practitioner to be able to practice outside of a team model. Physicians have to complete a rigorous and standardized residency component of our training and while we don't expect the process to mirror a residency, it makes sense to use that as a touchstone when looking at the necessary components that NPs should show proficiency in before they transition. We also ask you to look at the need for ongoing competency and how that is measured, such as a requirement for continued education.

We truly appreciate the opportunity to provide the Joint Board with our comments on the draft regulations. If you have further questions, do not hesitate to contact me or our lobbyist, Aimee Perron Seibert (aimee@commonwealthstrategy.net or 804.647.3140).

Sincerely,



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RE: Nurse Practitioner Transition to Practice DRAFT Regulations

Dear Dr. Harp and Ms. Douglas,

On behalf of the Virginia College of Emergency Physicians, we are submitting our official comments on the first DRAFT regulations to implement Delegate Robinson's HB793, authorizing the creation of a path for nurse practitioners to transition to independent practice.

As we commented previously, there continue to be areas we believe need further clarification that were not addressed in the first draft of the regulations released in May.

Those points are as follows, which reflect similar sentiments of our colleagues at the Medical Society of Virginia, Virginia Academy of Family Physicians and the Virginia Chapter, American Academy of Pediatrics.

1. 2.; and 3. Requirements for attestation of practice.

1. **Five years of clinical experience.** We strongly support following the intent of HB793 that requires five years of full time practice, which was meant to mean 10,000 hours of clinical practice. It is commonly understood that a typical workweek is 40 hours per week and for physicians, a typical week can often mean 80 hours a week. Using the 40-hour equivalent is not an unreasonable request and we ask that full time experience is reinstated to mean 2,000 hours a year for five years for a total of 10,000 hours. Uniform benchmarks and standards protect patients by ensuring that 1. the nurse practitioner is getting the appropriate training they need to appropriately

prepare them for practicing alone and, 2. that the physician is providing the appropriate training to the nurse practitioners.

We ask you to make the following changes:

A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as ~~1,600~~ *at least 2,000* hours per year for a total of ~~8,000~~ *10,000* hours.

2. **Specifications for the specialty of the physician and the license of the nurse practitioner.** As emergency physicians, we believe it is critical to provide further specification in the regulations for the primary/specialty practice area of a physician and the license/certification of the nurse practitioner for the five years they must practice together. We work daily with patients across the spectrum of age and gender, but the care we provide is acute, emergent and episodic. We do not believe the current language is clear enough by referring only to the "patient population" that is served. Is that adults, children, or geriatric? Acute, emergent, chronic or preventative patients?

   We do not believe that if a family practice nurse practitioner works for five years with an emergency physician, that after five years they can practice as a FNP. Rather, we would attest to them being able to practice in an acute care setting. Likewise, we do not believe that a FNP that works for five years in a primary care setting is able to transition to an emergent care setting.

   Physicians learn specialty specific training during residency which has objective, nationally approved standards, and this type of question must be answered during the regulatory process so there are clear guidelines for both the physicians and the nurse practitioners and expectations are clear from the start.

   We urge you go change the language to the following to provide specificity as we move forward:

   2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a *primary care or specialty* practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed; and

3. Finally, we encourage the Joint Board to develop a clear and concise process for providing the attestation at the completion of the five years, including measurable objectives that are clear, objective, and reproducible from the beginning of the process. Physicians must complete step examinations prior to licensing, and board certification exams prior to board certification, which provide standardized, objective measures of readiness for independent practice. We support similar standards for NP independent practice to ensure that when independent practice is granted, patient safety is foremost.

To conclude, we appreciate the opportunity to provide written comments on the draft regulations. We look forward to being an active participant in the regulatory process. Do not hesitate to contact me or Aimee Perron Seibert (804.647.3140/aimee@commonwealthstrategy.net) with any questions for concerns.

Respectfully yours,

Dr. Bruce Lo, MD, FACEP
President
Virginia College of Emergency Physicians

Comments on Draft Regulations

Comment submitted by multiple persons:

Dear Senior Policy Analyst Yeatts,

As a Virginia physician (medical student), I appreciate the ability to comment on the proposed regulations governing autonomous practice of nurse practitioners (NPs). While many say that nurse practitioners are not looking to practice medicine, the fact is that statutorily they will be able to do just that. While most health care providers practice with good intent, regulations ensure practitioners do not unknowingly engage in practices that may cause patients harm. All practitioners, especially those that practice autonomously must be held to the same standard of care. With that in mind, there are 6 main areas of concern regarding these regulations, which must be addressed:

1. 10,000 Hours: HB 793 calls for 5 years of full time practice before an NP can apply. For the average person, full time means 40 hours a week, for a total of 10,000 hours in a 5 year period. I believe that the minimum 10,000 hour requirement should be reinstated. 10,000 hours is half the time a medical resident would practice over 5 years prior to practicing autonomously.

2. Second Specialty Attestation: If a nurse practitioner receives a second specialty certification, the Joint Boards must permit a maximum of 10 percent of relevant hours from the NP's initial certification and attestation to be reused towards a new certification and attestation. For example, a family nurse practitioner seeking to become a psychiatric nurse practitioner could reuse a maximum of 1000 hours that were related to mental health. Presumably, going back and earning a new specialty certification means learning new information and acquiring skills that you previously did not have; therefore, it makes sense to require a substantial number of new hours in which one would put these new skills into practice.

