COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
AND ADVISORY COMMITTEE OF THE JOINT BOARDS
Department of Health Professions
Henrico, Virginia 23233

BUSINESS MEETING *FINAL* **AGENDA**
February 16, 2022 at 9:00 A.M.

Call To Order – Marie Gerardo, MS, RN, ANP-BC; Chair

Establishment of Quorum

Announcement

- **Laurie Buchwald, MSN, WHNP, FNP,** was appointed to the Board of Nursing on September 17, 2021 to replace Louise Hershkowitz. Ms. Buchwald's first term will expire on June 30, 2025. Ms. Buchwald was appointed by Ms. Gerardo, Board of Nursing President, to the Committee of the Joint Boards of Nursing and Medicine as a nurse practitioner Committee Member on September 20, 2021

A. Review of Minutes

A1	June 16, 2021	Business Meeting*
A2	August 6, 2021	Telephone Conference Call*
A3	October 13, 2021	Formal Hearing*

Dialogue with Agency Director – **Dr. Brown and or Dr. Allison-Bryan**

Public Comment

B. Legislation/Regulations – Ms. Yeatts
B1 Chart of Regulatory Actions*
Report of the 2022 General Assembly*

C. New Business

- Healthcare Workforce Data Center (HWDC) Reports
  - Virginia's License Nurse Practitioner Workforce: 2021
  - Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

- Members of Advisory Committee Appointment
  - Thokizeni Lipato, MD (1st term ends 2021)
  - Janet L. Setnor, CRNA (1st term ends 2021)

10:15 A.M - Agency Subordinate Recommendation Consideration – Joint Boards Member ONLY

- Daphne Carol Jenkins, LNP*
- Vickie Lynn Boyd Stevens, LNP*
- Maria Theresa Lee, LNP*
- Oluwakemi Olubunmi Osidele, LNP*

Next Meeting – Wednesday, April 20, 2022, at 9:00 A.M in Board Room 2

Adjourn

10:30 A.M. – Administrative Proceedings – Joint Boards Members ONLY

(* mailed 2/2) (** mailed 2/9)

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
***VIRTUAL* BUSINESS MEETING**
MINUTES
June 16, 2021

TIME AND PLACE: The virtual meeting of the Committee of the Joint Boards of Nursing and Medicine via Webex was called to order at 9:02 A.M., June 16, 2021.

Due to COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provision of §2.2-3708.2 in the Freedom of Information Act, the Committee convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda for the Committee to discharge its lawful purposes, duties, and responsibilities.

COMMITTEE MEMBERS PARTICIPATED VIRTUALLY:
Marie Gerardo, MS, RN, ANP-BC; Chair
Ann Tucker Gleason, PhD
Louise Hershkowitz, CRNA, MSHA
David Archer, MD
Karen Ransone, MD

MEMBERS ABSENT: Lori Conklin, MD

ADVISORY COMMITTEE MEMBERS PARTICIPATED VIRTUALLY:
Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
David Alan Ellington, MD
Stuart Mackler, MD
Komkwuan P. Paruchabutr, DNP, FNP-BC, WHNP-BC, CNM
Janet L. Setnor, CRNA

STAFF PARTICIPATED VIRTUALLY:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
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
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PARTICIPATED VIRTUALLY:
Charis Mitchell, Assistant Attorney General; Board Counsel
David Brown, DO, Director; Department of Health Professions
Barbara Allison-Bryan, MD; Chief Deputy, Department of Health Professions

Elaine Yeatts, Policy Analyst; Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine
Ann Tiller, Board of Nursing Compliance Manager
Patricia Dewey, RN, BSN; Board of Nursing Case Manager
Randall Mangrum, DNP, RN; Nursing Education Program Manager

PUBLIC PARICIPATED VIRTUALLY:

W. Scott Johnson, Esquire/Hancock, Daniel & Johnson, PC
Ben Traynham, Hancock, Daniel & Johnson, PC
Kathy Martin, Hancock, Daniel & Johnson, PC
Clark Barrineau, Assistant Vice President of Government Affair, Medical Society of Virginia (MSV)
Jerry J. Gentile, Department of Planning Budget (DPB)
Gerald C. (Jerry) Canaan, II, Esq. Byrne Legal Group
Julianne Condrey, VP Government and Association Relations, Aegis Association, LLC
Andrew Lamar, Lobbyist, VPAP
Kassie Schroth, Virginia Association of Nurse Anesthetists (VANA)
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Becky Bower-Lanier, Virginia Association of Nurse Specialists (VaCNS)
Cynthia Ward, Virginia Association of Nurse Specialists (VaCNS)
Lucy Smith
Marjorie Smith, PMHCNS
Aimee Seibert
K. Wilkinson
Mark Hickman
Kristie Burnette
Brandi Wood
Rebecca Schultz
Missy Wesolowski
18044****82
18044****65
18046****40

ESTABLISHMENT OF A QUORUM:

Ms. Gerardo called the meeting to order and established that a quorum consisting of five members was present.

ANNOUNCEMENT:

Ms. Gerardo noted the announcement as stated in the Agenda:

- Appreciation for Louise Hershkowitz' service on the Committee of the Joint Boards of Nursing and Medicine.

Ms. Gerardo recognized that Ms. Hershkowitz has served on the Board of Nursing (BON) for eight (8) years, served as BON President, and served as Chair to the Committee of the Joint Boards of Nursing and Medicine.

Ms. Gerardo also thanked Ms. Hershkowitz for incorporating the Environmental Scan as well as educational training into the agendas of the Committee of the Joint Boards and to the BON as well as for her invaluable mentorship..
Ms. Hershkowitz commented that it was an honor and privilege to serve on the BON and on the Committee of the Joint Boards.

There were no additional announcements.

REVIEW OF MINUTES: Ms. Gerardo stated that staff provided the following documents electronically:

- **A1** April 21, 2021 Business Meeting
- **A2** April 21, 2021 Informal Conference

Ms. Gerardo asked if the Committee had any questions regarding the minutes. None was noted.

Ms. Hershkowitz moved to accept the minutes as presented. The motion was properly seconded by Dr. Archer. A roll call was taken and the motion carried unanimously.

DIALOGUE WITH AGENCY DIRECTOR: Dr. Brown reported the following:
The Governor announced that the State of Emergency in Virginia due to COVID-19 will end on June 30, 2021, which means virtual meetings will also end. DHP staff have adjusted well to working remotely.

Dr. Allison-Bryan reported on the COVID-19 vaccines as follows:

- 69% of adult Virginians have been vaccinated with the goal to reaching 70% by July 4, 2021. 14 states have met this 70% goal
- Almost 40% of adolescents in Virginia have been vaccinated

Ms. Gerardo inquired about the status of legislation regarding compensation for preceptors of nurse practitioner students. Dr. Brown replied that he has no updates at this time. Ms. Douglas noted that the Virginia Council of Nurse Practitioners (VCNP) and Virginia Nurses Association (VNA) will be the best resources regarding this matter.

PUBLIC COMMENT: Ms. Gerardo said that as indicated in the meeting notice on Regulatory Townhall and in the agenda package, comments will be received during this public comment period from those persons who submitted an email comment request to Huong Vu no later than 8 am on June 16, 2021.

Ms. Gerardo asked if any email requests had been received. Ms. Vu reported that an email request for public comment from Marjorie Smith, Psychiatric Mental Health Clinical Nurse Specialist (PMHCNS) was received.

Ms. Gerardo instructed Ms. Smith to limit her comment to 3-5 minutes.

Ms. Smith commented that she has been practicing as a CNS since 1990 and does not prescribe. She and many CNSs are impacted by the recent law passed which requires CNSs to have a practice agreement with a physician. Ms. Smith stated that she would need to discontinue providing care to her caseload of approximately 75 at-risk patients due to this new requirement. Ms. Smith asked for correction to the bill for those CNSs who do not prescribe. Ms. Smith added that if any CNSs who need help with finding a physician, please contact Lucy Smith, who is a PMHCNS and works for the Virginia Board of Nursing.

Ms. Gerardo then offered an opportunity to anyone who did not sign up to speak and reminded everyone to limit their comments to 3-5 minutes.

Katie Page, CNM, MSM, FACNM, President of Virginia Affiliate of American College of Nurse-Midwives, thanked the Board for their work on the autonomous practice for CNMs with 1,000 hours. Ms. Page offered her expertise if the Board needs help.

In the absence of additional requests for public comment, Ms. Gerardo concluded the public comment period.

LEGISLATION/
REGULATIONS:

Ms. Gerardo stated that the following documents were provided electronically by staff:

- **B1** Chart of Regulatory Actions as of June 1, 2021
- **B2** Chart of Post-General Assembly Actions/Studies
- **B3** Regulatory Actions – Adoption of Exempt Regulations Pursuant to **2021 Legislation** Draft Regulations for Licensure of Nurse Practitioners (**Chapter 30**), and Prescriptive Authority for Nurse Practitioners (**Chapter 40**)
- **B4** Fast-Track Changes for the Licensure of Nurse Practitioners(**Chapter 30**) and the Prescriptive Authority for Nurse Practitioners (**Chapter 40**) – verbal report

Ms. Gerardo invited Ms. Yeatts to proceed.

Ms. Yeatts reviewed **B1** and **B2** which were provided in the agenda.

B3 Regulatory Actions – Adoption of Exempt Regulations Pursuant to **2021 Legislation** Draft Regulations for Licensure of Nurse Practitioners (**Chapter 30**), and Prescriptive Authority for Nurse Practitioners (**Chapter 40**)
Ms. Yeatts reviewed **HB1737** (practice of nurse practitioners without practice agreement with at least two years of full-time clinical experience

as a licensed nurse practitioner) noting that the provision of this act will be effective on July 1, 2021 and will expire on July 1, 2022.

Ms. Yeatts reviewed **HB1817** (practice of certified nurse midwives without practice agreement) noting that this provision applies to the certified nurse midwives who have completed 1,000 hours of practice as certified nurse midwives.

Dr. Parachubutr asked if the 1,000-hour requirement has to be completed in Virginia. Ms. Yeatts replied that it does not.

Dr. Ellington asked if certified nurse midwives who enter into a practice agreement are required to have autonomous practice. Ms. Yeatts responded that they must have two years of clinical practice but the law does not specify that they have the autonomous practice designation.

Ms. Yeatts reviewed **HB1747** (practice of clinical nurse specialists as licensed nurse practitioners) noting that the effective date is July 1, 2021. Changes from the registration as clinical nurse specialists to licensure as nurse practitioners in the category of clinical nurse specialists by the Boards of Medicine and Nursing and authorizes prescriptive authority. A Practice Agreement is now required for all CNSs. CNSs who desire to prescribe must apply for prescriptive authority.

Ms. Yeatts then reviewed revisions to the Regulations Governing the Licensure of Nurse Practitioners (Chapter 30) and Regulations for Prescriptive Authority for Nurse Practitioners (Chapter 40). Ms. Yeatts stated that the draft regulations are presented for Committee's consideration to recommend adoption of changes to conform to changes in the Code of Virginia.

Ms. Hershkowitz moved to recommend the adoption of the changes to Regulations Governing the Licensure of Nurse Practitioners (Chapter 30) and Regulations for Prescriptive Authority for Nurse Practitioners (Chapter 40) to conform to changes in the Code of Virginia. The motion was properly seconded by Dr. Archer. A roll call was taken and the motion carried unanimously.

B4 Fast-Track Changes for the Licensure of Nurse Practitioners(**Chapter 30**) and the Prescriptive Authority for Nurse Practitioners (**Chapter 40**) Ms. Yeatts stated that this agenda item was deferred for consideration at the upcoming business meetings of the Board of Nursing and the Board of Medicine.

Dr. Parachubutr inquired about the status of the licensed certified midwives bill (HB1953). Ms. Yeatts responded that, because it is a new category of licensure with no current regulations, it has to go through

Administrative Process Act (APA). Ms. Yeatts added that the Notice of Intended Regulatory Action (NOIRA) will be considered by Board of Nursing at its July meeting and by Board of Medicine at its August meeting.

Dr. Gleason noted her appreciation for Ms. Yeatts' expertise.

Ms. Douglas stated that with regard to Marjorie Smith's public comment referencing Lucy Smith as a contact person for clinical nurse specialists, board staff is not authorized to identify physicians who can provide consultation to clinical nurse specialists as part of the practice agreement requirement.

RECESS: The Committee recessed at 10:02 A.M.

RECONVENTION: The Committee reconvened at 10:12 A.M.

NEW BUSINESS:

C1 – 2022 Committee of the Joint Boards of Nursing and Medicine Meeting Dates:

Ms. Douglas reviewed the 2022 Committee meeting dates noting that currently there are no rooms available for December 2022 meeting date. Staff will continue to monitor room availability and notify the Committee.

Revision of Guidance Document (GD) 90-56 – *Practice Agreement Requirements for Licensed Nurse Practitioners*:

Ms. Gerardo stated that the following documents have been provided:

- **C2a –** Current Version of GD 90-56
- **C2b –** Proposed Draft Version of GD 90-56
- **C2c –** Nurse Practitioner Side-by-Side Comparison Table (**FYI**)

Ms. Gerardo invited Dr. Hills to proceed.

Dr. Hills stated that she refers to this GD frequently to answer public inquiries regarding practice agreement requirements. Dr. Hills then proceeded to review the proposed changes of the GD 90-56.

Ms. Hershkowitz moved to recommend the adoption of changes to GD 90-56 as presented to the Boards of Nursing and Medicine. The motion was properly seconded by Dr. Archer. A roll call was taken and the motion carried unanimously.

Committee Members suggested posting the Nurse Practitioner Side-by-Side Comparison Table on Townhall and Nursing websites. Ms. Douglas stated that, although it is unlikely that it can be posted to Townhall, staff will explore posting options for easy public access.

C3 – Communication sent to all CNSs on May 27, 2021:
Ms. Douglas acknowledged Ms. Willinger for taking the lead on this communication and it is provided for information only.

C4 – Sentara Letter:
Ms. Douglas noted that this is provided for information only and that the response to Sentara was that the Board is not authorized to grant a waiver.

HB 793 – Preliminary Report on Nurse Practitioners with Autonomous Practice Designation – Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Rajana Siva, HWDC Data Analyst

Ms. Gerardo stated that the following were provided:

- Bate Stamped Materials from 001 to 017
- Results in Tableau online interactive map and table with dropdown menus link: https://public.tableau.com/profile/rajana.siva#!/vizhome/npspecialtycounts/Story1

Ms. Gerardo invited Dr. Carter to proceed.

Ms. Douglas commented that this is related to the HB 793 (2018) requirement to collect data on traditional nurse practitioners with autonomous practice.

Dr. Carter reviewed the bate stamped materials from 001 and 017 and results in Tableau online interactive map. Dr. Carter said that she is available for questions.

Ms. Hershkowitz asked the end date of the data. Dr. Carter replied as of April 30, 2021. Ms. Douglas added that data collection for the final report will end on June 30, 2021.

Dr. Archer commented that he is happy to see that actual violations are minimal with low mean and median and that Virginia has a well maintained and competent healthcare workforce.

Mr. Brigle asked how often the online interactive map will be updated. Ms. Douglas replied that it will be discussed at DHP.

Discussion regarding "*any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement*" (HB 793, 2018) – **Committee Members and Advisory Committee Members**

Ms. Gerardo asked for recommendations to report from Committee Members and Advisory Committee Members.

Ms. Douglas noted that the data presented in the report related to five years clinical experience data, not two years.

Ms. Hershkowitz inquired if the similar data are available from other states. Ms. Douglas responded that there are data available but the enactment clause does not require those data.

Ms. Mitchell suggested maybe including a recommendation regarding the attestation.

After discussion, the Committee included the following recommendations to the report:

- Two-year data should be considered;
- Comparison of two years data and five years data;
- Reducing clinical experience to two years permanently or even removing time requirement completely;
- Removing restrictions (such as practice agreement, supervision and out-of-state attestation) to allow well trained and qualified nurse practitioners to practice to full scope as long as the public is not harmed;
- Recommend a parallel to CNM 2021 legislation allow experienced CNM & MD to enter into practice agreement
- Incorporating national data;
- For out-of-state nurse practitioners, the Board should consider violations or suspensions only;
- Consider internal military report which provides incidents by specialty with negative outcomes for each branch of the military
- For nurse practitioners who are seeking autonomous practice, self-attestation or using practice agreement dates should be considered; and
- Moving toward APRN Compact which requires advanced practice registered nurses to have 2,080 hours of clinical experience

Ms. Mitchell noted that recommendations should align with national requirements.

ENVIRONMENTAL SCAN: Ms. Gerardo asked for the updates from the Advisory Committee Members.

Mr. Brigle commented that tax break for preceptors update would be appreciated.

No additional updates were noted.

Ms. Gerardo thanked Advisory Committee members for their participation in the meeting and reminded everyone that the next meeting is scheduled for Wednesday, October 13, 2021.

The Advisory Committee Members, Dr. Brown, Dr. Allison-Bryan, Dr. Harp and Ms. Yeatts, left the meeting at 10:23 A.M.

RECESS: The Committee recessed at 11:57 A.M.

RECONVENTION: The Committee reconvened at 12:32 P.M.

CONSIDERATION OF CONSENT ORDER

Ms. Gerardo said that the Committee have one Consent Order for consideration. Copy of the Consent Order was mailed to the Committee Member in advance.

Charmayne L. Lanier-Eason, LNP

Ms. Gerardo asked if the Committee Members wishes to go into the closed meeting for discussion. None was noted.

ACTION: Ms. Hershkowitz moved to accept the consent order to indefinitely suspend the license of **Charmayne L. Lanier-Eason** to practice as a nurse practitioner in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Lanier-Eason's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP), compliance with all terms and conditions of the HPMP for the period specified by the HPMP, and additional terms and conditions. The motion was properly seconded by Dr. Ranson. A roll call was taken and the motion was carried unanimously.

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

The Committee had one Agency Subordinate recommendation for consideration. Copy of the recommendation was mailed to the Committee Members in advance.

#1 – Darlene Whitfield Olive, LNP

Ms. Olive was not present to address the Committee regarding her Agency Subordinate recommendation.

CLOSED MEETING: Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 12:35 P.M., for the purpose to reach a decision in the matter of Darlene Whitfield Olive's Agency

Subordinate Recommendation. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Ransone. A roll call was taken and the motion carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:53 P.M.

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

Ms. Olive joined the meeting at 12:53 P.M. noting that she had technical difficulties joining the Webex. Ms. Olive requested to address the Committee regarding her Agency Subordinate recommendation.

Ms. Gerardo instructed Ms. Olive that she has five minutes to address the Committee and no new information can be provided.

CLOSED MEETING: Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 1:00 P.M., for the purpose to reach a decision in the matter of Darlene Whitfield Olive's Agency Subordinate Recommendation. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was properly seconded by Dr. Ransone. A roll call was taken and the motion carried unanimously.

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

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

ACTION: Dr. Gleason moved to modify the recommended decision of the agency subordinate to reprimand Darlene Whitfield Olive and to require Ms.

Olive, within 90 days from the date of entry of the Order, to provide written proof satisfactory to the Committee of the Joint Boards of Nursing and Medicine of successful completion of the following NCSBN courses: *Professional Boundaries in Nursing* and *Righting a Wrong: Ethics and Professionalism in Nursing.* The motion was properly seconded by Ms. Hershkowitz. A roll call was taken and the motion carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 1:11 P.M.