3. Patient Population and Specialty Alignment: It is critical that these regulations spell out a strict specialty area and patient population alignment between the patient care team physician and nurse practitioner while under a collaborative practice agreement. For example, a family nurse practitioner practicing in an agreement with a gastroenterologist is not receiving significant and relevant clinical experience to ensure safe, autonomous practice as a primary care provider.

4. Adherence to National Specialty Certifications: These regulations specify that a nurse practitioner can practice independently in the specialty in which they are licensed and certified. Many physician specialties, such as gastroenterology, dermatology, cardiology, etc., do not have a corresponding national NP certification. Therefore, there should be no independently practicing NPs in any category without a nationally recognized certification, especially among those that would perform invasive procedures.

5. Prescribing Limitations: Studies have shown that NPs tend to overprescribe opioids and anti-psychotics. As Virginia deals with an opioid epidemic, these regulations should ensure autonomous NPs have the appropriate education, training, and experience prior to prescribing and should review what schedules are appropriate for nurse practitioners to prescribe in an autonomous setting.

6. Attestation: The Joint Boards must implement a process that in the event a physician is unwilling to sign a nurse practitioner's attestation, the physician may provide their rationale. This process will protect both the physician and the nurse practitioner.

Thank you for your work to develop safe, appropriate regulations to ensure the safety of patients in the Commonwealth of Virginia.

Sincerely,

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These commenters included a different introductory paragraph:

Pat Pletke
2423 Castle Pl
Lynchburg, VA 24503
pat.pletke@gmail.com
Dear Senior Policy Analyst Yeatts,

As a Virginia physician, I appreciate the ability to comment on the proposed regulations governing autonomous practice of nurse practitioners (NPs). As a physician practicing hospice medicine in collaboration with 2 nurse practitoners and 2 other physicians, I am aware of all that NPS bring to the care of our patients. While many say that nurse practitioners are not looking to practice medicine, the fact is that statutorily they will be able to do just that. While most health care providers practice with good intent, regulations ensure practitioners do not unknowingly engage in practices that may cause patients harm. All practitioners, especially those that practice autonomously must be held to the same standard of care. With that in mind, there are 6 main areas of concern regarding these regulations, which must be addressed:

John Partridge
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I retired April 6 from private medical practice after a 43 year career.
During training, service for seven years in the US Army Reserve Medical Corps, and for several years in private practice I had the opportunity to work directly with nurse practitioners. I have also occasionally turned to nurse practitioners for my personal medical care. In general I hold nurse practitioners in high regard. But it is clear to me that nurse practitioners function at a different level than do physicians. The insights I would bring as a physician in how to best deal with a case were sometimes quite different from the initial analysis and plan of the nurse practitioner. I hesitate to think of impact upon patients if nurse practitioners are freed to function independent of physician collaboration.
While many say that nurse practitioners are not looking to practice medicine, the fact is that statutorily they will be able to do just that. While most health care providers practice with good intent, regulations ensure practitioners do not unknowingly engage in practices that may cause patients harm. All practitioners, especially those that practice autonomously must be held to the same standard of care.

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Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Nursing**

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Commenter: Lisa Krieg, DNP, FNP-BC, Bon Secours Health System 5/22/18 9:11 pm

HB 793

By passing the current draft regulations as is, this will help ensure that the legislation maintains its original intent: **to lower barriers to practice in Virginia**.

Commenter: Cynthia M Fagan 5/22/18 9:33 pm

HB793 Draft Reguations

I support of passage of the current draft regulations which will help ensure that the legislation maintains its original intent to lower barriers to practice in Virginia and to increase access to care for citizens of the Commonwealth.

Commenter: Ameanthea Blanco-Knezovich, DNP, FNP-C 5/22/18 10:10 pm

HB793

Passing the current draft regulations will help ensure that the legislation maintains its original intent: **to lower barriers to practice in Virginia**.

Commenter: Susan Roberts, ANP 5/23/18 5:28 am

HB 793 draft regulations

I encourage to the passing of HB 793 draft regulations as written to help enable autonomous Nurse Practitioner practice in Virginia. As it is, NPs face too many unnecessary obstacles that prove to be costly and time-consuming in providing basic patient care. As an experienced NP practicing in a very rural area, my patients rely on me for their chronic and acute medical needs. Our goal should be to enable more providers to practice in underserved areas.

Commenter: Mary Nichols, PhD, APRN, FNP-BC 5/23/18 9:27 am

HB 793 Draft Regulations

Nuse Practitioners increase access to health care for all Americans. **The current draft regulations help ensure that the attestation process is fair, opening the door to autonomous practice for NPs throughout Virginia.** Passing the current draft regulations will help ensure that the legislation maintains its original intent: **to lower barriers to practice in Virginia**.

Commenter: Carole Everhart, Everhart Primary Health Care 5/23/18 12:51 pm

Regulations for HB 793

This comment is to encourage the passage of the draft regulations to HB 793 as currently written. the current draft regulations help ensure that the attestation process is fair, opening the door to autonomous practice for NPs throughout Virginia. Passing the current draft regulations withoutany additional changes will help ensure that the legislation maintains its original intent: **to lower barriers to practice in Virginia**.