_____

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

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
AUGUST 6, 2021

A possible summary suspension telephone conference call of the Committee of the Joint Boards of Nursing and Medicine was held August 6, 2021, at 12:00 noon.

The Committee Members participating the call were:
Louise Hershkowitz, CRNA, MSHA, **Chair**
Marie Gerardo, MS, RN, ANP-BC
Ann Tucker Gleason, PhD, Board of Nursing Citizen Member
David Archer, MD
Blanton Marchese, Board of Medicine Citizen Member

Others participating in the meeting were:
Charis Mitchell, Assistant Attorney General, Board Counsel
Sean Murphy, Assistant Attorney General
Victoria Hinton, Adjudication Specialist
Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice
Claire Morris, RN, LNHA; Deputy Executive Director
Cathy Hanchey, Senior Licensing/Discipline Specialist
Nora T. Ciancio, Esquire, Counsel for Melanie Hope Leonhart Jones, LNP

The meeting was called to order by Ms. Hershkowitz. With 5 members of the Committee of the Joint Boards of Nursing and Medicine, a quorum was established. A good faith effort to convene a meeting at the Committee offices within the week failed.

Sean Murphy, Senior Assistant Attorney General, presented evidence that the continued practice of **Melanie Hope Leonhart Jones, LNP (0024-173507)** as a licensed nurse practitioner may present a substantial danger to the health and safety of the public.

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to 2.2-3711(A)(27) of the *Code of Virginia* at 12:14 P.M. for the purpose of deliberation to reach a decision in the matter of Ms. Jones. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Morris, Ms. Hanchey, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded by Mr. Marchese and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 12:31 P.M.

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

Mr. Marchese moved to summarily suspend the license of **Melanie Hope Leonhart Jones** to practice as a licensed nurse practitioner pending a formal administrative hearing and to offer a consent order for indefinite suspension of her nurse practitioner license for not less than two years in lieu of a formal hearing. The motion was seconded by Dr. Archer and carried unanimously.

The meeting was adjourned at 12:35 P.M.

Robin L. Hills

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

VIRGINIA COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING
MINUTES
October 13, 2021

TIME AND PLACE: The formal hearing of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:02 A.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Ann Tucker Gleason, PhD; Board of Nursing, Chairperson
Blanton L. Marchese; Board of Medicine
David Archer, M.D.; Board of Medicine
Ryan Williams, M.D.; Board of Medicine

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice
Charlette N. Ridout, RN, MS, CNE; Nursing Probable Cause Reviewer/Education Program Inspector
Cathy Hanchey, Senior Licensing/Discipline Specialist

OTHER PRESENT: Erin Barrett, Assistant Attorney General, Committee Counsel

ESTABLISHMENT OF A QUORUM: With four members of the Committee present, a quorum was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Mark-Allen Clark, LNP **0024-166868**
Mr. Clark submitted a written response.

CLOSED MEETING: Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:07 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Mr. Marchese moved that Ms. Douglas, Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

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

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

Mr. Marchese moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate and issue an Order of Reprimand to Mark-Allen Clark. The motion was seconded by Dr. Williams and carried unanimously.

Dolores Lorraine Williams Johnson, LNP **0024-164367**
Ms. Williams submitted a written response.

CLOSED MEETING: Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:07 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Mr. Marchese moved that Ms. Douglas, Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

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

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

Mr. Marchese moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate and issue an Order of Reprimand to **Dolores Lorraine Williams Johnson**. The motion was seconded by Dr. Williams and carried unanimously.

Nakeshia Lynn Mouzon, LNP **0024-170001**
Ms. Mouzon did not appear.

CLOSED MEETING: Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:07 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Mr. Marchese moved that Ms. Douglas, Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

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

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

Mr. Marchese moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate and issue an Order of Reprimand to **Nakeshia Lynn Mouzon**. The motion was seconded by Dr. Williams and carried unanimously.

CONSIDERATION OF CONSENT ORDER:

David Peter Young, LNP **0024-073770**

Dr. Williams moved that the Committee of the Joint Boards of Nursing and Medicine accept the consent order for Voluntary Surrender for Indefinite Suspension of David Peter Young's right to renew his license to practice as a nurse practitioner in the category of certified registered nurse anesthetist in the Commonwealth of Virginia. The motion was seconded by Mr. Marchese, and the motion carried unanimously.

Virginia Committee of the Joint Boards of
Nursing and Medicine – Formal Hearing
October 13, 2021

FORMAL HEARING:

Michael Scott Addair, LNP Reinstatement Applicant 0024-167226

Mr. Addair appeared and was accompanied by his attorney, Brian Vieth, and Ashley Blevins.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Committee. Racheal Steck, court reporter with Veteran Reporters, recorded the proceeding.

Marcella Luna, Investigator Supervisor, Department of Health Professions, participated and testified.

CLOSED MEETING: Mr. Marchese moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:30 A.M. for the purpose of deliberation to reach a decision in the matter of Michael Scott Addair. Additionally, Mr. Marchese moved that Ms. Ridout, Ms. Hanchey, and Ms. Barrett, Committee Counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations. The motion was seconded by Dr. Williams and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 11:46 A.M.

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

ACTION: Dr. Williams moved to approve the application of **Michael Scott Addair** for reinstatement to practice as a nurse practitioner in the category of certified registered nurse anesthetist in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Order which will be sent to Mr. Addair at his address of record. The motion was seconded by Mr. Marchese 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 quorum.

ADJOURNMENT: The meeting was adjourned at 11:48 A.M.

Robin L. Hills

Robin Hills, DNP, RN, WHNP
Deputy Executive Director for Advance Practice
Virginia Board of Nursing

Chapter		Action / Stage Information
[18 VAC 90 - 30] Board: **Committee of the Joint Boards of Nursing and Medicine**	Regulations Governing the Licensure of Nurse Practitioners	Changes relating to clinical nurse specialists as nurse practitioners [Action 5800] Fast-Track - *Register Date: 1/17/22* *Effective: 4/1/22*
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Unprofessional conduct/conversion therapy [Action 5441] Final - *Register Date: 1/3/22* *Effective: 2/2/22*
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Waiver for electronic prescribing [Action 5413] Final - *Register Date: 1/3/22* *Effective: 2/2/22*
[18 VAC 90 - 70]	Regulations Governing the Practice of Licensed Certified Midwives	New regulations for licensed certified midwives [Action 5801] NOIRA - *Register Date: 1/17/22* *Comment closes: 2/16/22* *Boards to adopt proposed regulations at May and June meetings*

Report of 2022 General Assembly
Committee of the Joint Boards of Nursing and Medicine

Status of legislation will be reported at the meeting on 2/16/22

HB 27 COVID-19 vaccination status; mandatory COVID-19 vaccination prohibited, discrimination prohibited.

Chief patron: Anderson

Summary as introduced:
COVID-19 vaccination status; mandatory COVID-19 vaccination prohibited; discrimination prohibited. Prohibits the State Health Commissioner and the Board of Health, the Board of Behavioral Health and Developmental Services, the Department of Health Professions and any regulatory board therein, and the Department of Social Services from requiring any person to undergo vaccination for COVID-19 and prohibits discrimination based on a person's COVID-19 vaccination status with regard to education or public employment and in numerous other contexts.

HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.

Chief patron: Davis

Summary as introduced:
Healthcare Regulatory Sandbox Program; established. Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program

participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

HB 102 Prescriptions; off-label use.

Chief patron: Greenhalgh

Summary as introduced:
Prescriptions; off-label use. Provides that a licensed health care provider with prescriptive authority may prescribe, administer, or dispense a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use when the health care provider determines, in his professional judgement, that such off-label use is appropriate for the care and treatment of the patient, and prohibits a pharmacist from refusing to dispense a drug for off-label use if a valid prescription is presented. The bill also requires the Board of Health to include in regulations governing hospitals a provision that no hospital shall deny, revoke, terminate, diminish, or curtail in any way any professional or clinical privilege to a health care provider with prescriptive authority solely on the grounds that such health care provider prescribes, administers, or dispenses a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use.

HB 145 Physician assistants; practice.

Chief patron: Head

Summary as introduced:
Practice of physician assistants. Removes the requirement that physician assistants appointed as medical examiners practice as part of a patient care team. For hospice program licensing, the bill adds physician assistants to the list of hospice personnel who may be part of a medically directed interdisciplinary team. The bill removes a reference to physician assistants in the definition of patient care team podiatrist. Finally, the bill permits physician assistants working in the field of orthopedics as part of a patient care team to utilize fluoroscopy for guidance of diagnostic and therapeutic procedures, provided other requirements are met.

HB 192 Opioids; repeals sunset provisions relating to prescriber requesting information about a patient.

Chief patron: Hodges

Summary as introduced:

Prescription of opioids; sunset. Repeals sunset provisions for the requirement that a prescriber registered with the Prescription Monitoring Program request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days.

HB 211 Cannabis products; retail sale by certain pharmaceutical processors.

Chief patron: Hodges

Summary as introduced:

Retail sale of cannabis products by certain pharmaceutical processors; sunset. Allows certain pharmaceutical processors to, under the oversight of the Board of Pharmacy, sell cannabis products at retail to unregistered persons who are 21 years of age or older without the need for a written certification. The bill provides that such sales will be subject to existing Board of Pharmacy regulations and other requirements set forth in the bill. The bill requires pharmaceutical processors engaging in such sales to pay a $1 million fee and collect a 21 percent excise tax, both of which shall ultimately be allocated to the Virginia Cannabis Control Authority to be used to assist independent cannabis retailers located in designated rural and urban opportunity zones. The bill also requires such pharmaceutical processors to submit and comply with a plan describing how the pharmaceutical processor will, in its health service area, educate consumers about responsible consumption of cannabis products and incubate independent cannabis retailers or support and educate persons that wish to participate in the cannabis market. The bill directs the Board of Directors of the Virginia Cannabis Control Authority to promulgate regulations governing sales, cultivation, extraction, processing, manufacturing, wholesaling, and other related activities conducted pursuant to the provisions of the bill and provides that, upon the adoption of such regulations, oversight of such activities shall transfer from the Board of Pharmacy to the Board of Directors of the Virginia Cannabis Control Authority. The bill expires when pharmaceutical processors engaging in the sale of cannabis products pursuant to the provisions of the bill are authorized by the Virginia Cannabis Control Authority to apply for and be granted licenses to cultivate, manufacture, wholesale, and sell at retail to consumers 21 years of age or older retail marijuana and retail marijuana products.

HB 213 Optometrists; allowed to perform laser surgery if certified by Board of Optometry.

Chief patron: Robinson

Summary as introduced:

Optometrists; laser surgery. Allows an optometrist who has received a certification to perform laser surgery from the Board of Optometry (the Board) to perform certain types of laser surgery of the eye and directs the Board to issue a certification to perform laser surgery to any optometrist who submits evidence satisfactory to the Board that he (i) is certified by the Board to prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents pursuant to Code requirements and (ii) has satisfactorily completed such didactic and clinical training programs provided by an accredited school or college of optometry that includes training in the use of lasers for the medically appropriate and recognized treatment of the human eye as the Board may require.

HB 234 Nursing homes, assisted living facilities, etc.; SHHR to study consolidating oversight/regulation.

Chief patron: Orrock

Summary as introduced:

Secretary of Health and Human Resources; study consolidating oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency; report. Directs the Secretary of Health and Human Resources to study the feasibility of consolidating oversight and regulation of nursing homes, assisted living facilities, and other congregate living settings under a single state agency to improve efficiency and effectiveness of regulation and oversight, provide better transparency for members of the public navigating the process of receiving services from such facilities, and better protect the health and safety of the public and to develop recommendations for consolidation of such oversight and regulation and to report his findings and recommendations to the Governor and the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations and the House Committees on Appropriations and Health, Welfare and Institutions by October 1, 2022.

HB 243 Medicine, osteopathy, chiropractic, and podiatric medicine; requirements for practitioners.

Chief patron: Adams, D.M.

Summary as introduced:

Practitioners of medicine, osteopathy, chiropractic, and podiatric medicine; requirements. Increases the duration of postgraduate training required issuance of a license to practice medicine, osteopathy, chiropractic, or podiatric medicine from 12 months to 36 months requires every practitioner licensed to practice medicine, osteopathy, chiropractic, and podiatric medicine to obtain and maintain coverage by or to be named insured on a professional liability insurance policy with limits equal to the current limitation on damages set forth in the Code of Virginia.

HB 264 Public health emergency; out-of-state licensees, deemed licensure.

Chief patron: Head

Summary as introduced:

Public health emergency; out-of-state licensees; deemed licensure. Provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, a practitioner of a profession regulated by the Board of Medicine who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession shall not be prevented or prohibited from engaging in the practice of that profession in the Commonwealth with a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services and (ii) the patient is a current patient of the practitioner with whom the practitioner has previously established a practitioner-patient relationship.

The bill also provides that when the Board of Health has entered an emergency order for the purpose of suppressing nuisances dangerous to the public health or communicable, contagious or infectious diseases or other dangers to the public life and health, individuals licensed or certified to practice medicine, osteopathic medicine, or podiatry or as a physician assistant, respiratory therapist, advanced practice registered nurse, registered nurse, licensed practical nurse, or nurse aide by another state, the District of Columbia, or a United States territory or possession shall be deemed to be licensed or certified to practice in the Commonwealth for a period of 30 days when certain criteria are met.

HB 285 Clinical nurse specialist; practice agreements.

Chief patron: Adams, D.M.

Summary as introduced:
Clinical nurse specialist; practice agreements. Provides that a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist who does not prescribe controlled substances or devices may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement, provided that he (i) 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, (ii) consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill also provides that a nurse practitioner licensed by the Boards in the category of clinical nurse specialist who prescribes controlled substances or devices shall practice in consultation with a licensed physician in accordance with a practice agreement between the nurse practitioner and the licensed physician.

HB 286 Nurse practitioners; declaration of death and cause of death.

Chief patron: Adams, D.M.

Summary as introduced:
Nurse practitioners; declaration of death and cause of death. Authorizes autonomous nurse practitioners, defined in the bill, to declare death and determine cause of death; allows nurse practitioners who are not autonomous nurse practitioners to pronounce the death of a patient in certain circumstances; and eliminates the requirement for a valid Do Not Resuscitate Order for the deceased patient for declaration of death by a registered nurse, physician assistant, or nurse practitioner who is not an autonomous nurse practitioner.

HB 353 Unaccompanied homeless youth; consent to medical care.

Chief patron: Willett

Summary as introduced:
Unaccompanied homeless youth; consent to medical care. Provides that except for the purposes of sterilization or abortion, a minor who is 14 years of age or older and who is an unaccompanied homeless youth shall be deemed an adult for the purpose of consenting to surgical or medical examination or treatment, including dental examination and treatment, for

himself or his minor child. The bill describes evidence sufficient to determine that a minor is an unaccompanied homeless youth and provides that no health care provider shall be liable for any civil or criminal action for providing surgical or medical treatment to an unaccompanied homeless youth or his minor child without first obtaining the consent of his parent or guardian provided in accordance with the law, with the exception of liability for negligence in the diagnosis or treatment of such unaccompanied homeless youth.

HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.

Chief patron: Bennett-Parker

Summary as introduced:
Virginia Freedom of Information Act; meetings conducted through electronic meetings. Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

HB 527 Interstate Medical Licensure Compact and Commission; created.

Chief patron: Helmer

Summary as introduced:
Interstate Medical Licensure Compact. Creates the Interstate Medical Licensure Compact to create a process for expedited issuance of a license to practice medicine in the Commonwealth for qualifying physicians to enhance the portability of medical licenses while protecting patient safety. The bill establishes requirements for coordination of information systems among member states and procedures for investigation and discipline of physicians alleged to have engaged in unprofessional conduct. The bill creates the Interstate Medical Licensure Compact Commission to administer the compact.

HB 555 Health care providers; transfer of patient records in conjunction with closure, etc.

Chief patron: Hayes

Summary as introduced:
Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted. Allows health care providers to notify patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

HB 580 Covenants not to compete; health care professionals, civil penalty.

Chief patron: VanValkenburg

Summary as introduced:
Covenants not to compete; health care professionals; civil penalty. Adds health care professionals as a category of employee with whom no employer shall enter into, enforce, or threaten to enforce a covenant not to compete. The bill defines health care professional as any physician, nurse, nurse practitioner, physician's assistant, pharmacist, social worker, dietitian, physical and occupational therapist, and medical technologist authorized to provide health care services in the Commonwealth. The bill provides that any employer that violates the prohibition against covenants not to complete with an employee health care professional is subject to a civil penalty of $10,000 for each violation.

HB 864 Professions and occupations; proof of identity to obtain a license, etc.

Chief patron: Lopez

Summary as introduced:
Professions and occupations; proof of identity. Replaces the requirement for proof of citizenship to obtain a license, certificate, registration, or other authorization issued by the Commonwealth to engage in a business, trade, profession, or occupation with a requirement to provide proof of identity. The bill contains technical amendments.

HB 896 Nurse practitioner; patient care team provider.

Chief patron: Adams, D.M.

Summary as introduced:
Nurse practitioner; patient care team provider. Replaces the term "patient care team

physician" with the term "patient care team provider" in the context of requirements for collaboration and consultation for nurse practitioners and provides that a nurse practitioner who is authorized to practice without a practice agreement may serve as a patient care team provider providing collaboration and consultation for nurse practitioners who are not authorized to practice without a practice agreement. Currently, only a licensed physician may provide collaboration and consultation, as evidenced by a practice agreement, for a nurse practitioner.

The bill also eliminates authority of a physician on a patient care team to require a nurse practitioner practicing as part of a patient care team to be covered by a professional liability insurance policy and the requirement that a nurse practitioner practicing without a practice agreement obtain and maintain coverage by or be named insured on a professional liability insurance policy.

HB 921 Controlled substances; prescriber may establish practitioner-patient relationship.

Chief patron: Orrock

Summary as introduced:
Prescribing controlled substances; practitioner-patient relationship; telemedicine. Provides that a prescriber may establish a practitioner-patient relationship for the purpose of prescribing Schedule II through V controlled substances via synchronous interaction with a patient and for the purpose of prescribing Schedule VI controlled substances via asynchronous interaction. The terms "synchronous interaction" and "asynchronous interaction" are defined in the bill.

HB 939 Necessary drugs and devices; Commissioner of Health to authorize administration and dispensing.

Chief patron: Robinson

Summary as introduced:
Commissioner of Health; administration and dispensing of necessary drugs and devices during public health emergency. Allows the Commissioner of Health to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so in accordance with protocols established by the Commissioner when the Board of Health has made an emergency order for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public

life and health. Current law limits the Commissioner's ability to make such authorizations to circumstances when the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency.

HB 981 Health professions, certain; licensure by endorsement.

Chief patron: Scott, P.A.

Summary as introduced:
Certain health professions; licensure by endorsement. Requires the Boards of Dentistry, Medicine, and Nursing to grant an application by endorsement to any applicant who is licensed, certified, or registered in another state, the District of Columbia, or a United States territory or possession upon submission of evidence satisfactory to such board. Currently, the Boards of Dentistry, Medicine, and Nursing are authorized but not required to grant a license, certification, or registration by endorsement for applicants wishing to practice regulated professions.