Commenter: Melissa Tucker, CMG Altavista 5/23/18 1:09 pm

HB 793

I am in favor of the HB 793 as drafted without any additional changes. In my position as a NP at a family practice office in Altavista, Va, we have had numberous physicians come and go. The physicians are unable to collaborate with more than a certain number of NPs. This has effected us greatly as a lot of NPs practice in this rural area. I have been practicing for 7 years and feel completely confident practicing autonomously and working with the physicians as colleagues. The collaborative contract has only been a hindrance to my practice. By being able to practice without these restrictions it would help our patient population significantly by allowing as many NPs as the organization wants to hire, be able to practice.

Thanks,

Melissa Tucker, FNP-C

Commenter: Shelly Smith, DNP, ANP-BC 5/25/18 7:58 am

HB 793 Regs

Esteemed Colleagues

Thank you for allowing public comment on the proposed regulations for HB 793. I support these regulations as written. The draft regulations are an effective way to promote access to care for Virginians by allowing nurse practitioners who meet the proposed requirements to transition to an independent license. I appreciate that the proposed regulations are avoid additoinal burden to nurse practitioners by using the language in the legislation. Thank you for your diligent work.

Shelly Smith

Commenter: Valerie Wrobel, MSN, AGNP, BC 5/25/18 1:46 pm

Draft regulations need no further barriers added.

The current draft regulations re HB793 help ensure that the attestation process is fair, opening the door to autonomous practice for NPs throughout Virginia. This bill's intent has been to lower barriers to practice in Virginia and ease access to healthcare for citizens. Thus, I encourage your support for the draft regulations as they stand, without any additional changes.

Respectfully,

Valerie J S Wrobel, MSN, RN, AGNP - BC,

President VCNP Northern Virginia Region

Commenter: Debbie Dellinger 5/27/18 8:03 am

Support of HB 793 Draft Regulations

I support the passage of the current draft regulations. This passage will ensure that the legislation maintains its original intent which would lower barriers to practice in Virginia. This is necessary as it would increase access to care for our patients in state of Virginia.

Commenter: Marilyn Grossman 5/29/18 9:31 pm

HB 793 Regulations

As a FNP practicing in Danville, I support the current draft of regulations in relation to HB 793.

Commenter: Brittany K HInes, MSN AGACNP-BC FNP-C 5/30/18 3:08 pm

Support of HB 793 Regulations

I support the HB793 draft regulations as written.

Brittany K Hines MSN AGACNP-BC FNP-C

Commenter: Cathy Duncan, FNP 5/31/18 10:54 am

Support for HB793

I strongly encourage both boards to accept HB 793 as proposed. Any additions or changes would add barriers to autonomous practice for nurse practitioners. The regulations as proposed provide for attestation in a fair way.

Commenter: Tracey Avery-Geter, MSN, WHNP-BC 6/1/18 12:57 pm

Support of HB 793

I fully support the draft regulations to HB 793 as written with no additions or corrections. As a Nurse Practitioner in public health, passing the current draft regulations will increase access to care for citizens of the Commonwealth while lowering barriers to practice in Virginia. I urge both boards to accept the regulations as proposed.

Commenter: Dian Evans, PhD, FNP-BC, ENP-BC American Academy of Emergency NPs 6/3/18 9:21 am

HB 793 draft regulations

I support the draft regulations of HB 793 as they currently stand. IThey help to ensure the public safety.

Commenter: Cherie Wright, FNP-BC 6/3/18 9:40 pm

HB 793

I want to voice my support for the draft regulations as they stand, without any additional changes. Passing the current draft regulations as they are written will provide a fair attestation process and will help to ensure that the legislation maintains its original intent: **to lower barriers to practice in Virginia.**

Commenter: Marsha Stonehill, MSN, PMHNP/CNS, BC 6/3/18 10:24 pm

HB793 Draft Regulations

I want to voice my support for the draft regulations as they stand, without any additional changes. Passing the current draft regulations as they are written will provide a fair attestation process and will help to ensure that the legislation maintains its original intent: to lower barriers to practice in Virginia. As the regulations are currently drafted, I will be able to move forward with the transition and open a practice in King George, VA. My initial experience (in 2003) was in California with a psychiatric group for the first 4 years and I should be able to locate them without any difficulty. However, my next years of employment were in Virginia at Remuda Ranch which closed down due lack of third party reimbursement. In my efforts to catch up with those psychiatrists, I've not had much luck so far. The current draft regulations will prevent what is not in my control from being a hindrance. Thank you!

Commenter: Hishani Perera, Embracing Health 6/3/18 10:51 pm

In support of HB 793

I want to voice my support for the draft regulations as they stand, without any additional changes. Passing the current draft regulations as they are written will provide a fair attestation process and will help ensure that the legislation maintains its original intent: to lower barriers to practice in Virginia.

Commenter: Sapient Health Services, PLLC 6/4/18 12:48 pm

HB793 Regulations, Comments

Thank you to the committee for a smooth process in acceptance of the draft regulations at the May 17th meeting. The regulations, as they are proposed, will provide sufficient guidance to providers with regard to implementation of HB793. I request that the BON and BOM pass the regulations as proposed to move this bill forward as soon as possible to remove one of the major barriers in the Commonwealth to access to care.

Phyllis C Everett, NP-C

Owner, Adult NP

Sapient Health Services, PLLC dba Huddleston Health and Wellness

Commenter: Christopher Steven Hewitt 6/5/18 5:03 pm

Full practice authority for nurse practitioners

Definitely in full support of full practice authority for nurse practitioners in the state of Virginia. It has been evidenced in multiple states that full practice Authority for nurse practitioners is both safe and effective. Virginia residents deserve increased access to primary care and other specialties.

Commenter: Caroline Stowe 6/5/18 7:13 pm

Support

I support this bill without any amendments, and I strongly encourage both sides to pass this bill. Any changes would severely limit access for patients to well-qualifies providers.

Commenter: Heather Blair MSN FNP-BC 6/5/18 11:01 pm

HB793

I encourage you to pass HB 793 enabling nurse practitioners to provide autonomous care. This will improve access to health care for many patients.

Commenter: Brianna Garcia, MSN candidate University of Pennsylvania 6/5/18 11:30 pm

In support of reducing VA NP practice restrictions

I am in support of this legislation as proposed. In accordance with the IOM's Future of Nursing report, nurses should practice to the full extent of their education and training. Autonomous practice for NPs will allow for improved access to care for the residents of Virginia. As a newly trained provider deciding where to practice, practice restrictions can be a deterrent to practicing in that state. This legislation is a step in the right direction.

Commenter: Virginia Thurston, MSN, FNP-BC 6/6/18 11:10 am

HB793

I am in support. We need this to pass to be able to provide better access to care

Commenter: Rosie Taylor-Lewis, DNP, ANP-BC, GNP, PMHNP student RU; Interim PD DNP SUO

6/6/18 4:11 pm

HB793

I commend the work of composing the lanuage of the regulations that passed by committee recently. It follows the intent of the General Assembly. I support the current regulations and request that any proposed changes restricting full practice to qualifying NPs be addressed.

Commenter: Suzanne Barron

6/6/18 4:13 pm

HB793 draft regulation

I support of passage of the current draft regulations which will help ensure that the legislation maintains its original intent to lower barriers to practice in Virginia and to increase access to care for citizens of the Commonwealth. Suzanne Barron, MS, FNP-BC

Commenter: Kathryn Whitley, M.S.N., NP-C Henry-Martinsville Health Department

6/6/18 5:05 pm

Draft Regulations for NP Practice

I support passage of the current draft regulations which will help ensure that the legislation maintains its original intent to lower barriers to practice in Virginia and to increase access to care for citizens of the Commonwealth. I am employed as a Nurse Practitioner for the Virginia Department of Health.

Commenter: Carola Bruflat MSN WHNP-BC/FNP-BC

6/6/18 6:04 pm

In Support of the Draft Regulations for HB 793

I am writing today in support of the draft regulations for HB 793 as they stand and without any additional changes. Passing the current draft regulations as written will ensure that the legislation reflects it's initial intent - to lower the barriers to practice in the Commonwealth of Virginia.

Commenter: Hazel L. Ruff

6/6/18 7:28 pm

HB 793

I would like to emphasize ad support the current draft regulations to HB 793 will help ensure that the legislation will maintain its original intent: to lower barriers to practice in Virginia.

Commenter: Karen Hill

6/6/18 8:55 pm

HB793

Please continue with HB793 as it is. Our goal is to decrease barriers that NPs currently face and to increase services to our communities!!

Commenter: Nancy Hargis 6/6/18 10:05 pm

HB 793

Please pass HB 793 as is. We need as many NPs as possible to care for pts with no restrictions. Less restrictions, more quaillity care!

Commenter: cheryl oscar 6/7/18 9:13 am

draft regulations

TPassing the current draft regulations will help ensure that the legislation maintains its original intent: to lower barriers to practice in Virginia. Virginia does not want to fall behind other states in terms of providing patient access to quality health care from NPs.

Commenter: Jan Zarefoss, AGACNP -BC 6/7/18 1:53 pm

support of passage of the current draft regulations which will help ensure that the legislation mai

Commenter: Brandon Burr, FNP, PMHNP, 757 Family Medicine 6/7/18 3:14 pm

CBD. THCA oil

Currently the board of pharmacy and board of medicine in va doesn't allow for NPs to recommend or prescribe CBD oil in the state of Virginia. I am a practice owner in both Maryland and Virginia treating veterans and I know the efficacy of cannabis oils. As NPs We need to be able to recommend these oils in the state of Virginia and it not be excluded by physicians. Thank you for your consideration and hard work.

Commenter: Candi O'Rourke, WHNP-BC 6/8/18 9:29 pm

HB793

HB793 needs to be approved in its current form to allow the safe and full autonomous practice of NPs in VA to further patient care and access.

Commenter: Danielle E. Chellappoo, NP-C, AOCNP 6/9/18 10:00 am

RE: HB 793

I want to voice my support for the draft regulations as they stand, without any additional changes. Passing the current draft regulations as they are written will provide a fair attestation process and will help to ensure that the legislation maintains its original intent: to lower barriers to practice in Virginia.

Commenter: Diane Hancock,MSN,GNP,RN 6/10/18 12:20 pm

HB 793

I am in full support of HB 793 without any amendments.

Commenter: Pamela S. McCullough, CPNP, CNE, DNP 6/11/18 9:13 am

HB 793

I would like to take this time to voice my support for the draft regulations as they stand. I do not support any additional changes. Passing the current draft regulations as they are written will provide a fair attestion process and will help to ensure the legislation maintains its original intent: to lower barriers to practice in Virginia. The current draft regulations help ensure the attestation process is fair. Any additional restrictive language will result in harming vulnerable populations seeking healthcare. Promoting health, and preventing chronic disease for all citizens of the Commonweath of Virgina is our shared goal.