HB 1105 Practitioners, licensed; continuing education related to implicit bias and cultural competency.

Chief patron: McQuinn

Summary as introduced:
Board of Medicine; implicit bias and cultural competency. Requires all practitioners licensed by the Board of Medicine to complete two hours of continuing education in each biennium on topics related to implicit bias and cultural competency.

HB 1245 Nurse practitioners; practice without a practice agreement, repeals sunset provision.

Chief patron: Adams, D.M.

Summary as introduced:
Nurse practitioners; practice without a practice agreement; repeal sunset. Repeals the sunset provision on the bill passed in 2021 that reduces from five to two the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement.

HB 1323 Pharmacists; initiation of treatment with and dispensing and administration of vaccines.

Chief patron: Orrock

Summary as introduced:

Pharmacists; initiation of treatment with and dispensing and administration of vaccines. Provides that a pharmacist may initiate treatment with, dispense, or administer to persons three years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention or that have a current emergency use authorization from the U.S. Food and Drug Administration, and provides that the pharmacist may cause such vaccines to be administered by a pharmacy technician or pharmacy intern under the direct supervision of the pharmacist. The bill also requires the Department of Medical Assistance Services and accident and sickness insurance providers to provide reimbursement for such service in an amount that is no less than the reimbursement amount for such service by a health care provider licensed by the Board of Medicine.

HB 1359 Health care; consent to services and disclosure of records.

Chief patron: Byron

Summary as introduced:

Health care; consent to services and disclosure of records. Eliminates authority of a minor to consent to medical or health services needed in the case of outpatient care, treatment, or rehabilitation for medical illness or emotional disturbance and the disclosure of medical records related thereto. The bill also provides that an authorization for the disclosure of health records shall remain in effect until such time as it is revoked in writing to the person in possession of the health record subject to the authorization; shall include authorization for the release of all health records of the person created by the health care entity to whom permission to release health records was granted from the date on which the authorization was executed; and shall include authorization for the person named in the authorization to assist the person who is the subject of the health record in accessing health care services, including scheduling appointments for the person who is the subject of the health record and attending appointments together with the person who is the subject of the health record. The bill also provides that every health care

provider shall make health records of a patient available to any person designated by a patient in an authorization to release medical records and that a health care provider shall allow a person to make an appointment for medical services on behalf of another person, regardless of whether the other person has executed an authorization to release medical records, provided that such health care provider shall not release protected health information to the person making the appointment for medical services on behalf of another person unless such person has executed an authorization to release medical records to the person making the appointment.

SB 169 Practical nurses, licensed; authority to pronounce death.

Chief patron: Peake

Summary as introduced:
Licensed practical nurses; authority to pronounce death. Extends to licensed practical nurses the authority to pronounce the death of a patient, provided that certain conditions are met. Current law provides that physicians, registered nurses, and physician assistants may pronounce death.

SB 317 Out-of-state health care practitioners; temporary authorization to practice.

Chief patron: Favola

Summary as introduced:
Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency. Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Department of Health Professions to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause.

EMERGENCY

SB 414 Nurse practitioners; patient care team physician supervision capacity increased.

Chief patron: Kiggans

Summary as introduced:

Nurse practitioners; patient care team physician supervision capacity increased. Increases from six to 10 the number of nurse practitioners a patient care team physician may supervise at any one time in accordance with a written or electronic practice agreement.

SB 511 Opioid treatment program pharmacy; medication dispensing, registered nurses.

Chief patron: Suetterlein

Summary as introduced:

Opioid treatment program pharmacy; medication dispensing; registered nurses. Allows a registered nurse practicing at an opioid treatment program pharmacy to perform the duties of a pharmacy technician, provided that all take-home medication doses are verified for accuracy by a pharmacist prior to dispensing.

SB 594 Medicaid participants; treatment involving the prescription of opioids, payment.

Chief patron: Pillion

Summary as introduced:

Medicaid participants; treatment involving the prescription of opioids; payment. Prohibits licensed providers from requiring payment from Medicaid participants for the prescription of an opioid for the management of pain or the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction, regardless of whether the provider participates in the state plan for medical assistance.

SB 668 Death with Dignity Act; penalties.

Chief patron: Hashmi

Summary as introduced:

Death with Dignity Act; penalties. Allows an adult who has been determined by an attending physician and consulting physician to be suffering from a terminal condition to request medication for the purpose of ending his life in a humane and dignified manner. The bill requires that a patient's request for medication to end his life be given orally on two occasions, that such request be in writing, signed by the patient and two witnesses, and that the patient be given an express opportunity to rescind his request. The bill requires that before a patient is prescribed medication to end his life, the attending physician must (i) confirm that the patient is making an informed decision; (ii) refer the patient to a capacity reviewer if the physician is uncertain as to whether the patient is making an informed decision; (iii) refer the patient to a consulting physician for confirmation or rejection of the attending physician's diagnosis; and (iv) inform the patient that he may rescind the request at any time. The bill provides that neither a patient's request for medication to end his life in a humane and dignified manner nor his act of ingesting such medication shall have any effect upon a life, health, or accident insurance policy or an annuity contract. The bill makes it a Class 2 felony (a) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for medication to end his life with the intent and effect of causing the patient's death or (b) to coerce, intimidate, or exert undue influence on a patient to request medication for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death. Finally, the bill grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of medication to a patient for the purpose of ending the patient's life.

SB 672 Pharmacists and pharmacy technicians; prescribing, dispensing, etc. of controlled substances.

Chief patron: Dunnavant

Summary as introduced:

Pharmacists and pharmacy technicians; prescribing, dispensing, and administering of controlled substances. Allows pharmacists and pharmacy technicians under the supervision of a pharmacist to initiate treatment with and dispense and administer certain drugs devices, and tests in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the

Board of Pharmacy to establish such protocol by November 1, 2022, and to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

SB 676 Associate physicians; licensure and practice.

Chief patron: DeSteph

Summary as introduced:
Licensure and practice of associate physicians. Authorizes the Board of Medicine to issue a two-year license to practice as an associate physician to an applicant who is 18 years of age or older, is of good moral character, has graduated from an accredited medical school, has successfully completed Step 1 and Step 2 of the United States Medical Licensing Examination, and has not completed a medical internship or residency program. The bill requires all associate physicians to practice in accordance with a practice agreement entered into between the associate physician and a physician licensed by the Board and provides for prescriptive authority of associate physicians in accordance with regulations of the Board.

SB 772 Cannabis; written certification for use.

Chief patron: Marsden

Summary as introduced:
Board of Pharmacy; cannabis registration.

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: 2021

Healthcare Workforce Data Center

November 2021

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

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

4,567 Licensed Nurse Practitioners voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

The Committee of the Joint Boards of Nursing and Medicine

Chair

Marie Gerardo, MS, RN, ANP-BC
Midlothian

Members

David Archer, MD
Norfolk

Laurie Buchwald, MSN, WHNP, NCMP, FNP
Radford

Ann Tucker Gleason, PhD
Zion Crossroads

Blanton L. Marchese
North Chesterfield

Ryan Williams, MD
Suffolk

Executive Director of Board of Medicine

William Harp, MD

Executive Director of Board of Nursing

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

Contents

The Licensed Nurse Practitioner Workforce: At a Glance:

The Workforce

Licensees:	15,063
Virginia's Workforce:	12,070
FTEs:	10,712

Survey Response Rate

All Licensees:	30%
Renewing Practitioners:	79%

Demographics

Female:	90%
Diversity Index:	39%
Median Age:	44

Background

Rural Childhood:	35%
HS Degree in VA:	44%
Prof. Degree in VA:	52%

Education

Master's Degree:	78%
Post-Masters Cert.:	7%

Finances

Median Income:	$100k-$110k
Health Benefits:	63%
Under 40 w/ Ed debt:	62%

Current Employment

Employed in Prof.:	95%
Hold 1 Full-time Job:	65%
Satisfied?:	94%

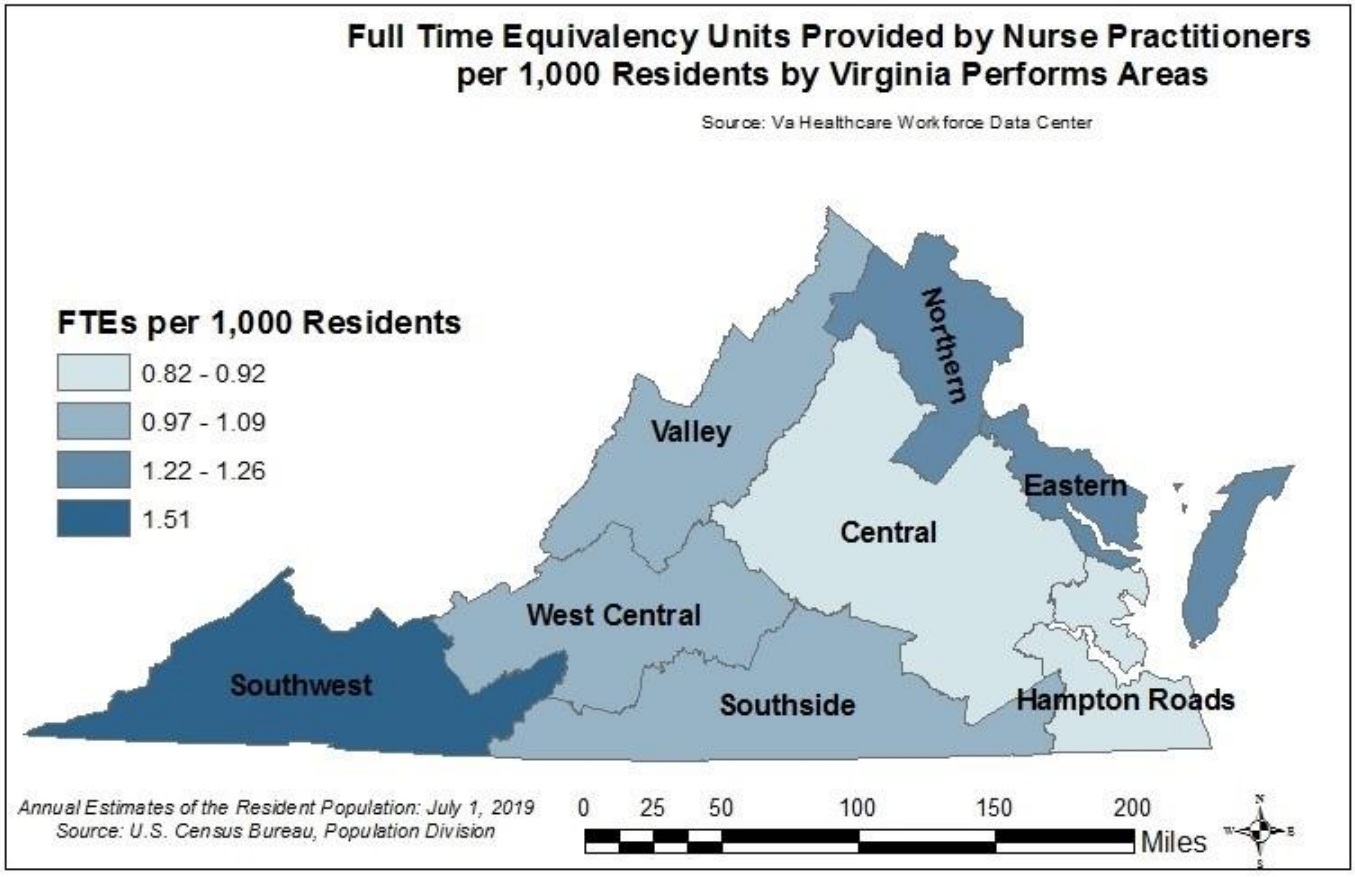
Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	56%

Time Allocation

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

Source: Va. Healthcare Workforce Data Center



Results in Brief

Over 4,500 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2021 Licensed Nurse Practitioner Workforce Survey[1]. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during license renewal, which takes place during a two-year renewal cycle in the birth month of each respondent. About half of all NPs have access to the survey every year. The 2021 survey respondents represent 30% of the 15,063 NPs who are licensed in the state and 79% of renewing practitioners. This report includes any advanced practice registered nurse. Detailed information on NPs, nurse anesthetists, and/or certified nurse midwives is available as a separate report.

The HWDC estimates that 12,070 NPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NP at some point in the future. Between October 2020 and September 2021, Virginia's NP workforce provided 10,712 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 NPs are female; while the median age of all NPs is 44. In a random encounter between two NPs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's NP workforce considerably less diverse than the state's overall population which has a diversity index of 57%. The diversity index is 41% among NPs under age 40. Over one-third of NPs grew up in a rural area, and 24% of these professionals currently work in non-Metro areas of the state. Overall, 12% of NPs work in rural areas. Meanwhile, 44% of Virginia's NPs graduated from high school in Virginia, and 52% of NPs earned their initial professional degree in the state. In total, 56% of Virginia's NP workforce have some educational background in the state.

More than three quarters of all NPs hold a Master's degree as their highest professional degree, while over 20% have completed post-Masters education. Just over half of all NPs currently carry educational debt, including 62% of those under the age of 40. The median debt burden for those NPs with educational debt is between $60,000 and $70,000.

Summary of Trends

Several significant changes have occurred in the NP workforce in the past six years. In 2018, the General Assembly authorized the Committee of the Joint Boards of Nursing and Medicine (the Joint Boards) to promulgate regulations that permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner. A separate report on this policy was submitted to the General Assembly[2]. In 2020, the General Assembly reduced the required clinical experience to two years before autonomous practice. This change sunsets July 1, 2022; if not reenacted, the prerequisite years of clinical experience will again be 5 years. The number of licensed NPs in the state has grown by 95% since 2014; the number in the state's workforce also grew by 92% and the FTEs provided increased by 85%. Compared to 2018, the response rate of renewing NPs increased from 68% to 79% in 2021. The percent of NPs working in non-metro areas also reached a high of 12% compared to the 10% who did in 2018.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to an 8-year high of 39% in 2021. Median age declined from 48 years in 2014 to 44 years in 2020 and stayed the same in 2021. The educational attainment has increased for NPs over the past eight years. In 2021, the percent of NPs with a doctorate NP increased to an all-time high of 10%, this level is considerably higher than the 2014 level of 4%. Not surprisingly, the percent carrying debt has also increased; 51% of all NPs now carry debt compared to 40% in 2014. Median debt is now $60,000-$70,000, up from $40,000-$50,000 in 2014. Median income has stayed at $100,000-$110,000 since 2017. Involuntary unemployment increased from less than 1% in previous years to 4% in 2020 and stayed at 4% in 2021; this is likely due to the coronavirus pandemic. Retirement expectations have declined over time; only 19% intend to retire within a decade of the survey compared to 24% in 2014.

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

[2] https://rga.lis.virginia.gov/Published/2021/RD625/PDF

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	5,387	36%
New Licensees	2,162	14%
Non-Renewals	713	5%
Renewal date not in survey period	6,801	45%
All Licensees	**15,063**	**100%**

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. Nearly eight of every ten renewing NPs submitted a survey. These represent 30% of NPs who held a license at some point during the licensing period.

Definitions

1. **The Survey Period:** The survey was conducted between October 2020 and September 2021 in the birth month of each renewing practitioner.
2. **Target Population:** All NPs who held a Virginia license at some point during the survey period.
3. **Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time.

Response Rates			
Statistic	**Non Respondents**	**Respondent**	**Response Rate**
By Age			
Under 30	408	85	17%
30 to 34	1,445	641	31%
35 to 39	2,041	641	24%
40 to 44	1,373	809	37%
45 to 49	1,437	518	27%
50 to 54	1,027	636	38%
55 to 59	1,002	384	28%
60 and Over	1,763	853	33%
Total	**10,496**	**4,567**	**30%**
New Licenses			
Issued After Sept. 2020	2,010	152	7%
Metro Status			
Non-Metro	828	421	34%
Metro	6,146	3,351	35%
Not in Virginia	3,522	794	18%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,667
Response Rate, all licensees	30%
Response Rate, Renewals	79%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed NPs

Number: 15,063
New: 14%
Not Renewed: 5%

Response Rates

All Licensees: 30%
Renewing Practitioners: 79%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's NP Workforce:	12,070
FTEs:	10,712

Utilization Ratios

Licensees in VA Workforce:	80%
Licensees per FTE:	1.41
Workers per FTE:	1.13

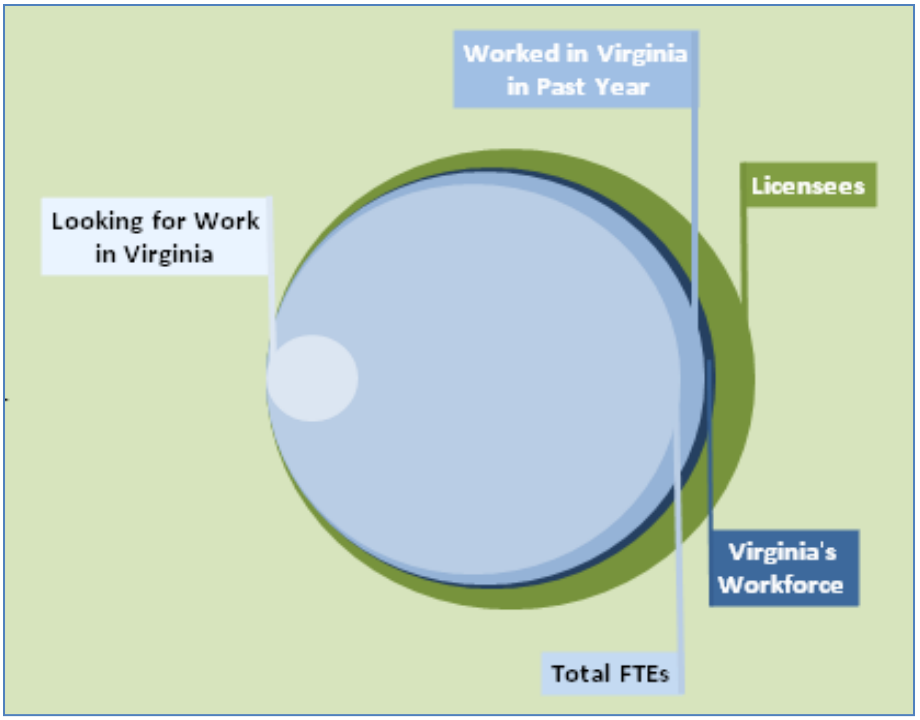
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	11,783	98%
Looking for Work in Virginia	287	2%
Virginia's Workforce	**12,070**	**100%**
Total FTEs	**10,712**	
Licensees	**15,063**	

Source: Va. Healthcare Workforce Data Center



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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	20	5%	406	95%	425	4%
30 to 34	135	8%	1,469	92%	1,603	15%
35 to 39	207	11%	1,746	89%	1,953	18%
40 to 44	157	10%	1,382	90%	1,539	14%
45 to 49	164	12%	1,185	88%	1,348	13%
50 to 54	127	11%	1,023	89%	1,150	11%
55 to 59	88	9%	871	91%	959	9%
60 +	170	10%	1,506	90%	1,676	16%
Total	**1,066**	**10%**	**9,588**	**90%**	**10,654**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	90%
% Under 40 Female:	91%

Age

Median Age:	44
% Under 40:	37%
% 55+:	25%

Diversity

Diversity Index:	39%
Under 40 Div. Index:	41%

Source: Va. Healthcare Workforce Data Center

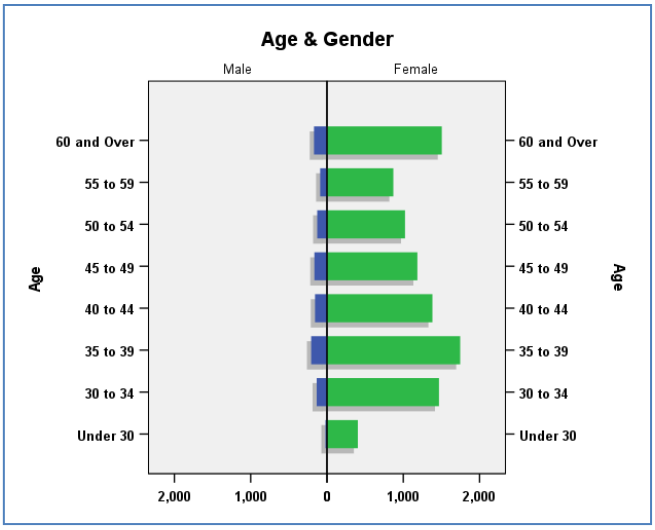
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	8,243	77%	3,028	76%
Black	19%	1,220	11%	441	11%
Asian	7%	630	6%	251	6%
Other Race	0%	106	1%	37	1%
Two or more races	3%	186	2%	70	2%
Hispanic	10%	324	3%	164	4%
Total	**100%**	**10,709**	**100%**	**3,991**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2019.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two NPs, there is a 39% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 57% chance for Virginia's population as a whole.