Commenter: Megan Hebdon, Pulaski Free Clinic and Radford University 6/14/18 9:07 pm

HB 793

Development of draft regulations that maintain the original intent of HB 793 is vital--to lower barriers for NP practice in the state of Virginia. Healthcare access is a major issue in our country, especially for individuals living in rural areas or who are affected by health disparities such as poverty, low education levels, and little to no insurance. Nurse practitioners who are able to practice to the full extent of their training and education are an important way to increase healthcare access for underserved populations. There are major health crises in our nation, such as the opioid crisis, obesity epidemic, and aging population. Nurse practitioners are well prepared to address these concerns through our background in bedside patient care, our training that emphasizes patient education, therapeutic communication, and holistic care, and our ability to collaborate with other members of the healthcare team.

I have moved three times during my career as an NP. In two states, I could not practice unless I established agreements with physicians in the communities, which was extremely difficult without any history or work relationships in the areas. In order to work, I sought employment at existing health care practices with supervising physicians. These options provided me with great experience, but did not facilitate my goal to care for under- or uninsured populations. I believe that reducing barriers for NP practice will strengthen the healthcare workforce in Virginia, will improve healthcare access, and will address the major health issues in the Commonwealth and nationwide.

Commenter: Anne Bejian MSN NP-C 6/14/18 10:10 pm

Draft regulations for HB 793

Passing the current draft regulations will help ensure that the legislation maintains its original intent: to lower barriers to practice in Virginia. Please accept the draft regulations as is.

Commenter: Sarah W. Southard 6/15/18 12:05 pm

HB 793

As a NP in Virginia for 23 years, I ask that you please pass the current draft regulations to make sure that HB 793 maintains its original intent to lower barriers to practice for NPs in Virginia. Thank you.

Commenter: Charles Fisher, ACNP, UVA Health System 6/16/18 7:44 am

Support to implement HB793

Thank you for supporting this bill, HB793. Please approve it and support improved health care for all Virginians.

Commenter: Kristine Schultz, RN - Riverside Regional Medical Center 6/17/18 12:01 pm

Support of HB793

I support the implementation of HB793.

Commenter: Tirsit Abebe BSN-RN, DREAM-HOPE Home healthcare services 6/17/18 1:57 pm

In support of the draft regulation for HB 793

NP will play key roles in improving healthcare outcomes, and I fully support reducing Virginia NP practice restriction. One of the problem is few state including VA State, adapted full practice authority license and practice laws for NPs to obtain written or electronic practice agreements with physician or multidisplinary team. This shows NP has many restricted practices and required supervision to delegate or team management by outside health discipline in order to provide patient care.

I believe NPs education and training is not the same as physicians, even though physician and NPs possess a similar goal of improving patient outcomes, barriers to successful collaboration exist. As NPs obtaining admitting privileges to acute care facilities, possess significant obstacle for continuity of care, patient outcome and coordination of patient care. This impact areas of NP management, health policy, and risk management, quality control, and diagnosing and managing disease process.

Allowing NPs also to practice autonomously will impact healthcare providers, policy makers, and payers as increasing demand for services. Healthcare professional will be challenged to meet the needs of an aging and diverse population within an emerging NP workforce shortage. In

anticipation of the an increased NP healthcare providers that will needed in the future, I support the NPs allowed to practice autonomously, and permit to practice to the full extent of their education and training. These help build the workforce necessary to meet the country's healthcare needs at large, and contribute their unique skills to the delivery of patient-centered acute care and community setting healthcare.

Commenter: Linda Wilkinson, Va. Assoc. of Free & Charitable Clinics 6/19/18 3:01 pm

HB793 SUPPORT

The Virginia Association of Free & Charitable Clinics supports full implementation of HB793 (signed by the governor on 4/4/18). By allowing NPs to practice up to the full extent of their license and training, Virginia will help improve access to healthcare for thousands of vulnerable patients across the commonwealth. NPs are highly skilled and caring professionals with the best interest of patients central to their treatment plans. NPs provide high quality care often under difficult circumstances. Without their support of free clinics and our patients, hundreds if not thousands, of patients would not have access to care. VAFCC supports regulations that do not hinder access for patients or providers to delivering care.

Commenter: Barbara Heidi Wilson, NP 6/19/18 3:11 pm

HB 793

Virginians are counting on our boards to delivery regulations that are consistent wth the legislation recently passed that would allow clients to have better access to well-qualified nurse practitioners. With the expansion of Medicaid in our state we will have even more demand for the primary care and prevention services that nurse practitioners can so expertly provide.

Commenter: Karen Budd, MSN, FNP-BC, George Mason University 6/19/18 9:23 pm

In support of HB793

To facilitate improved access to well qualified nurse practitioners for the citizens of Virginia I support and strongly urge you to support the draft regulations as adopted by the Regulatory Advisory Panel to implement HB793. With the recent expansion of Medicaid in Virginia demand for access to quality health care provided by well qualified nurse practitioners has become even more important.

Commenter: Joseph Grisetti, Carilion Clinic 6/20/18 7:39 am

Support of HB793

Please consider passing HB793 without further delay or changes.

Commenter: Mike Hanger; West Point Family Practice 6/20/18 8:24 am

Support of HB 793 as is.

I am in support of HB 793 being passed as is, without change or delay, and encourage

consideration of the need for NPs to be able to meet the Commonwealth's needs without any additional restrictions.

Commenter: Kathryn B. Reid 6/20/18 8:57 am

Support the draft regulations for HB 793

The draft regulations support the intent of HB 793. Please support these proposed regulations!

Commenter: Margarita Simón 6/20/18 8:59 am

Finding collaborating physicians

In general, unless you work in a practice or for a health care system?, it is almost impossible to find a collaborating physician. Many state they don't want the legal liabilities or responsibility. Having been a nurse 43 years, an FNP 20 years & a certified wound care nurse, 15 years, I have not been able to secure a collaborating physician to do my wound care practice since I left the health care system & private practice in that system 1 1/2 years ago. I hope that when the time comes for attestation, I won't have difficulties from the physicians I once worked with. My goal is to work part time until I finally retire. It is such a barrier to have to have a collaborating physician who also does not have my expertise.

Commenter: Deborah Hayes RN MSN FNP-C, Piedmont Pediatrics 6/20/18 9:07 am

HB793

I encourage the passing of the current draft regulations to ensure the legislation maintains it's original intent to lower barriers for Nurse Practitioners to practice in the state of Virginia.

Commenter: Deborah Quinn, Dermatology 6/20/18 9:34 am

Hb 793.

Thank you for the opportunity to comment. I highly encourage the passage of the draft regulations to HB 793 as currently written. It is vital that the attestation process is fair and allows experienced Nurse Practioners the opportunity to practice autonomously throughout Virginia. Passing the current draft regulations without additional changes will help ensure that the legislation maintains its original intent: **to lower barriers to practice in Virginia**..

Commenter: Bon Secours Primary Care Chesapeake Virginia 6/20/18 10:07 am

Support HB 793

The draft regulations support the intent of HB 793. Please remember the health of our citizens in our great commonwealth. Please remember the intent is to help lower barriers to practice in this state.

Commenter: Barbara G. Schimming, MSN, RN, FNP-C Bon Secours Primary 6/20/18 10:09 am

Care

Support HB 793

Please support HB 793 draft. Please remember the originial intent for this bill is to lower barriers to healthcare for the citizens in the commonwealth of Virginia.

Commenter: Sandra Hearn DNP CPNP Eastern Shore Rural Health System 6/20/18 6:46 pm

Support draft regulations HB793

Now more than ever supporting the draft regulations is imperative to expand access to all Virginians. We have time and time again proven nurse practitioners are capable of caring for those in great need of healthcare, uninsured and underserved.

Commenter: Christine Schmitthenner, 6/20/18 8:25 pm

support draft regulation for HB793

Please support the draft regulations for HB793 to support the intent of the legislation which was passed.

Commenter: Kori Lapham, FNP-Inova Health Systems-Urgent Care 6/20/18 10:39 pm

Support for HB 793 Draft Regulations

Good Day,

I support the passage of the current draft regulations which will ensure that the legislation maintains its original intent to lower barriers to practice in Virginia and to increase access to care for citizens of the Commonwealth.

Please see article below to support lowering practice barriers for APRNs, as published by the Brookings Institution on June 13, 2018.

Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants

Thank you for your time.

Commenter: Lydia D. Shelton, WHNP/FNP 6/21/18 6:12 am

HB793

I encourage the passage of the current draft regulations for HB 793. These regulations will help to ensure this legislation maintains its original intent to lower the barriers for Nurse Practitioners to practice in the state of Virginia. This legislation will move the state of Virginia forward in achieving the goal of Virginia being the healthiest state by increasing access to health care for all Virginians.

Commenter: B Walsh, Sinclair Health Clinic 6/21/18 8:29 am

HB793

Thank you so much for this bill, it will truly help more patients receive care in the state of Virginia. I have one request/comment. There are many routes for Nurse Practitioners to practice, the career like medicine has many specialties and flexibility. For nurse practitioners that are certified and licensed in more than one specialty does it really have to be a 5 year obligation to practice in both specializations before being allowed autonomous practice? For example if a nurse practitioner has over 5 years in one specialty area, and then becomes certified and licensed in another specialty area but does not have the full five years of practice in that area does he/she still have to complete 5 years in both specialties before applying for autonomous practice? -- or does that provider apply for autonomous practice for one specialty that they qualify for and then complete the five years and apply for autonomous practice in their next specialty? How will this work for providers that have been granted autonomous practice and then return to school to become licensed and certified in another specialty? Last question, once a provider becomes autonomous how will this affect if the are trained and learn a new procedure, ie transmagnetic stimulation, will that provider have to contact their referring team physician for practice hours?

Thank you for this opportunity for clarification.

Commenter: Valre Welch, CPNP 6/21/18 9:13 am

HB793

It is extremely important to maintain the intent of HB793 which is to lower barriers to practice and increase access to care for Virginia residents.

Commenter: Dr. Kelley M. Anderson, Georgetown Unviersity 6/21/18 10:33 am

Nurse Practitioners Providing Access to Care to Virginians

On June 13, the Brookings Institution released a new policy proposal titled ***Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants*** written by Emory University professors Kathleen Adams and Sara Markowitz. The authors consider the evidence, which shows barriers that states place on the scope of practice for NPs and PAs increase healthcare costs and add administrative burdens without additional health and safety benefits. The report includes recommendations that **state policymakers** **eliminate supervision requirements** and allow full prescription authority to advanced practice registered nurses.