37% of NPs are under the age of 40. 91% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 41%, which is slightly higher than the diversity index among Virginia's overall NP workforce.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	12%
Rural Childhood:	35%

Virginia Background

HS in Virginia:	44%
Prof. Ed. in VA:	51%
HS or Prof. Ed. in VA:	56%
Initial NP Degree in VA:	52%

Location Choice

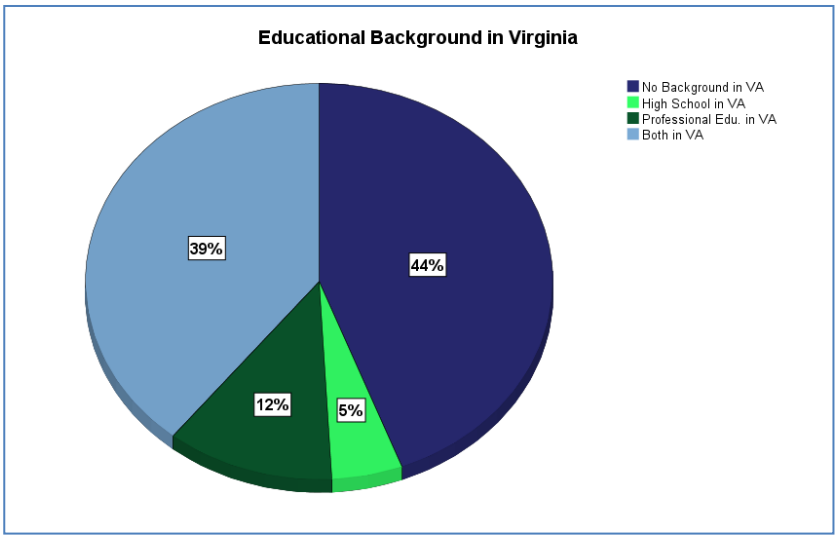
% Rural to Non-Metro:	24%
% Urban/Suburban to Non-Metro:	5%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	24%	62%	14%
2	Metro, 250,000 to 1 million	53%	39%	9%
3	Metro, 250,000 or less	46%	45%	9%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adjacent	57%	30%	13%
6	Urban pop, 2,500-19,999, Metro adjacent	61%	30%	9%
7	Urban pop, 2,500-19,999, non adjacent	88%	10%	3%
8	Rural, Metro adjacent	80%	21%	
9	Rural, non adjacent	62%	25%	13%
	Overall	**35%**	**53%**	**12%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

35% of all NPs grew up in self-described rural areas, and 24% of these professionals currently work in non-metro counties. Overall, 12% of all NPs currently work in non-metro counties.

Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	4,663	Virginia	5,356	Virginia	5,509
2	Outside of U.S./Canada	727	New York	471	Washington, D.C.	635
3	New York	514	Pennsylvania	460	Tennessee	507
4	Pennsylvania	472	Tennessee	375	Pennsylvania	418
5	Maryland	349	North Carolina	342	North Carolina	308
6	North Carolina	317	Florida	303	Florida	245
7	Florida	282	Maryland	303	Maryland	231
8	West Virginia	279	West Virginia	267	New York	224
9	Ohio	256	Ohio	235	Illinois	218
10	New Jersey	238	Outside of U.S./Canada	217	Alabama	216

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	2,235	Virginia	2,631	Virginia	2,409
2	Outside of U.S./Canada	441	Tennessee	211	Washington, D.C.	319
3	New York	214	Pennsylvania	201	Tennessee	291
4	Pennsylvania	192	New York	185	Illinois	185
5	North Carolina	186	North Carolina	165	North Carolina	176
6	Maryland	184	Florida	165	Pennsylvania	176
7	Florida	153	Maryland	158	Minnesota	165
8	West Virginia	143	Outside of U.S./Canada	133	Florida	136
9	Tennessee	134	West Virginia	124	Alabama	121
10	New Jersey	111	Ohio	108	Massachusetts	111

Source: Va. Healthcare Workforce Data Center

20% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. Ninety-one percent of these licensees worked at some point in the past year, including 88% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	2,989
% of Licensees:	20%
Federal/Military:	14%
Va. Border State/DC:	21%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	225	2%
Master's Degree	8,159	78%
Post-Masters Cert.	753	7%
Doctorate of NP	1,043	10%
Other Doctorate	303	3%
Post-Ph.D. Cert.	2	0%
Total	**10,485**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

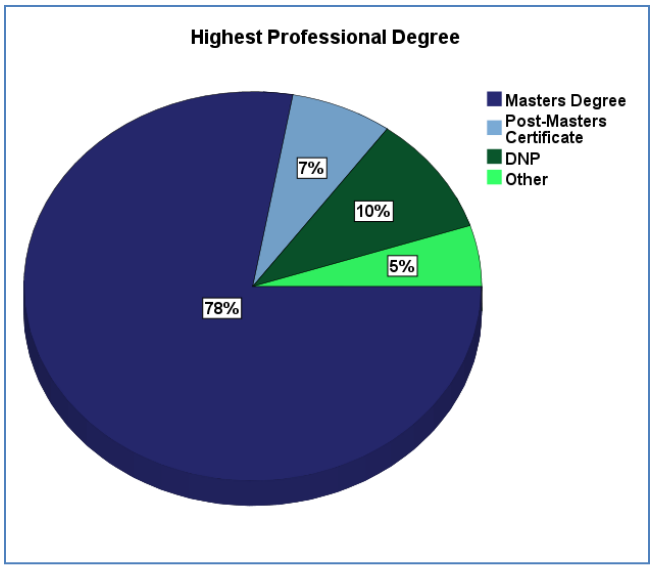
Education

Master's Degree: 78%
Post-Masters Cert.: 7%

Educational Debt

Carry debt: 51%
Under age 40 w/ debt: 62%
Median debt: $60k-$70k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than three-quarters of all NPs hold a Master's degree as their highest professional degree. Half of NPs carry education debt, including 62% of those under the age of 40. The median debt burden among NPs with educational debt is between $60,000 and $70,000.

Educational Debt				
Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	4,586	49%	1,317	38%
$10,000 or less	342	4%	90	3%
$10,000-$19,999	355	4%	128	4%
$20,000-$29,999	390	4%	174	5%
$30,000-$39,999	409	4%	207	6%
$40,000-$49,999	337	4%	181	5%
$50,000-$59,999	288	3%	118	3%
$60,000-$69,999	357	4%	190	5%
$70,000-$79,999	352	4%	203	6%
$80,000-$89,999	291	3%	115	3%
$90,000-$99,999	252	3%	128	4%
$100,000-$109,999	305	3%	109	3%
$110,000-$119,999	178	2%	77	2%
$120,000 or more	1,000	11%	461	13%
Total	**9,442**	**100%**	**3,498**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Family Health: 29%
RN Anesthetist: 15%
Acute Care/ER: 8%

Credentials

AANPCP – Family NP: 23%
ANCC – Family NP: 20%
ANCC – Adult-Gerontology Acute Care NP: 4%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,988	29%
Certified Registered Nurse Anesthetist	1,608	15%
Acute Care/Emergency Room	884	8%
Pediatrics	744	7%
Adult Health	703	7%
Psychiatric/Mental Health	626	6%
OB/GYN - Women's Health	355	3%
Geriatrics/Gerontology	320	3%
Surgical	287	3%
Certified Nurse Midwife	198	2%
Neonatal Care	164	2%
Gastroenterology	106	1%
Occupational/Employee/Industrial Health	76	1%
Pain Management	56	1%
Other	1,306	13%
Total	**10,423**	**100%**

Source: Va. Healthcare Workforce Data Center

Credentials		
Credential	#	%
AANPCP: Family NP	2,793	23%
ANCC: Family NP	2,355	20%
ANCC: Adult-Gerontology Acute Care NP	437	4%
ANCC: Adult NP	327	3%
ANCC: Acute Care NP	323	3%
ANCC: Family Psychiatric-Mental Health NP	317	3%
NCC: Women's Health Care NP	304	3%
ANCC: Adult Psychiatric-Mental Health NP	230	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	205	2%
ANCC: Adult-Gerontology Primary Care NP	196	2%
ANCC: Pediatric NP	181	1%
NCC: Neonatal NP	148	1%
AANPCP: Adult NP	98	1%
All Other Credentials	101	1%
At Least One Credential	**7,607**	**63%**

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 15% had a primary specialty as a Certified RN Anesthetist. 63% of all NPs also held at least one credential. AANPCP: Family NP was the most reported credential held by Virginia's NP workforce.

At a Glance:

Employment
Employed in Profession: 95%
Involuntarily Unemployed: 1%

Positions Held
1 Full-time: 65%
2 or More Positions: 17%

Weekly Hours:
40 to 49: 48%
60 or more: 6%
Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	5	0%
Employed in a nursing- related capacity	10,015	95%
Employed, NOT in a nursing-related capacity	62	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	58	1%
Voluntarily unemployed	269	3%
Retired	127	1%
Total	**10,534**	**100%**

Source: Va. Healthcare Workforce Data Center

95% of NPs are currently employed in their profession. 65% of NPs hold one full-time job, while 17% currently have multiple jobs. Nearly half of all NPs work between 40 and 49 hours per week, while 6% work at least 60 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	327	3%
1 to 9 hours	165	2%
10 to 19 hours	249	2%
20 to 29 hours	750	7%
30 to 39 hours	2,090	20%
40 to 49 hours	4,865	48%
50 to 59 hours	1,139	11%
60 to 69 hours	379	4%
70 to 79 hours	92	1%
80 or more hours	143	1%
Total	**10,199**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	327	3%
One Part-Time Position	1,500	15%
Two Part-Time Positions	338	3%
One Full-Time Position	6,634	65%
One Full-Time Position & One Part-Time Position	1,204	12%
Two Full-Time Positions	46	0%
More than Two Positions	192	2%
Total	**10,241**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	70	1%
Less than $40,000	361	4%
$40,000-$49,999	149	2%
$50,000-$59,999	198	2%
$60,000-$69,999	303	4%
$70,000-$79,999	465	6%
$80,000-$89,999	619	7%
$90,000-$99,999	888	11%
$100,000-$109,999	1370	16%
$110,000-$119,999	958	12%
$120,000 or more	2,930	35%
Total	**8,311**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $100k-$110k

Benefits

Retirement: 73%

Health Insurance: 63%

Satisfaction

Satisfied: 94%

Very Satisfied: 62%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	6,313	62%
Somewhat Satisfied	3,282	32%
Somewhat Dissatisfied	489	5%
Very Dissatisfied	164	2%
Total	**10,248**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical NP had an annual income of between $100,000 and $110,000. Among NPs who received either a wage or salary as compensation at the primary work location, 73% also had access to a retirement plan and 63% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	6,806	86%	73%
Retirement	6,773	86%	73%
Health Insurance	5,931	75%	63%
Dental Insurance	5,752	73%	62%
Group Life Insurance	4,728	60%	51%
Signing/Retention Bonus	1,447	18%	15%
Receive at least one benefit	**7,905**	**79%**	**84%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	504	4%
Experience Voluntary Unemployment?	639	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	430	4%
Work two or more positions at the same time?	2,090	17%
Switch employers or practices?	974	8%
Experienced at least 1	**3,605**	**30%**

Source: Va. Healthcare Workforce Data Center

Only 4% of Virginia's NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 4.7% during the same period.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	245	2%	138	6%
Less than 6 Months	799	8%	341	14%
6 Months to 1 Year	1,014	10%	319	13%
1 to 2 Years	2,296	23%	547	23%
3 to 5 Years	2,464	25%	576	24%
6 to 10 Years	1,487	15%	284	12%
More than 10 Years	1,691	17%	200	8%
Subtotal	**9,997**	**100%**	**2,406**	**100%**
Did not have location	300		9,613	
Item Missing	1,774		51	
Total	**12,070**		**12,070**	

Source: Va. Healthcare Workforce Data Center

66% of NPs receive a salary at their primary work location, while 28% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed:	4%
Underemployed:	5%

Turnover & Tenure

Switched Jobs:	8%
New Location:	25%
Over 2 years:	56%
Over 2 yrs, 2nd location:	44%

Employment Type

Salary:	70%
Hourly Wage:	26%

Source: Va. Healthcare Workforce Data Center

56% of NPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	5,120	66%
Hourly Wage	2,164	28%
By Contract	461	6%
Business/ Practice Income	0	0%
Unpaid	46	1%
Subtotal	**7,791**	
Missing location	300	
Item missing	3,725	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 3.2% and a high of 5.7%. At the time of publication, the unemployment rate for September 2021 was still preliminary.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	71%
Lowest Region:	2%

Locations

2 or more (Past Year):	24%
2 or more (Now*):	22%

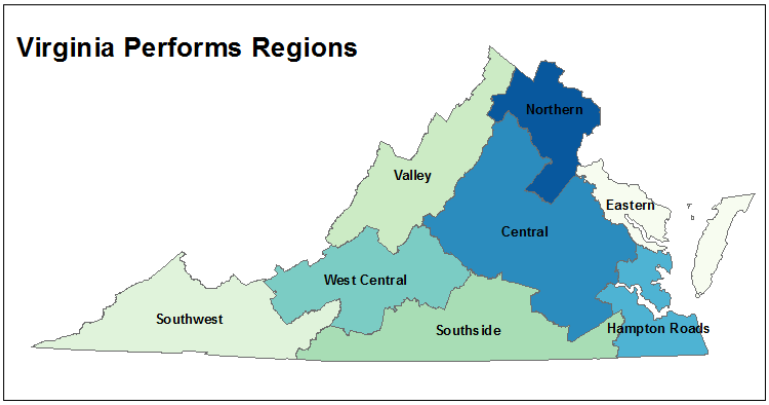
Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,501	25%	478	20%
Eastern	143	1%	28	1%
Hampton Roads	1,926	19%	479	20%
Northern	2,693	27%	599	25%
Southside	388	4%	62	3%
Southwest	621	6%	172	7%
Valley	552	6%	80	3%
West Central	951	10%	205	8%
Virginia Border State/DC	77	1%	73	3%
Other US State	134	1%	252	10%
Outside of the US	5	0%	2	0%
Total	**9,991**	**100%**	**2,430**	**100%**
Item Missing	1,778		30	

Source: Va. Healthcare Workforce Data Center



Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	287	3%	438	4%
1	7,496	73%	7,531	74%
2	1,255	12%	1,231	12%
3	893	9%	832	8%
4	141	1%	118	1%
5	61	1%	18	0%
6 or More	101	1%	67	1%
Total	**10,235**	**100%**	**10,235**	**100%**

*At the time of survey completion (Oct. 2020 - Sept. 2021, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

22% of all NPs had just one work location during the past year, while 24% of NPs had multiple work locations.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	4,990	52%	1,455	63%
Non-Profit	3,197	34%	601	26%
State/Local Government	744	8%	170	7%
Veterans Administration	280	3%	5	0%
U.S. Military	197	2%	69	3%
Other Federal Government	134	1%	21	1%
Total	**9,542**	**100%**	**2,321**	**100%**
Did not have location	300		9,613	
Item Missing	2,229		137	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

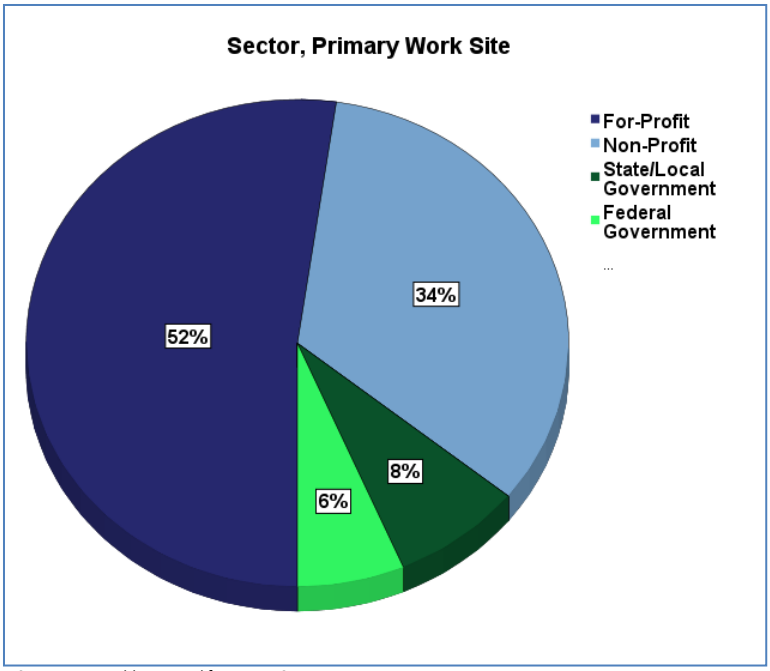
For Profit:	52%
Federal:	6%

Top Establishments

Clinic, Primary Care:	19%
Hospital, Inpatient:	18%
Physician Office:	8%

Source: Va. Healthcare Workforce Data Center

More than 80% of all NPs work in the private sector, including 52% in for-profit establishments. Meanwhile, 8% of NPs work for state or local governments, and 6% work for the federal government.



Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	2,947	24%
Remote Health, Caring for Patients in Virginia	766	6%
Remote Health, Caring for Patients Outside of Virginia	237	2%
Use at least one	**3,332**	**28%**

Source: Va. Healthcare Workforce Data Center

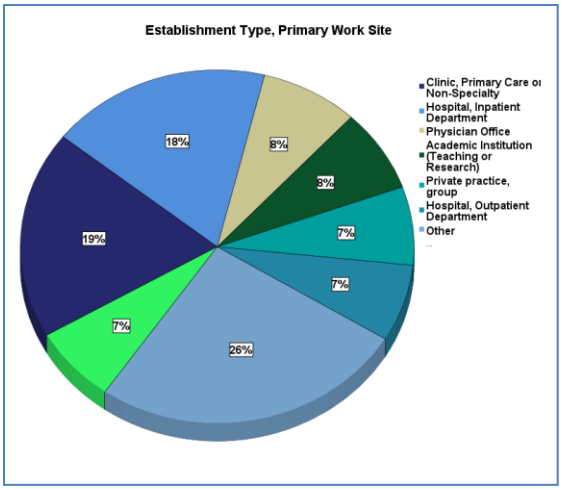
Nearly a quarter of the state's NP workforce use EHRs. 6% also provide remote health care for Virginia patients.