Brookings Institute Report

In an era characterized by high levels of U.S. health-care spending and inadequate health outcomes, it is vital for policymakers to explore opportunities for enhancing productivity. Important productivity gains could be achieved by altering the mix of labor inputs used in the health-care sector. However, the potential for these gains is sharply limited by anticompetitive policy barriers in the form of restrictive scope of practice (SOP) laws imposed on physician assistants and advanced practice registered nurses. In this proposal we discuss evidence that shows how these laws restrict competition, generate administrative burdens, and contribute to increased health-care costs, all while having no discernable health benefits. We discuss how moving to a fully authorized SOP for these providers can free up labor markets, allowing for a more-cost-effective and more-productive use of practitioners, while potentially fostering innovation and still protecting public health. A key outcome would be improved access to care as gains in productivity increases capacity in the health-care system. We conclude with a discussion of state and federal policies that either remove

these barriers directly or encourage state legislative bodies to do so.

Commenter: Dr. Kelley M. Anderson, Georgetown Unviersity 6/21/18 10:39 am

Brookings Institute Report - Link

Brookings Institute Report - June 2018

http://www.hamiltonproject.org/assets/files/AdamsandMarkowitz_20180611.pdf

Commenter: Associates of York 6/21/18 11:38 am

insurance reimbursement

I am confused about the the Board of Nursing requirment that the NP practice only in thieir certified specialties..If there is an NP that is certfied in another specialty under a collaborative aggreement will they be able to be reimbursed by major insurance carriers or quallify for insurance panels ? We have a few NP's new to our practice and recent graduates in other specialties who are being supervised by a psychiatrist. Do they need to be actively in a program that will give them this specialty certification.? If the BON's requirement is to be certified in their academic and BC specialties will this new independent practice for NP impact carriers making a case that they will only reimburse for those who are providing services who are Board Certified in the area they are billing, ie, can a Board Certified geriatric NP bill for services in psychiatry provided they have a collaborative agreement with a psychiatrist? If so, can an NP who then becomes an independent practitioner in five years switch to another specialty and continue to function as an independent provider ?

Ms. Klusman

Commenter: Margaret Constante 6/21/18 3:13 pm

HB 793

I support of passage of the current draft regulations which will help ensure that the legislation maintains its original intent to lower barriers to practice in Virginia and to increase access to care for citizens of the Commonwealth.

Commenter: Judy B. Jenks 6/21/18 7:31 pm

HB 793

It is imperative we lower barriers for NPs to practice in Virginia. The public and professional sector have made it clear they value NPs as healthcare providers. Further barriers would clearly be a result of territorial and hierarchical posturing by the power of the medical society, with whom the Governor shows allegiance. Politics should not supersede the healthcare needs of the citizens of Virginia. Virginia has some of the richest counties in the nation near DC, and some of the most economically desperate in the southwestern areas. In spite of the rich counties, we still rely on charity mobile clinics to provide care in southwest Virginia. At this point, the current system and physician distribution are not working for most of the state. And yet, the medical society of Virginia wants to keep making decisions about how healthcare is to be delivered while they continue to fail

the citizens. I am sure many physicians and politicians will make an appearance at the Wise County RAM clinic in July and have a "feel good" moment and positive press. In the meantime, NPs will diligently continue to provide healthcare in the medically underserved areas, as they do each and every day of the year. Now is not the time to compromise, now is the time to do what is right and break down those barriers. Just ask any patient of an NP.

Commenter: Maribeth Capuno RN, MSN, ANP-BC 6/21/18 7:58 pm

HB 793

I support the passage of HB 793 as written with current regulations. This will help advance the ability of Nurse Practitioners to meet the health care needs for all residnts of the Commonwealth

Commenter: Pegasus Pychiatric and Wellness Center 6/21/18 9:15 pm

FNP vs Pych NP

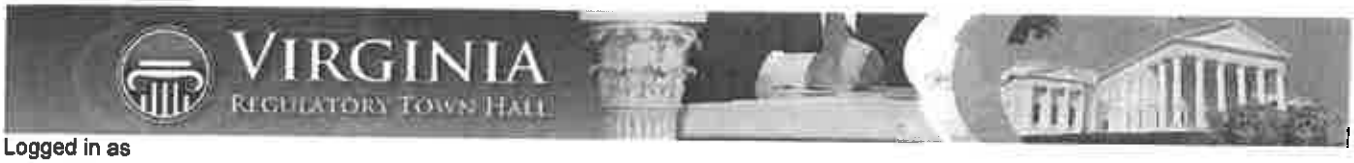
For many years there where few psych NP's and numerous FNP's filled in the gap for psych care ; will we not be recognized for attestation?-because we were filling in a huge need to service a very vulnerable and underserved population outside of the family practice arena . I feel we need to be recognized for our service and be able to practice without collaborating if we meet the 5000 hours of practice and be reimbursed by insurances.

Commenter: Amy Black, NP 6/21/18 9:47 pm

In support of HB 793

I support of passage of the current draft regulations which will help ensure that the legislation maintains its original intent to lower barriers to practice in Virginia and to increase access to care for citizens of the Commonwealth.

Virginia.gov Agencies | Governor



Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Medicine**

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Rosie Taylor-Lewis, DNP, ANP-BC, GNP, PMHNP student RU; Interim PD DNP SUO

6/11/18 8:46 am

HB793 Regulations

I advocate that the regulations unanimously passed in May be enacted on 7/17 including allowing diverse attestations that will qualify and quantify the competency of the nurse practitioner. Specific to additional certifications and endorsements, **I ask the board to acknowledge and waive any additional 5 year period requirement for second certifications**. We need our experienced NPs to return for additional credentialing in order to provide augmented care to population health, especially in the area of mental and behavioral health. Physicians who seek other "skills" and certifications do not have waiting periods. An imposed waiting period will impact patient access.