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Clinic, Primary Care or Non-Specialty	1732	19%	269	12%
Hospital, Inpatient Department	1658	18%	399	18%
Physician Office	733	8%	121	5%
Academic Institution (Teaching or Research)	692	8%	197	9%
Private practice, group	653	7%	86	4%
Hospital, Outpatient Department	643	7%	103	5%
Clinic, Non-Surgical Specialty	363	4%	78	3%
Ambulatory/Outpatient Surgical Unit	345	4%	140	6%
Long Term Care Facility, Nursing Home	313	3%	129	6%
Hospital, Emergency Department	235	3%	109	5%
Mental Health, or Substance Abuse, Outpatient Center	222	2%	53	2%
Private practice, solo	191	2%	29	1%
Hospice	98	1%	59	3%
Other Practice Setting	1,236	14%	469	21%
Total	**9,114**	**100%**	**2,241**	**100%**
Did Not Have a Location	300		9,613	

Source: Va. Healthcare Workforce Data Center

The single largest employer of Virginia's NPs is primary care/non-specialty clinics, where 19% of all NPs have their primary work location. Inpatient department of hospitals, physicians' offices, academic institutions, and group private practices were also common primary establishment types for Virginia's NP workforce.

Among those NPs who also have a secondary work location, 18% work at the inpatient department of a hospital and 12% work in a primary care/non-specialty clinic.



Source: Va. Healthcare Workforce Data Center

94% of NPs who responded to the question about forms of payment reported accepting private insurance as a form of payment for services rendered.

Accepted Forms of Payment		
Payment	#	% of Workforce
Private Insurance	7,431	94%
Medicaid	6,867	87%
Medicare	6,821	86%
Cash/Self-Pay	6,494	82%

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

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

Roles

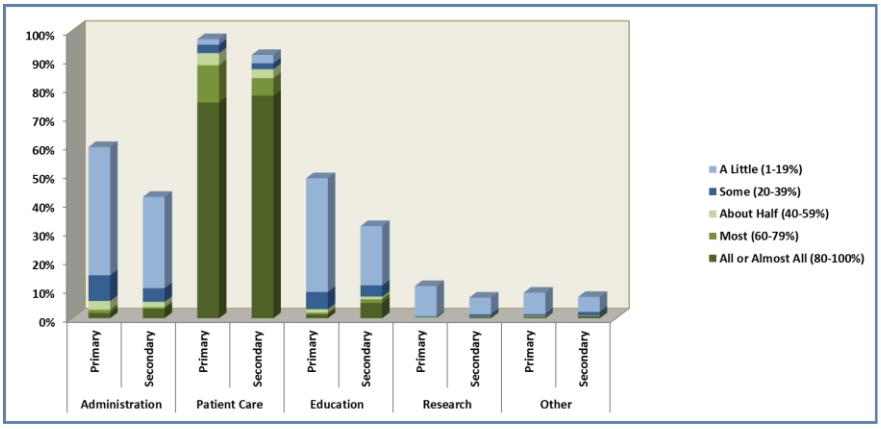
Patient Care:	88%
Administration:	3%
Education:	2%

Patient Care NPs

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

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

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	3%	75%	77%	1%	5%	0%	0%	0%	1%
Most (60-79%)	1%	1%	13%	6%	1%	1%	0%	0%	0%	0%
About Half (40-59%)	3%	2%	4%	3%	1%	1%	0%	0%	0%	0%
Some (20-39%)	9%	5%	3%	2%	6%	4%	0%	1%	1%	1%
A Little (1-20%)	45%	32%	2%	3%	40%	21%	10%	6%	8%	5%
None (0%)	41%	58%	3%	8%	51%	68%	89%	93%	91%	93%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
Under age 50	166	2%	0	0%
50 to 54	276	3%	14	0%
55 to 59	753	9%	125	4%
60 to 64	2,304	26%	677	22%
65 to 69	3,339	38%	1,271	41%
70 to 74	1,213	14%	627	20%
75 to 79	234	3%	139	4%
80 or over	85	1%	40	1%
I do not intend to retire	428	5%	205	7%
Total	**8,798**	**100%**	**3,098**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NPs

Under 65:	40%
Under 60:	14%

NPs 50 and over

Under 65:	26%
Under 60:	4%

Time until Retirement

Within 2 years:	5%
Within 10 years:	19%
Half the workforce:	By 2046

Source: Va. Healthcare Workforce Data Center

40% of NPs expect to retire by the age of 65, while 26% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 38% of all NPs expect to retire in their late 60s, and 23% of all NPs expect to work until at least age 70, including 5% who do not expect to retire at all.

Within the next two years, only 4% of Virginia's NPs plan on leaving either the profession or the state. Meanwhile, 10% of NPs plan on increasing patient care hours, and 13% plan on pursuing additional educational opportunities.

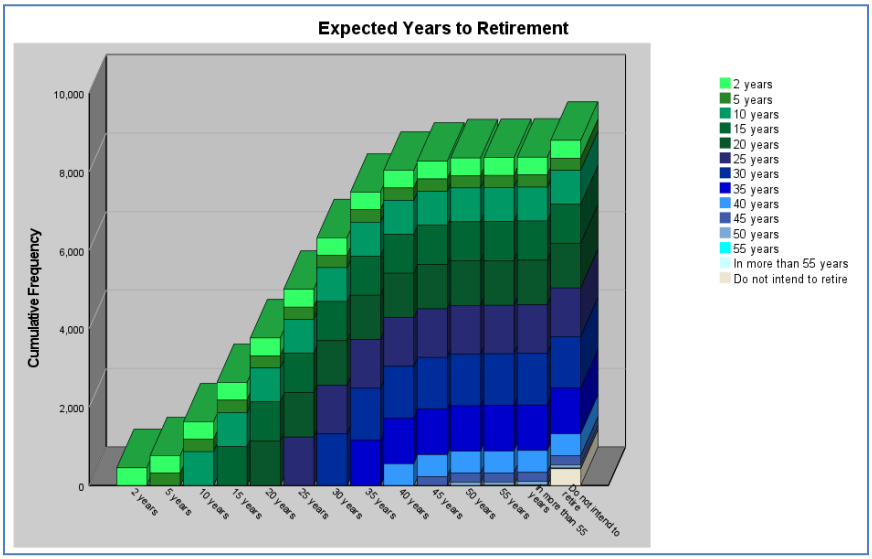
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	116	1%
Leave Virginia	350	3%
Decrease Patient Care Hours	1,240	10%
Decrease Teaching Hours	108	1%
Increase Participation		
Increase Patient Care Hours	1,175	10%
Increase Teaching Hours	1,300	11%
Pursue Additional Education	1,572	13%
Return to Virginia's Workforce	84	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 5% of NPs expect to retire in the next two years, while 19% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2046.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	451	5%	5%
5 years	314	4%	9%
10 years	863	10%	19%
15 years	998	11%	30%
20 years	1,135	13%	43%
25 years	1,238	14%	57%
30 years	1,318	15%	72%
35 years	1,160	13%	85%
40 years	559	6%	91%
45 years	229	3%	94%
50 years	84	1%	95%
55 years	8	0%	95%
In more than 55 years	13	0%	95%
Do not intend to retire	428	5%	100%
Total	**8,797**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2036. Retirement will peak at 15% of the current workforce around 2051 before declining to under 10% of the current workforce again around 2061.

At a Glance:

FTEs

Total:	10,712
FTEs/1,000 Residents:	1.25
Average:	0.91

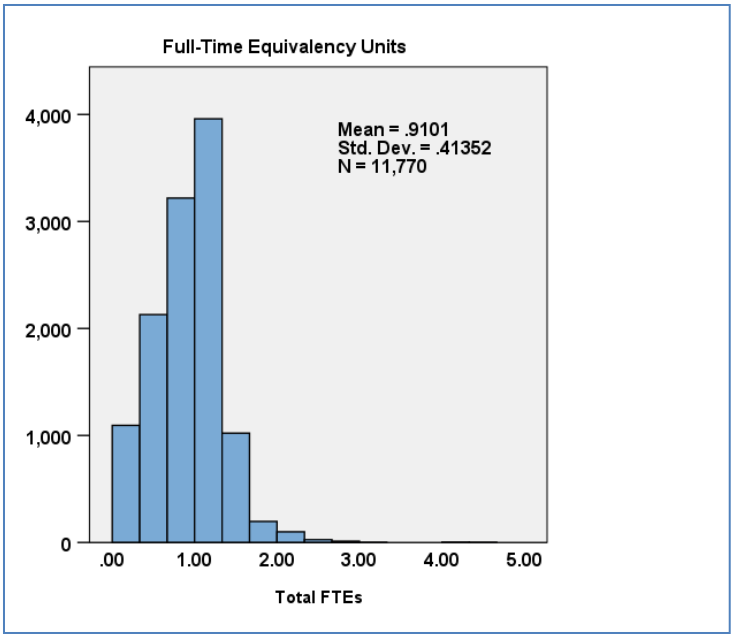
Age & Gender Effect

Age, Partial Eta^2:	Negligible
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:

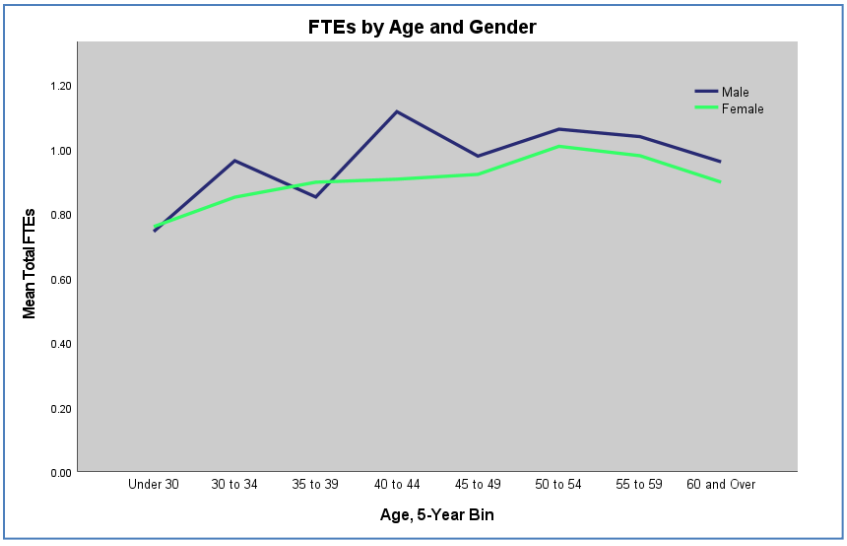


Source: Va. Healthcare Workforce Data Center

The typical (median) NP provided 0.91 FTEs, or approximately 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists[2].

Full-Time Equivalency Units		
Age	**Average Age**	**Median**
Under 30	0.77	0.77
30 to 34	0.85	0.88
35 to 39	0.95	1.01
40 to 44	0.92	0.88
45 to 49	0.88	0.89
50 to 54	1.03	1.10
55 to 59	0.94	1.01
60 and Over	0.86	0.86
Gender		
Male	0.98	1.06
Female	0.91	0.91

Source: Va. Healthcare Workforce Data Center

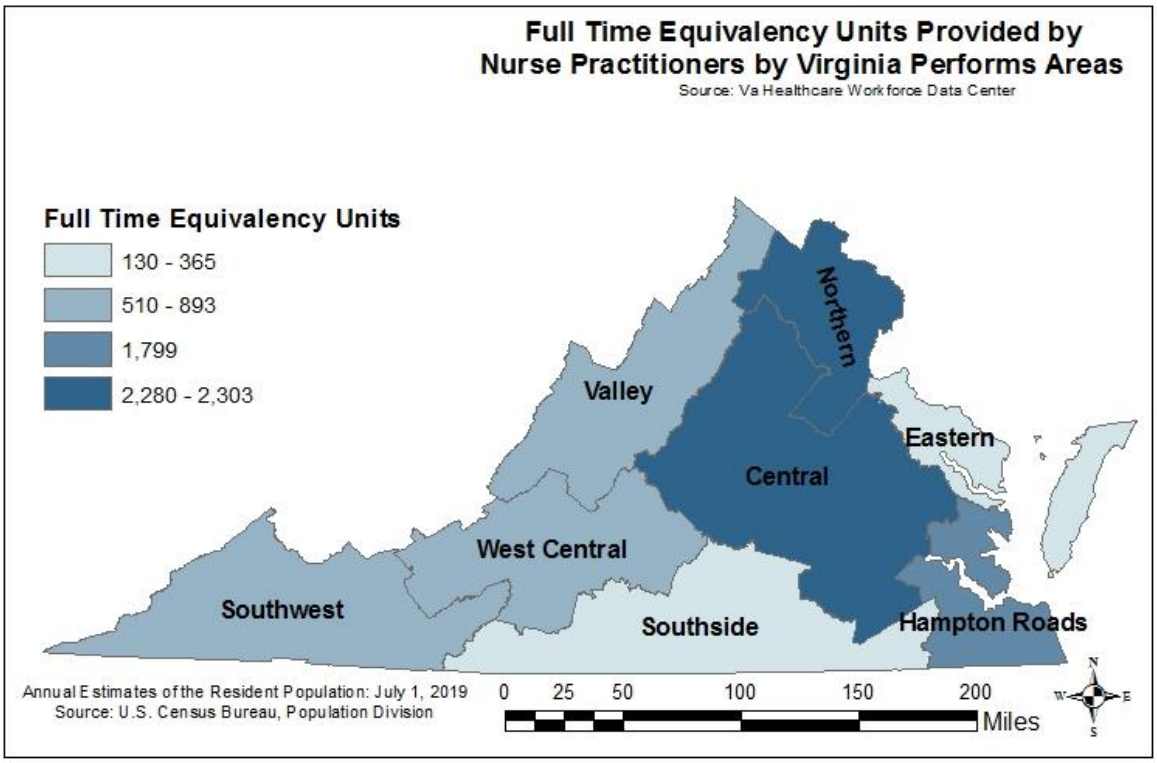


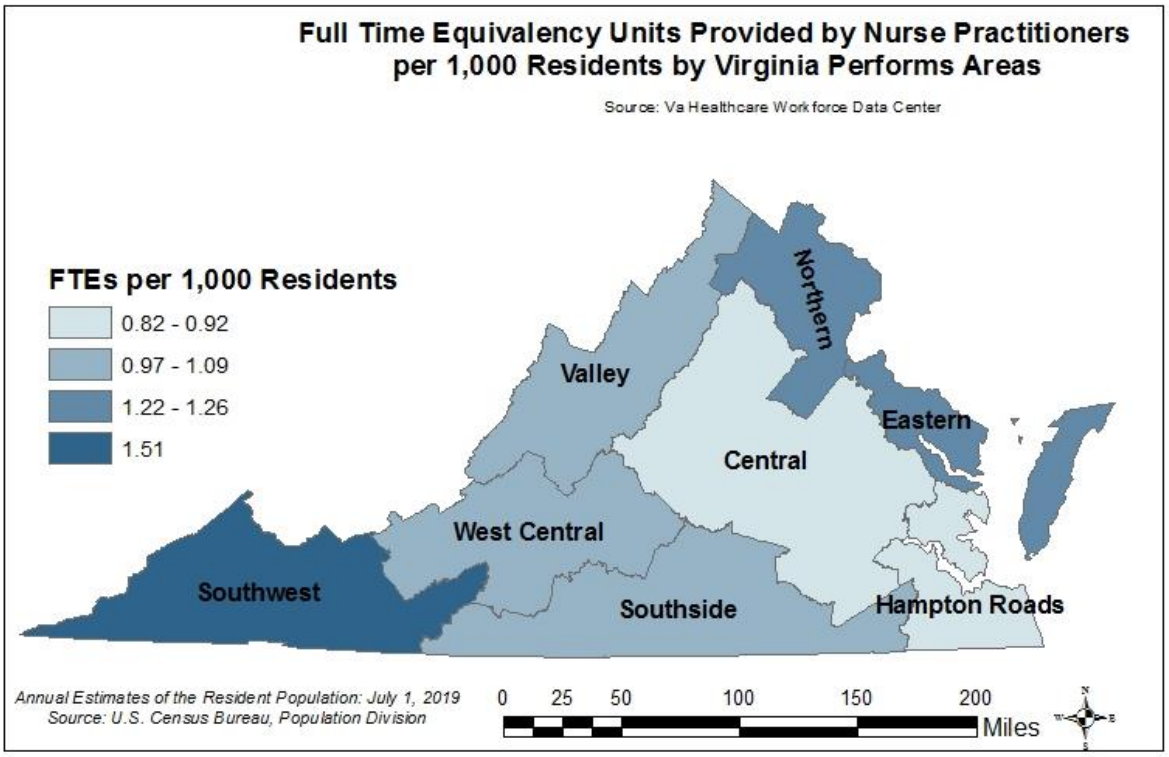
Source: Va. Healthcare Workforce Data Center

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

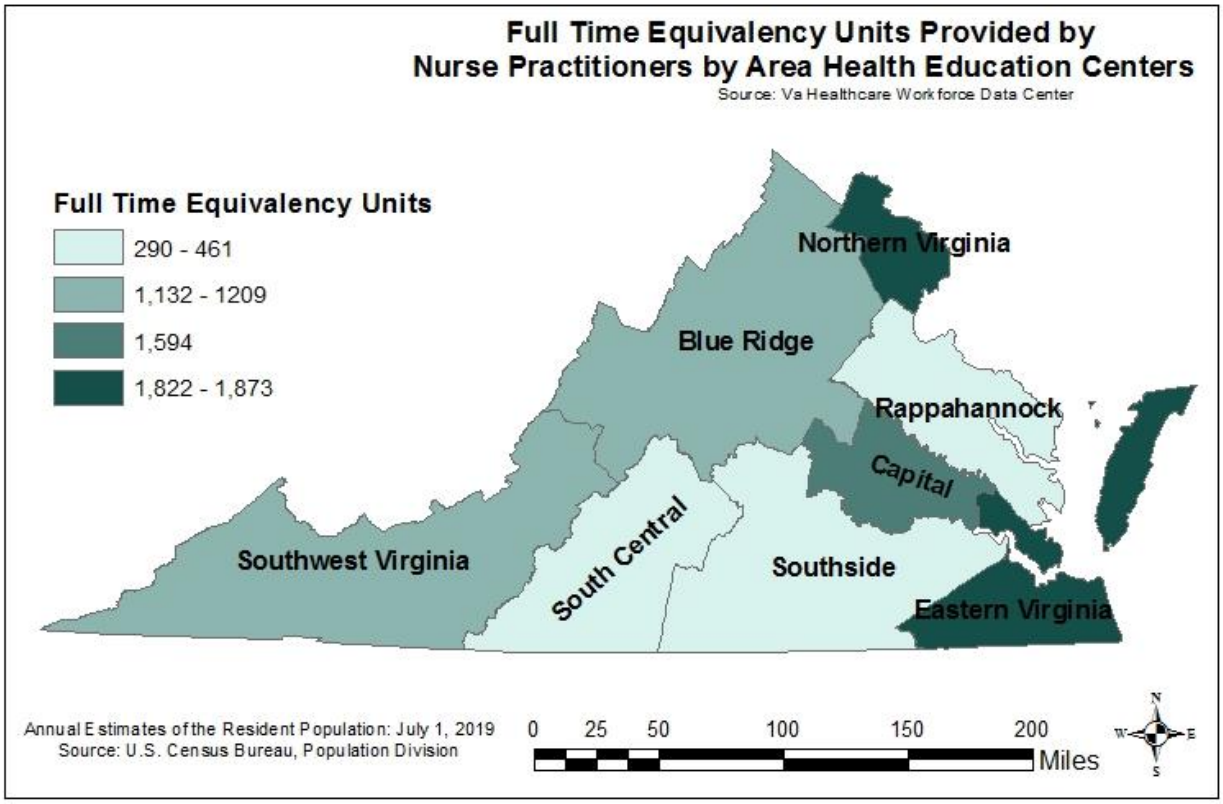
Maps

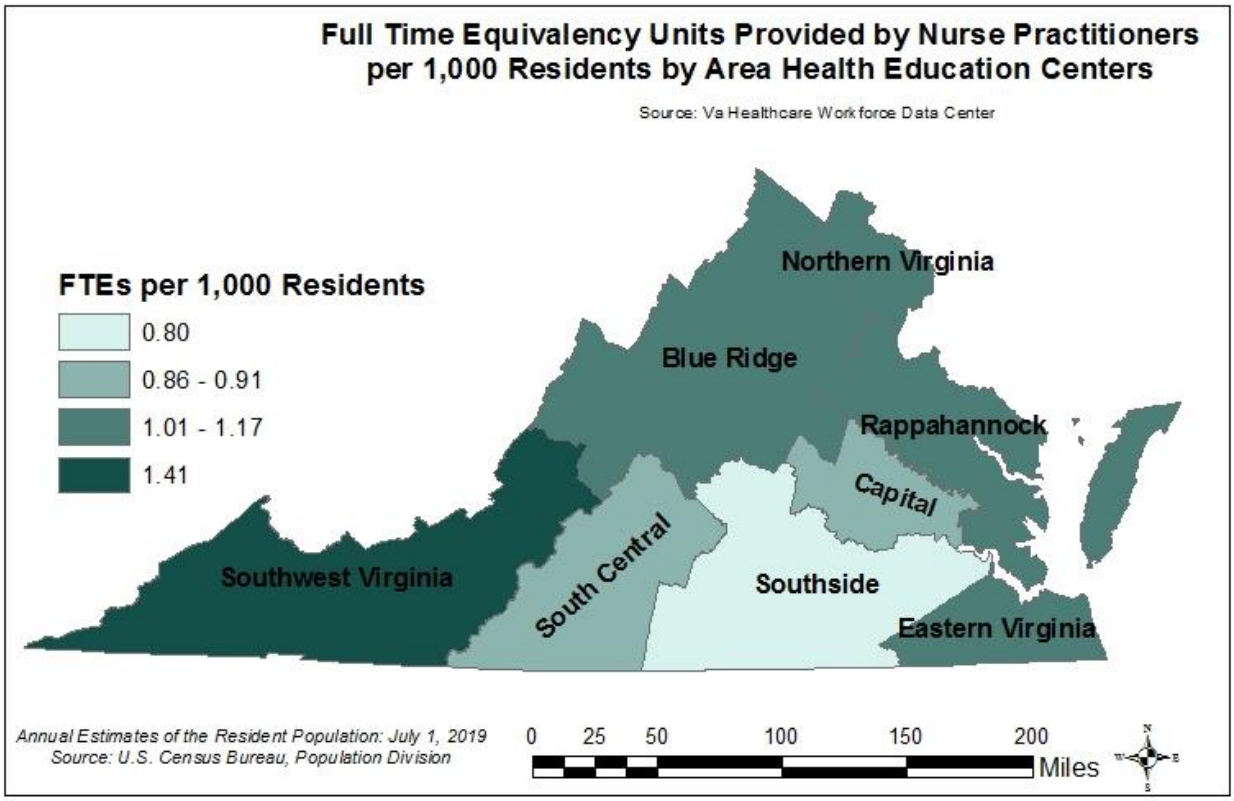
Virginia Performs Regions

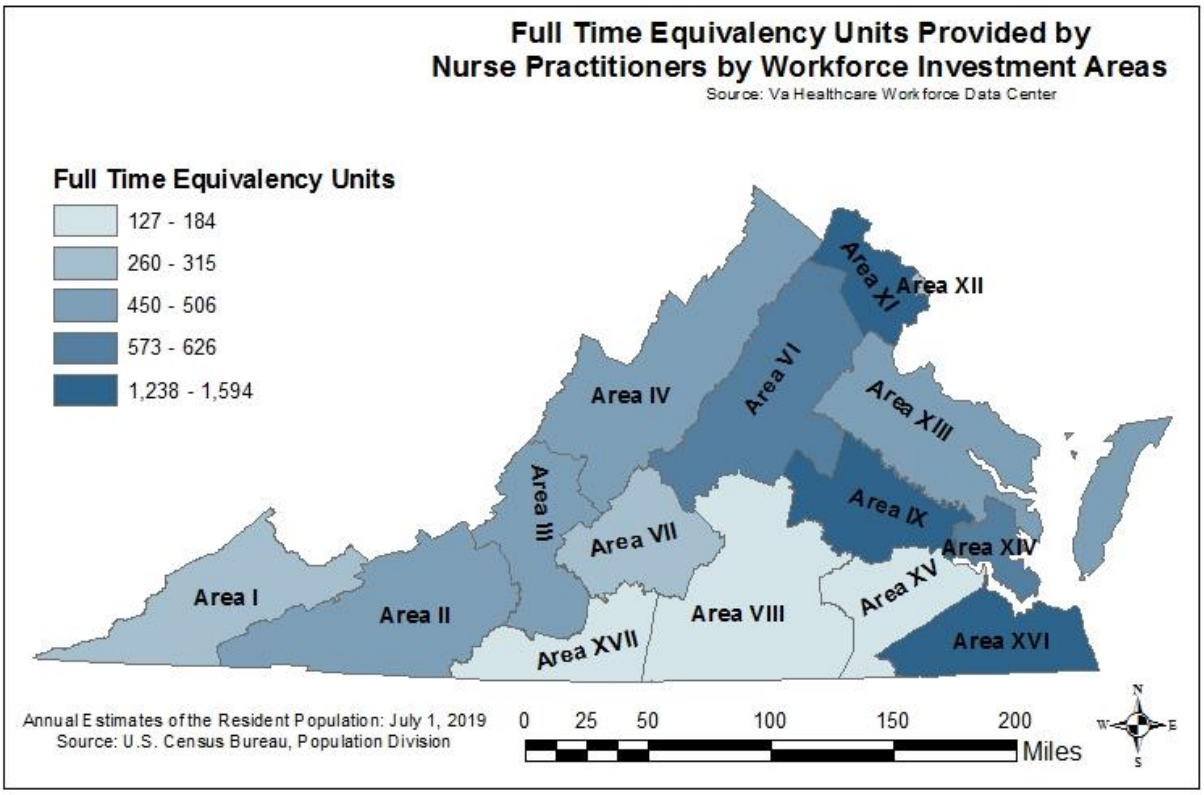


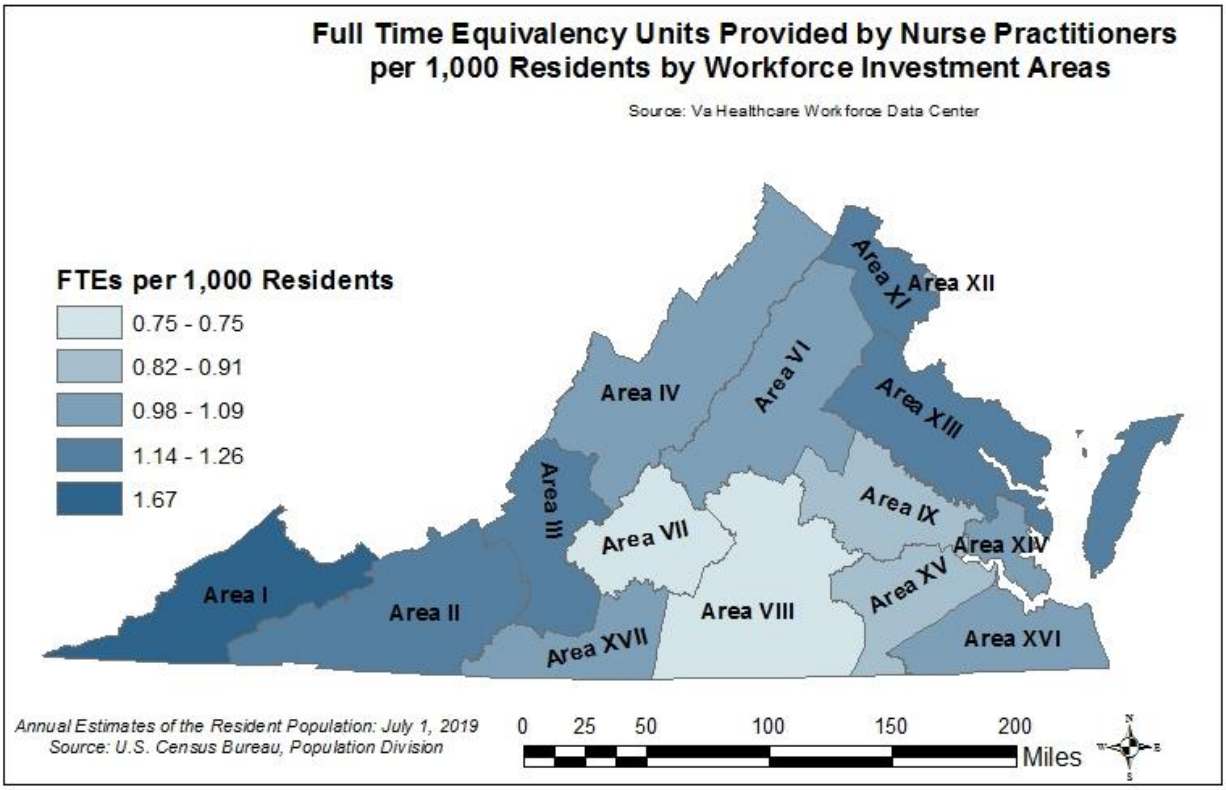


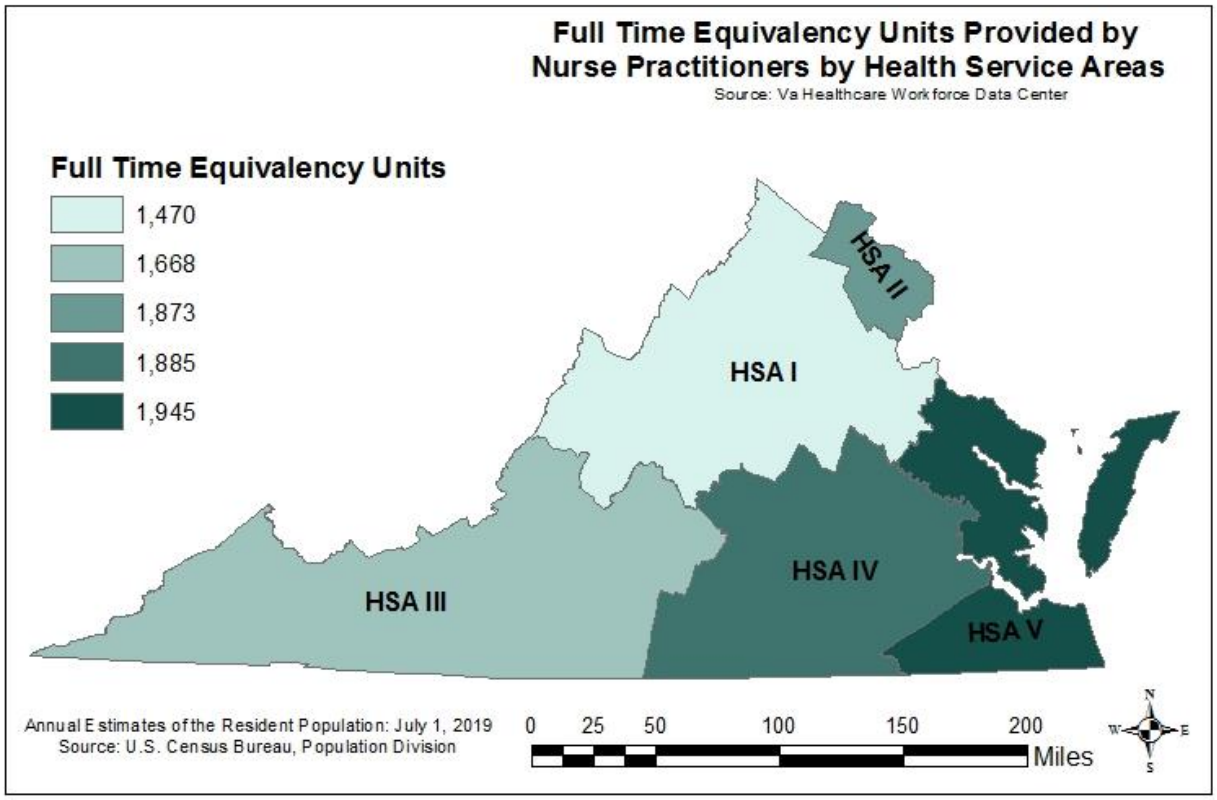
Area Health Education Center Regions

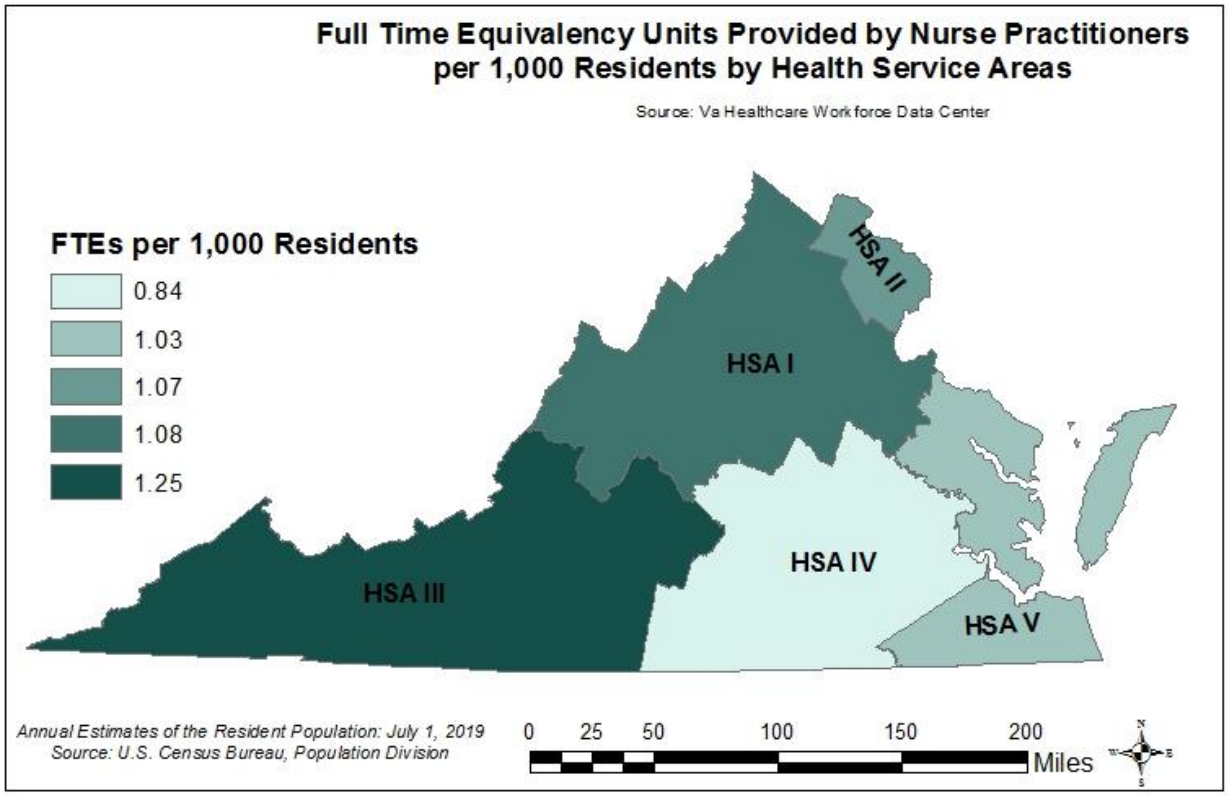


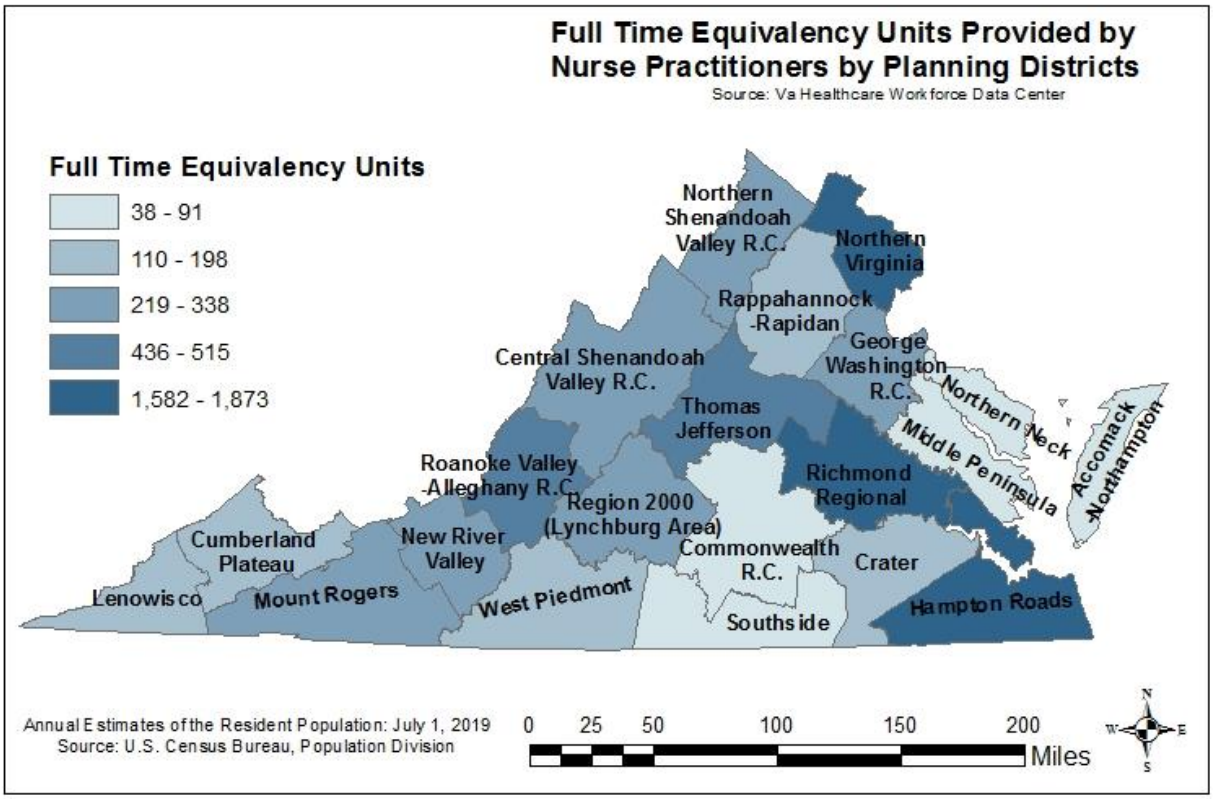


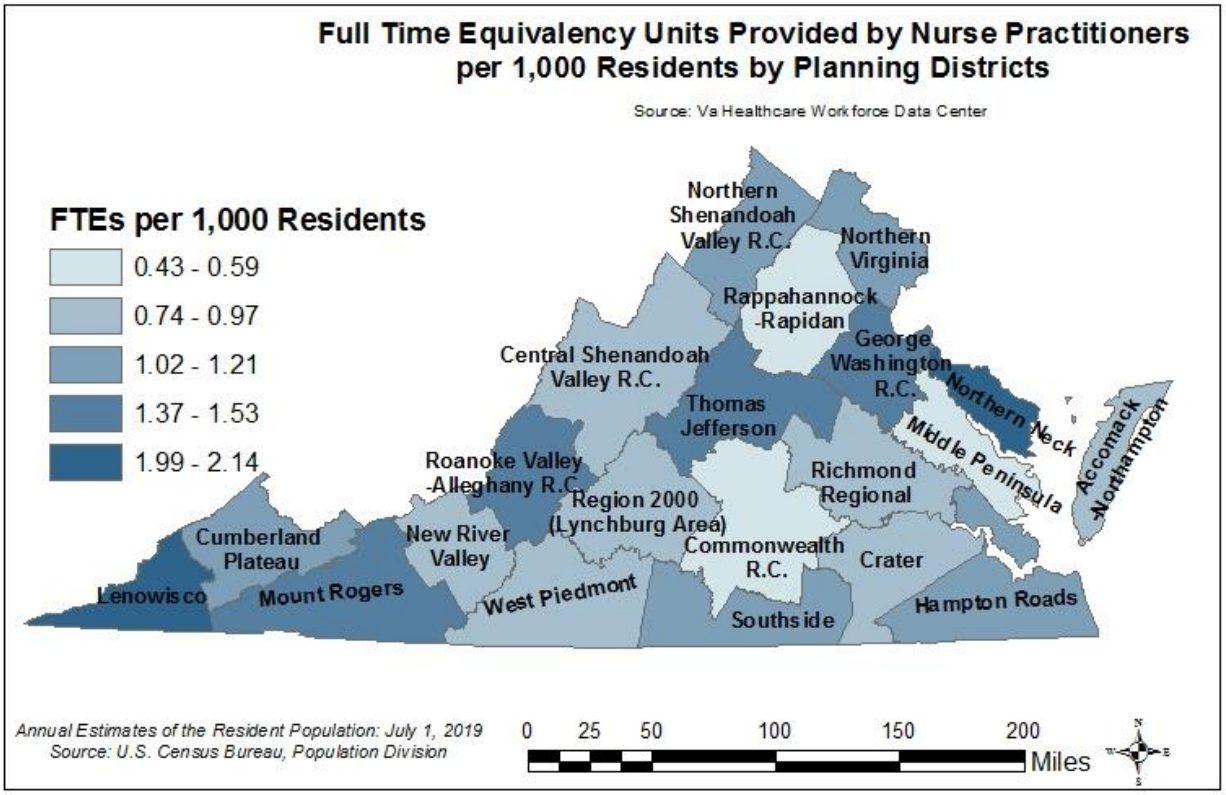

Full Time Equivalency Units Provided by
Nurse Practitioners by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
127 - 184
260 - 315
450 - 506
573 - 626
1,238 - 1,594
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Nurse Practitioners
per 1,000 Residents by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.75 - 0.75
0.82 - 0.91
0.98 - 1.09
1.14 - 1.26
1.67
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by
Nurse Practitioners by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
1,470
1,668
1,873
1,885
1,945
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Nurse Practitioners
per 1,000 Residents by Health Service Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.84
1.03
1.07
1.08
1.25
HSA I
HSA II
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Nurse Practitioners by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
38 - 91
110 - 198
219 - 338
436 - 515
1,582 - 1,873
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack -Northampton
Roanoke Valley -Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full Time Equivalency Units Provided by Nurse Practitioners per 1,000 Residents by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.43 - 0.59
0.74 - 0.97
1.02 - 1.21
1.37 - 1.53
1.99 - 2.14
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock -Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack -Northampton
Roanoke Valley -Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Cumberland Plateau
New River Valley
Commonwealth R.C.
Crater
Lenowisco
Mount Rogers
West Piedmont
Southside
Hampton Roads
Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	7,368	35.26%	2.8360	2.2484	4.9872
Metro, 250,000 to 1 million	930	36.13%	2.7679	2.1943	4.8673
Metro, 250,000 or less	1,199	34.78%	2.8753	2.2795	5.0563
Urban pop 20,000+, Metro adj	183	32.79%	3.0500	2.4180	3.8692
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	361	35.73%	2.7985	2.2186	4.9211
Urban pop, 2,500-19,999, nonadj	317	37.85%	2.6417	2.0943	4.6454
Rural, Metro adj	276	29.71%	3.3659	2.6684	5.9189
Rural, nonadj	112	26.79%	3.7333	2.9597	4.7361
Virginia border state/DC	2,038	15.60%	6.4088	5.0808	11.2700
Other US State	2,278	20.90%	4.7857	3.7940	8.4158

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	493	17.24%	5.8000	4.6454	11.2700
30 to 34	2,086	30.73%	3.2543	2.6065	6.3234
35 to 39	2,682	23.90%	4.1841	3.3512	8.1301
40 to 44	2,182	37.08%	2.6972	2.1602	5.2409
45 to 49	1,955	26.50%	3.7741	3.0228	7.3335
50 to 54	1,663	38.24%	2.6148	2.0943	5.0808
55 to 59	1,386	27.71%	3.6094	2.8909	7.0134
60 and Over	2,616	32.61%	3.0668	2.4563	5.9592

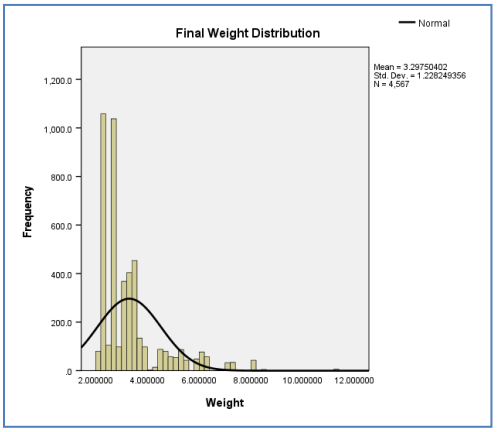
Source: Va. Healthcare Workforce Data Center

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

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

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

Overall Response Rate: 0.30319



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty

Healthcare Workforce Data Center

December 2021

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

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Over 8,500 Licensed Nurse Practitioners voluntarily participated in the 2020 and 2021 surveys. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Dr. Elizabeth Carter, PhD	Yetty Shobo, PhD	Rajana Siva, MBA	Christopher Coyle, BA
Executive Director	*Deputy Director*	*Data Analyst*	*Research Assistant*

Joint Boards of Nursing and Medicine

Chair

Marie Gerardo, MS, RN, ANP-BC
Midlothian

Members

David Archer, MD
Norfolk

Laurie Buchwald, MSN, WHNP, NCMP, FNP
Radford

Ann Tucker Gleason, PhD
Zion Crossroads

Blanton L. Marchese
North Chesterfield

Ryan Williams, MD
Suffolk

Executive Director, Board of Medicine

William Harp, MD

Executive Director, Board of Nursing

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

Contents

Results in Brief

This is a special report created for the Committee of the Joint Boards of Nursing and Medicine. The report uses data from the 2020 and 2021 Nurse Practitioner Surveys. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of all NPs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Nurse Practitioners (NPs) the opportunity to complete the survey. The 2020 survey occurred between October 2019 and September 2020; the 2021 survey occurred between October 2020 and September 2021. The survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including NPs who were newly licensed during the survey period.

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

Nine of ten NPs are female; CNMs are nearly all female whereas slightly less than three-quarters of CRNAs are female; 93% of CNPs are female. The median age of all NPs is 44. The median age of CRNAs is 46 and the median age for CNPs is 44. CNMs have the lowest median age, 42. In a random encounter between two NPs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 32% diversity index; CRNAs and CNPs had 34% and 40% diversity indices, respectively. Overall, 12% of NPs work in rural areas. CNPs had the highest rural workforce participation; 13% of CNPs work in rural areas compared to 6% and 4% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 19% reporting a doctorate degree; only 13% of CNMs and 12% of CNPs did. Surprisingly, CNMs reported the highest median education debt of $90k-$100k, and more than half of CNMs had education debt. Over half of CNPs also reported education debt although they had the lowest median at $60k-$70k. CRNAs had $80-$90k in education debt but only 45% of them had education debt.

CRNAs also reported the highest median annual income; they reported $120k-$130k in median income. The average for all other NPs is $100k-$110k. Further, 85% of CRNAs reported more than $120,000 in income compared to 34% of CNMs and 25% of CNPs. However, only 74% of CRNAs received at least one employer-sponsored benefit compared to 80% of CNMs and 85% of CNPs. Overall, 94% of NPs are satisfied with their current employment situation. However, only 92% of CNMs were satisfied compared to 97% of CRNAs and 94% of CNPs. A third of all NPs reported employment instability in the year prior to the survey, with CRNAs being most likely to report employment instability.