Commenter: Anonymous

6/21/18 11:43 pm

Draft regs - Autonomous Practice

There appears to be a shortage of available clinicians in the Commonwealth to provide healthcare services. It is strongly in the public interest to allow and promote qualified practitioners to manage patients independently without restrictions. Cumbersome requirements for practice only serve to inhibit access to care. Maryland and DC allow independent practice. There is no compelling reason why Virginia cannot do the same. Requiring by law, collaborative practice severely limits the ability of NPs to start businesses, thereby limiting public access especially in underserved areas.

Regulations should clarify that autonomous practice means that NPs are not required as routine practice to collaborate/consult. Also, requiring physician collaboration reduces efficiency of the physician.

The numbers 5 years and 8000 hours should be reduced, even most physician residencies are shorter.

The wording of "1600 hours per year" and "full-time clinical experience" should be eliminated. Very simply, a certain number of hours can be required (without any mention of full-time or 5 years). For example, 4000 hours could be required. No mention of full time needed. (What if a NP works part-time for 10 years? Is this equivalent?)

Re: autonomous practice by endorsement (90-30-86 Subsection F) makes reference to subsection A. NPs originally practicing in states that allow full independent practice may not be able to meet

requirement A2 (of 90-30-86 section A) because they may have been practicing for years in a state that does not require a physician practice agreement.

A physician may be unwilling to sign an attestation for self-serving business reasons despite the NP meeting requirements. Therefore, the documentation burden should be light for an NP providing documentation of hours worked.

Eliminate 90-30-86 subsection G.2 as this can be construed to require collaboration on every case.

SUMMARY – PUBLIC COMMENTS ON 5-17-17 DRAFT NP REGS (HB793)

Virginia Healthcare Foundation

- Encourage a regulatory approach for transition to practice that does not exceed a total of 5 years of collaboration for an NP who is licensed in more than one specialty area (category)
- Customized/individualized approach when reviewing applications - Develop a framework for review when considering each NP's individual level of training, credentials and work experience
- Wants a system that promotes NPs adding an additional licensure category e.g. Psych MHNP due to need to expand access to care in this area

Medical Society of Virginia

- 10,000 hours – ½ the time a medical resident practices in 5 years
- 2nd specialty attestation – limit past hours to 10% (or 1,000 hours)
- Detail needed re "specialty area and/or patient population must be aligned" between patient care team physician and NP while under practice agreement – Specialty crosswalk provided
- Adherence to National *Specialty* Certifications
- Prescribing Limitations – proper/education/training and experience prior to prescribing
- Attestation – Give physician the option to provide a rationale for their refusal to sign
- Core Competencies – nothing in the draft that ensure an NP has achieved the basic competencies for autonomous practice – Robust standard needed to define competencies

Virginia Academy of Family Physicians

- Shares MSV concerns
- 2,000 yr/10,000 hours – same as MSV
- Patient population and specialty/category alignment – regs need to spell out how aligned while under the collab Practice Agreement – same as MSV
- Prescribing Limitations – same as MSV
- Attestation – same as MSV
- Guidance document identifying the core competencies that should be met prior to autonomous practice

Virginia Hospital and Healthcare Association

- Definition of FT experience – supports 1,600/yr or 8,000
- Content of attestation – supports an approach that limits the attestation to those elements required by the statute
- Other evidence – provide examples of other evidence that would demonstrate applicant met requirements

UVA Health System

- Multiple Attestations – Paragraph D 18VAC90-30-86 is confusing—"If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted towards a 2nd attestation."
    - Possible Interpretations: 5 years in each attestation area, or one 5-yr period could apply concurrently for each attestation area. Clarity needed. Maybe a minimum amount of time?
    - Suggest open-ended question on attestation form to describe the populations and practice areas worked
    - Specify patient population and practice area on the license
    - System to share information with hiring entities and credentials by secure electronic means
- Licensure by endorsement –
    - Virginia doesn't currently issue a separate RN license to nurses with multistate privilege. Can an RN with msp be the basis for issuing an autonomous NP license?
    - Will NP under supervisory model in another state impact endorsement?
- Practice Agreements – Provides editorial changes to 18VAC90-30-120 A & C (pg 2 of letter)
- Consider substituting "independent" for "autonomous" ie "licensed independent practitioners"

American Academy of Pediatrics

- Amendment: "While a party to such practice agreement, the patient care team physician routinely practiced with a patient population *and in a primary care or specialty practice area* included within the category, as specified in 18VAC90-30-70 . . ."
- Reverse FT – should be 2,000/10,000 hours
- NPs need to show proficiency before they transition – need for ongoing competency and how that is measured i.e. continuing education

Virginia College of Emergency Physicians

- 5 years FT should be 2,000 yr/10,000
- Specifications for MD specialty and NP licensure – "patient population" is not clear enough Acute/emergent/primary/chronic/preventative?? Clear guidelines needed
- Requesting an amendment with same verbiage as American Academy of Pediatrics re primary/specialty practice
- Attestation of 5 years – clear, objective, and reproducible – NPs need board certification exams like those of MDs

80 Letters from Physicians/Medical Students

- Same as MSV list of 6 areas of concern

70 other commenters (numerous NPs) in support of current regs – no further barriers to practice – support regs as recommended by the RAP