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 89% of CNMs and 85% of CNPs. Meanwhile, CRNAs had the lowest percent working in federal, state, or local government. CRNAs and CNMs were most likely to be working in the inpatient department of hospitals whereas CNPs were most likely to work in primary care clinics. Only 12% of CRNAs used at least one form of electronic health record or telehealth compared to 28% of CNMs and 44% of CNPs. A quarter of CRNAs plan to retire within the next decade compared to 20% of CNMs and 17% of CNPs. About 43%, 34% and 38% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Meanwhile, 2%, 6%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not intend to retire.

In 2018, the General Assembly authorized the Joint Boards of Nursing and Medicine to promulgate regulations that would permit qualified nurse practitioners to practice autonomously after the completion of five years of clinical experience as a nurse practitioner under a practice agreement. The bill required that the Boards provide information regarding the practice of autonomously practicing NPs to committees of the General Assembly by November 2021. That report, which includes demographic, complaint, and disciplinary data, and suggested modifications to the provisions of the law, is now available[1].

[1] https://rga.lis.virginia.gov/Published/2021/RD625/PDF

A Closer Look:

This report uses data from the 2020 and 2010 Nurse Practitioner Surveys, and licensure data retrieved in October 2021. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years in their birth month. Thus, every NP would have been eligible to complete a survey in only one of the two years. Newly licensed NPs do not complete the survey so they are excluded from the survey. From the licensure data, 2,211 of NPs reported their first specialty as CRNA; 421 had a first specialty of CNM, 12,410 had other first specialties. However, 2 CNMs reported two additional specialties and 55 reported one additional specialty. Eight CRNAs also reported one other specialty. "At a Glance" shows the break down by specialty. Over 83% are CNPs and about 3% are CNMs.

At a Glance:

Licensed NPs

Total:	15,056
CRNA:	2,211
CNM:	421
CNP:	12,410

Response Rates

All Licensees: (2020 & 2021)	58%

Source: Va. Healthcare Workforce Data Center

Response Rates	CRNA	CNM	CNP	Total
Completed Surveys 2020	665	126	3,232	**4,023**
Completed Surveys 2021	718	132	3,707	**4,557**
Response Rate, all licensees	63%	61%	56%	**57%**

Source: Va. Healthcare Workforce Data Center

Our surveys tend to achieve very high response rates. An average of 57% of NPs submitted a survey in both 2020 and 2021. As shown above, the response rate was highest for CRNAs and lowest for CNPs.

Not in Workforce in Past Year	CRNA	CNM	CNP	All 2021
% of Licensees not in VA Workforce	23%	20%	19%	**20%**
% in Federal Employee or Military:	9%	28%	14%	**14%**
% Working in Virginia Border State or DC	16%	19%	27%	**21%**

Source: Va. Healthcare Workforce Data Center

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

Definitions

1. **The Survey Period:** The survey was conducted between October 2019 and September 2020, and between October 2020 and September 2021, on the birth month of each renewing practitioner.
2. **Target Population:** All NPs who held a Virginia license at some point during the survey period.
3. **Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time frame.

A Closer Look:

At a Glance:

2020 and 2021 Workforce

Virginia's NP Workforce:	12,070
FTEs:	10,712

Workforce by Specialty

CRNA:	1,709
CNM:	341
CNP:	10,046

FTE by Specialty

CRNA:	2.053
CNM:	333
CNP:	8,956

Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's NP Workforce								
	CRNA		CNM		CNP		All (2020)	
Status	#	%	#	%	#	%	#	%
Worked in Virginia in Past Year	1,696	99%	325	95%	9,824	98%	11,783	98%
Looking for Work in Virginia	12	1%	16	5%	222	2%	287	2%
Virginia's Workforce	**1,709**	**100%**	**341**	**100%**	**10,046**	**100%**	**12,070**	**100%**
Total FTEs	**2,053**		**333**		**8,956**		**10,712**	
Licensees	**2,112**		**421**		**12,410**		**15,063**	

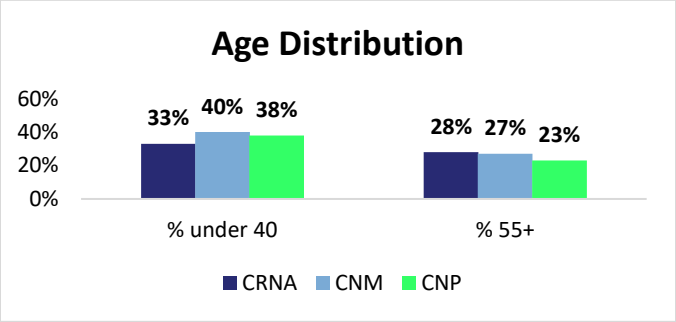
Source: Va. Healthcare Workforce Data Center

CNPs provided about 80% of the nurse practitioner FTEs in the state. CRNAs provided 16% whereas CNMs provided 3% of the FTEs. 5% of CNMs in the state's workforce were looking for work compared to 2% or less of the other NPs.

A Closer Look (All Nurse Practitioners in 2021):

Age & Gender						
	Male		Female		Total	
Age	#	% Male	#	% Female	#	% in Age Group
Under 30	20	5%	406	95%	425	4%
30 to 34	135	8%	1,469	92%	1,603	15%
35 to 39	207	11%	1,746	89%	1,953	18%
40 to 44	157	10%	1,382	90%	1,539	14%
45 to 49	164	12%	1,185	88%	1,348	13%
50 to 54	127	11%	1,023	89%	1,150	11%
55 to 59	88	9%	871	91%	959	9%
60 +	170	10%	1,506	90%	1,676	16%
Total	**1,066**	**10%**	**9,588**	**90%**	**10,654**	**100%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	90%
% Under 40 Female:	91%

% Female by Specialty

CRNA:	71%
CNM:	98%
CNP:	93%

% Female <40 by Specialty

CRNA:	74%
CNM:	96%
CNP:	93%

Source: Va. Healthcare Workforce Data Center

CNMs have lowest median age of 42; median age is 46 for CRNAs and 44 for CNPs.

Age & Gender by Specialty												
	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
Age	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
Under 30	14	75%	18	1%	13	100%	13	4%	341	92%	371	4%
30 to 34	162	76%	213	14%	56	100%	56	19%	1,421	94%	1,513	17%
35 to 39	187	71%	262	17%	46	91%	51	17%	1,402	94%	1,500	17%
40 to 44	195	77%	253	17%	43	100%	43	14%	1,299	93%	1,405	16%
45 to 49	111	66%	169	11%	24	100%	24	8%	985	92%	1,066	12%
50 to 54	107	64%	167	11%	30	100%	30	10%	934	91%	1,022	11%
55 to 59	105	73%	143	9%	21	100%	21	7%	675	95%	710	8%
60 +	191	67%	284	19%	60	100%	60	20%	1,262	95%	1,331	15%
Total	**1,071**	**71%**	**1,509**	**100%**	**293**	**98%**	**298**	**100%**	**8,320**	**93%**	**8,917**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look (All Nurse Practitioners in 2021):

Race & Ethnicity (2021)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	8,243	77%	3,028	76%
Black	19%	1,220	11%	441	11%
Asian	7%	630	6%	251	6%
Other Race	0%	106	1%	37	1%
Two or more races	3%	186	2%	70	2%
Hispanic	10%	324	3%	164	4%
Total	**100%**	**10,709**	**100%**	**3,991**	**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, 2019.

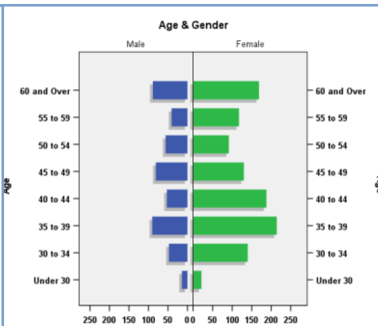
Source: Va. Healthcare Workforce Data Center

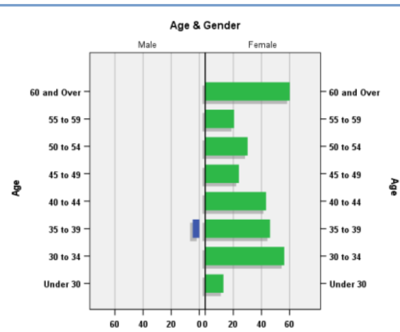
At a Glance:

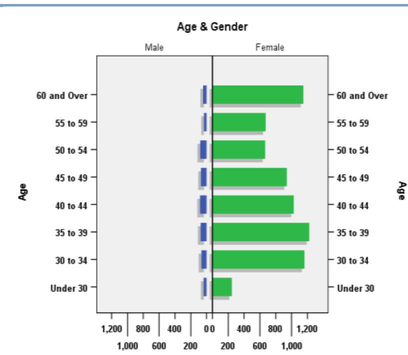
2021 Diversity
Diversity Index: 39%
Under 40 Div. Index: 41%

Diversity by Specialty
CRNA: 34%
CNM: 32%
CNP: 40%

Age, Race, Ethnicity & Gender												
	CRNA				CNM				CNP			
Race/ Ethnicity	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,207	81%	394	80%	244	81%	91	75%	6,844	76%	2,548	75%
Black	100	7%	29	6%	39	13%	21	17%	1,124	13%	412	12%
Asian	94	6%	27	5%	1	0%	0	0%	469	5%	200	6%
Other Race	20	1%	9	2%	3	1%	2	2%	88	1%	27	1%
Two or more races	29	2%	13	3%	2	1%	2	2%	155	2%	70	2%
Hispanic	45	3%	22	4%	11	4%	5	4%	271	3%	136	4%
Total	**1,495**	**100%**	**494**	**100%**	**300**	**100%**	**121**	**100%**	**8,951**	**100%**	**3,393**	**100%**







Source: Va. Healthcare Workforce Data Center

A Closer Look:

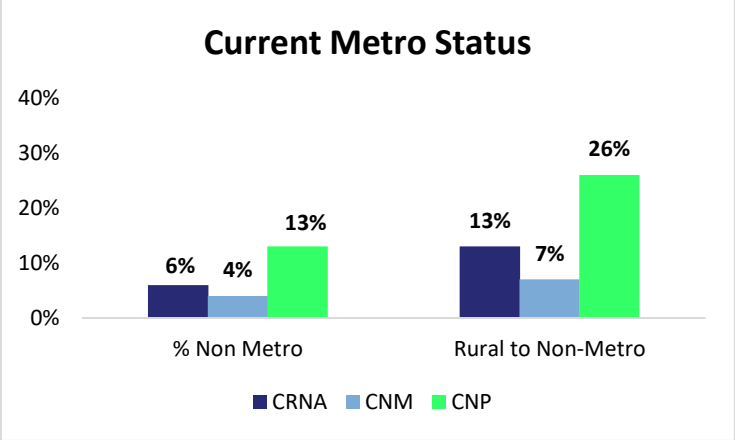
At a Glance:

Rural Childhood

CRNA:	28%
CNM:	32%
CNP:	36%
All:	34%

Non-Metro Location

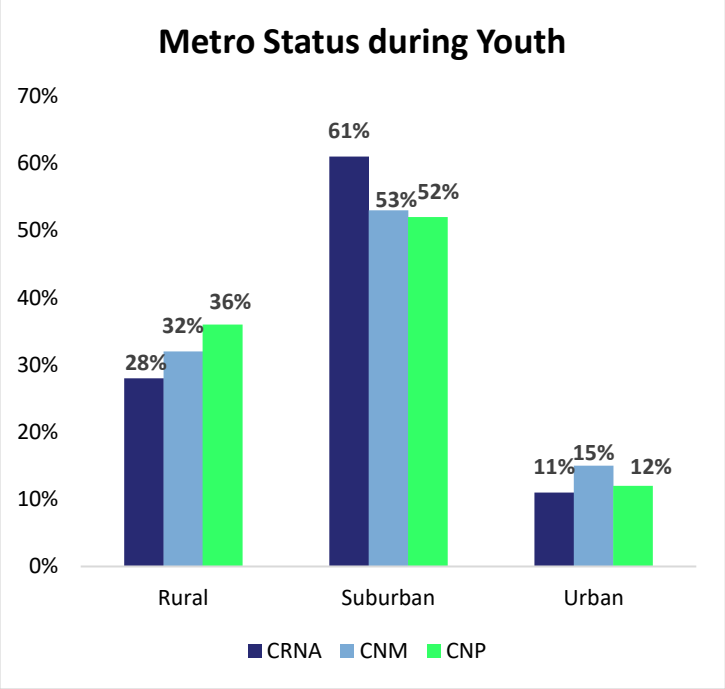
CRNA:	6%
CNM:	4%
CNP:	13%
All:	12%



Source: Va. Healthcare Workforce Data Center

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	32%	35%	39%	44%
CNM	31%	33%	40%	27%
CNP	48%	55%	60%	55%
All (2021)	**44%**	**51%**	**56%**	**52%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

At a Glance:

Median Educational Debt

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

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to carry education debt; 55% and 77% of all CNMs and of CNMs under age 40, respectively, had education debt. Their median debt at $90k-$100k was also the highest. CNPs had the lowest median education debt although over half of them also reported education debt.

	Highest Degree							
	CRNA		CNM		CNP		All (2021)	
Degree	#	%	#	%	#	%	#	%
NP Certificate	126	9%	6	2%	91	1%	225	2%
Master's Degree	1,054	72%	211	72%	6,942	79%	8,159	78%
Post-Masters Cert.	15	1%	40	14%	740	8%	753	7%
Doctorate of NP	193	13%	28	10%	775	9%	1,043	10%
Other Doctorate	88	6%	8	3%	222	3%	303	3%
Post-Ph.D. Cert.	0	0%	0	0%	1	0%	2	0%
Total	**1,476**	**100%**	**293**	**100%**	**8,771**	**100%**	**10,485**	**100%**

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All (2021)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	55%	33%	45%	23%	48%	37%	49%	38%
$20,000 or less	6%	3%	5%	4%	8%	8%	8%	7%
$20,000-$29,999	3%	1%	2%	0%	4%	5%	4%	5%
$30,000-$39,999	3%	6%	2%	2%	4%	6%	4%	6%
$40,000-$49,999	3%	6%	3%	2%	4%	5%	4%	5%
$50,000-$59,999	2%	3%	7%	11%	4%	4%	3%	3%
$60,000-$69,999	2%	2%	2%	0%	4%	6%	4%	5%
$70,000-$79,999	2%	4%	3%	7%	4%	6%	4%	6%
$80,000-$89,999	2%	3%	2%	0%	3%	4%	3%	3%
$90,000-$99,999	2%	3%	1%	1%	3%	4%	3%	4%
$100,000-$109,999	2%	4%	6%	11%	3%	3%	3%	3%
$110,000-$119,999	2%	4%	1%	2%	2%	3%	2%	2%
$120,000 or more	15%	29%	20%	37%	9%	10%	11%	13%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employed in Profession

CRNA:	98%
CNM:	91%
CNP:	95%

Involuntary Unemployment

CRNA:	0%
CNM:	3%
CNP:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

	Current Weekly Hours			
Hours	CRNA	CNM	CNP	All (2021)
0 hours	1%	6%	3%	3%
1 to 9 hours	1%	4%	2%	2%
10 to 19 hours	3%	1%	3%	2%
20 to 29 hours	7%	7%	7%	7%
30 to 39 hours	24%	16%	21%	20%
40 to 49 hours	52%	35%	48%	48%
50 to 59 hours	8%	16%	11%	11%
60 to 69 hours	2%	11%	4%	4%
70 to 79 hours	0%	3%	1%	1%
80 or more hours	1%	2%	2%	1%
Total	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

Over half of CRNAs work 40-49 hours and 12% work more than 50 hours whereas about 32% of CNMs work more than 50 hours. Close to half of CNPs work 40-49 hours and 17% work more than 50 hours.

	Current Positions							
	CRNA		CNM		CNP		All (2021)	
Positions	#	%	#	%	#	%	#	%
No Positions	20	1%	16	6%	283	3%	327	3%
One Part-Time Position	217	15%	43	15%	1,192	14%	1,500	15%
Two Part-Time Positions	55	4%	7	2%	284	3%	338	3%
One Full-Time Position	922	63%	183	64%	5,633	66%	6,634	65%
One Full-Time Position & One Part-Time Position	201	14%	28	10%	1,039	12%	1,204	12%
Two Full-Time Positions	2	0%	2	1%	36	0%	46	0%
More than Two Positions	53	4%	6	2%	126	1%	192	2%
Total	**1,470**	**100%**	**285**	**100%**	**8,593**	**100%**	**10,241**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

	Employer-Sponsored Benefits*			
Benefit	**CRNA**	**CNM**	**CNP**	**All (2021)**
Signing/Retention Bonus	27%	21%	13%	15%
Dental Insurance	57%	51%	63%	62%
Health Insurance	58%	56%	65%	63%
Paid Leave	64%	70%	75%	73%
Group Life Insurance	53%	40%	51%	51%
Retirement	69%	64%	72%	73%
Receive at least one benefit	**74%**	**80%**	**85%**	**81%**
*Wage and salaried employees receiving from any employer at time of survey.				

Source: Va. Healthcare Workforce Data Center

At a Glance:

Median Income

CRNA:	$120k-$130k
CNM:	$100k-$110k
CNP:	$100k-$110K
All (2021):	$100k-$110k

Percent Satisfied

CRNA:	97%
CNM:	92%
CNP:	94%

Source: Va. Healthcare Workforce Data Center

CRNAs reported $120k-$130k in median income. All other NPs, including CNMs, reported $100k-$110k in median income. CNMs were the least satisfied with their current employment situation whereas CRNAs were the most satisfied. 3% of CNMs reported being very dissatisfied whereas 2% or less of the other NPs reported being very dissatisfied.

	Income			
Annual Income	**CRNA**	**CNM**	**CNP**	**All (2021)**
Volunteer Work Only	0%	1%	1%	1%
Less than $40,000	2%	7%	5%	4%
$40,000-$49,999	0%	2%	2%	2%
$50,000-$59,999	1%	1%	3%	2%
$60,000-$69,999	1%	5%	4%	4%
$70,000-$79,999	1%	5%	6%	6%
$80,000-$89,999	1%	8%	9%	7%
$90,000-$99,999	2%	10%	14%	11%
$100,000-$109,999	4%	14%	19%	16%
$110,000-$119,999	3%	11%	13%	12%
$120,000 or more	85%	34%	25%	35%
Total	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year				
In the past year did you . . .?	**CRNA**	**CNM**	**CNP**	**All (2021)**
Experience Involuntary Unemployment?	7%	6%	3%	4%
Experience Voluntary Unemployment?	4%	6%	5%	5%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	2%	1%	4%	4%
Work two or more positions at the same time?	20%	13%	18%	17%
Switch employers or practices?	6%	10%	9%	8%
Experienced at least 1	**32%**	**29%**	**30%**	**30%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Involuntarily Unemployed

CRNA: 7%
CNM: 3%
CNP: 3%

Underemployed

CRNA: 2%
CNM: 3%
CNP: 4%

Over 2 Years Job Tenure

CRNA: 69%
CNM: 48%
CNP: 53%

Source: Va. Healthcare Workforce Data Center

Job Tenure at Location						
Tenure	**CRNA**		**CNM**		**CNP**	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Not Currently Working at this Location	1%	5%	3%	3%	3%	7%
< 6 Months	5%	8%	6%	10%	8%	15%
6 Months-1 yr	6%	12%	12%	16%	12%	16%
1 to 2 Years	18%	24%	29%	28%	24%	21%
3 to 5 Years	28%	28%	24%	23%	24%	22%
6 to 10 Years	16%	10%	12%	15%	14%	12%
> 10 Years	25%	12%	14%	5%	15%	8%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

CNMs were most likely to be paid by salary or commission. Over 75% of them were paid that way, compared to 55% of CRNAs and 69% of CNPs.

Forms of Payment				
Primary Work Site	**CRNA**	**CNM**	**CNP**	**All (2021)**
Salary/ Commission	55%	79%	69%	66%
Hourly Wage	36%	14%	26%	28%
By Contract	10%	7%	5%	6%
Unpaid	0%	0%	1%	0%
Total	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

% in Top 3 Regions

CRNA:	78%
CNM:	74%
CNP:	70%

2 or More Locations Now

CRNA:	29%
CNM:	21%
CNP:	22%

Source: Va. Healthcare Workforce Data Center

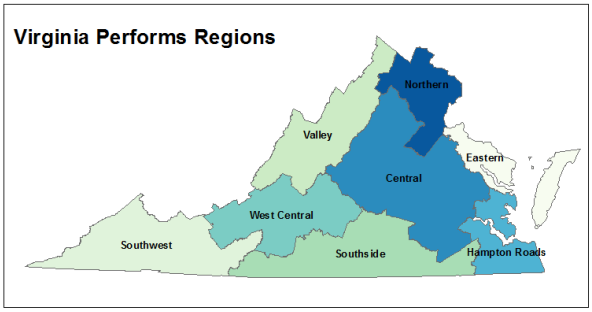
For primary work locations, Northern Virginia has the highest proportion of CNMs and CRNAs whereas CNPs were most concentrated in both the Central and Northern Virginia regions.

A Closer Look:

Regional Distribution of Work Locations

Virginia Performs Region	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
Central	27%	20%	19%	29%	25%	20%
Eastern	1%	0%	1%	0%	2%	2%
Hampton Roads	22%	24%	21%	14%	18%	17%
Northern	30%	28%	33%	15%	26%	23%
Southside	3%	2%	1%	0%	4%	3%
Southwest	3%	3%	1%	4%	7%	7%
Valley	2%	2%	10%	8%	6%	5%
West Central	9%	7%	14%	5%	10%	10%
Virginia Border State/DC	1%	4%	0%	18%	1%	3%
Other US State	2%	8%	0%	7%	1%	10%
Outside of the US	0%	1%	0%	0%	0%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center



Number of Work Locations Now*

Locations	CRNA		CNM		CNP	
	#	%	#	%	#	%
0	25	2%	22	8%	361	4%
1	1,012	69%	202	72%	6,307	74%
2	177	12%	37	13%	1,098	13%
3	195	13%	18	7%	644	8%
4	31	2%	0	0%	76	1%
5	8	1%	2	1%	17	0%
6 +	17	1%	1	0%	49	1%
Total	**1,464**	**100%**	**281**	**100%**	**8,551**	**100%**

Source: Va. Healthcare Workforce Data Center

*At survey completion (birth month of respondents)

A Closer Look:

Sector	Location Sector							
	CRNA		CNM		CNP		All (2021)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
For-Profit	55%	66%	60%	53%	52%	63%	52%	63%
Non-Profit	36%	26%	29%	28%	33%	26%	34%	26%
State/Local Government	4%	3%	4%	12%	9%	8%	8%	7%
Veterans Administration	2%	0%	0%	0%	3%	0%	3%	0%
U.S. Military	2%	4%	5%	7%	2%	1%	2%	3%
Other Federal Government	0%	0%	1%	0%	2%	1%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 89% of CNMs and 85% of CNPs. Meanwhile, CRNAs had the lowest percent working in state, local or federal government.

At a Glance:
(Primary Locations)

For-Profit Primary Sector

CRNA:	55%
CNM:	60%
CNP:	52%

Top Establishments

CRNA:	Inpatient Department
CNM:	Inpatient Department
CNP:	Clinic, Primary Care

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2021)
Meaningful use of EHRs	11%	21%	33%	24%
Remote Health, Caring for Patients in Virginia	1%	14%	25%	6%
Remote Health, Caring for Patients Outside of Virginia	0%	3%	6%	2%
Use at least one	**12%**	**28%**	**44%**	**28%**

Source: Va. Healthcare Workforce Data Center

More than a quarter of the state NP workforce used at least one EHR. 6% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so likely because of the nature of their job.

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2020)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
Clinic, Primary Care or Non-Specialty	0%	1%	13%	2%	22%	16%	19%	12%
Hospital, Inpatient Department	39%	29%	19%	45%	15%	14%	18%	18%
Physician Office	1%	4%	13%	3%	9%	5%	8%	5%
Academic Institution (Teaching or Research)	11%	4%	8%	10%	7%	10%	8%	9%
Private practice, group	3%	2%	19%	9%	8%	5%	7%	4%
Hospital, Outpatient Department	12%	11%	3%	0%	6%	3%	7%	5%
Clinic, Non-Surgical Specialty	0%	2%	6%	5%	4%	4%	4%	3%
Ambulatory/Outpatient Surgical Unit	18%	28%	0%	0%	1%	1%	4%	6%
Long Term Care Facility, Nursing Home	0%	0%	0%	0%	4%	6%	3%	6%
Hospital, Emergency Department	3%	4%	0%	0%	2%	5%	3%	5%
Mental Health, or Substance Abuse, Outpatient Center	0%	0%	0%	0%	3%	3%	2%	2%
Private practice, solo	0%	0%	3%	2%	2%	3%	2%	1%
Hospice	0%	0%	0%	0%	1%	4%	1%	3%
Other Practice Setting	12%	12%	15%	24%	12%	12%	14%	21%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Va. Healthcare Workforce Data Center

The inpatient department of a hospital was the most mentioned primary work establishment for NPs on average. This result was driven primarily by CRNAs and CNMs. For CNPs, primary care clinic was the most mentioned primary work establishment.

At a Glance:
(Primary Locations)

Patient Care Role

CRNA:	95%
CNM:	87%
CNP:	87%

Education Role

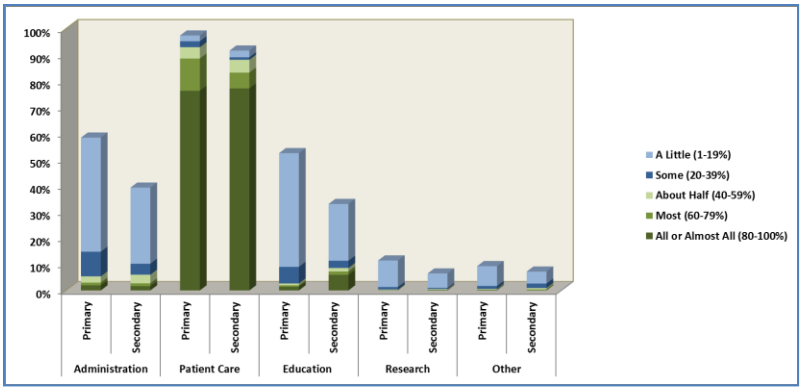
CRNA:	1%
CNM:	4%
CNP:	2%

Admin Role

CRNA:	1%
CNM:	3%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

On average, 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 87% of CNMs and CNPs.

Patient Care Time Allocation								
Time Spent	**CRNA**		**CNM**		**CNP**		**All (2021)**	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	89%	91%	66%	75%	73%	74%	75%	77%
Most (60-79%)	6%	2%	21%	0%	14%	7%	13%	6%
About Half (40-59%)	1%	2%	2%	6%	5%	4%	4%	3%
Some (20-39%)	1%	0%	4%	2%	3%	2%	3%	2%
A Little (1-20%)	2%	0%	2%	2%	2%	3%	2%	3%
None (0%)	1%	4%	5%	13%	3%	9%	3%	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Future Plans						
	CRNA		CNM		CNP	
2 Year Plans:	#	%	#	%	#	%
Decrease Participation						
Leave Profession	8	0%	0	0%	105	1%
Leave Virginia	57	3%	17	5%	293	3%
Decrease Patient Care Hours	167	10%	43	13%	836	8%
Decrease Teaching Hours	3	0%	1	0%	87	1%
Increase Patient Care Hours	103	6%	18	5%	1,113	11%
Increase Teaching Hours	76	4%	68	20%	1,213	12%
Pursue Additional Education	72	4%	53	16%	1,479	15%
Return to Virginia's Workforce	6	0%	11	3%	63	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement within 2 Years

CRNA: 8%
CNM: 7%
CNP: 5%

Retirement within 10 Years

CRNA: 25%
CNM: 20%
CNP: 17%

Source: Va. Healthcare Workforce Data Center

43%, 34% and 38% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 29%, 23%, and 25% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 2%, 6%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

Expected Retirement Age	CRNA		CNM		CNP		All (2021)	
	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs	All NPs	NP >50 yrs
Under age 50	1%	-	4%	-	2%	-	2%	-
50 to 54	3%	1%	1%	0%	3%	0%	3%	0%
55 to 59	9%	3%	9%	8%	8%	4%	9%	4%
60 to 64	30%	25%	20%	15%	25%	21%	26%	22%
65 to 69	39%	45%	37%	47%	38%	41%	38%	41%
70 to 74	13%	19%	19%	26%	14%	20%	14%	20%
75 to 79	2%	4%	4%	1%	3%	5%	3%	4%
80 or over	0%	1%	0%	1%	1%	2%	1%	1%
I do not intend to retire	2%	2%	6%	2%	6%	8%	5%	7%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

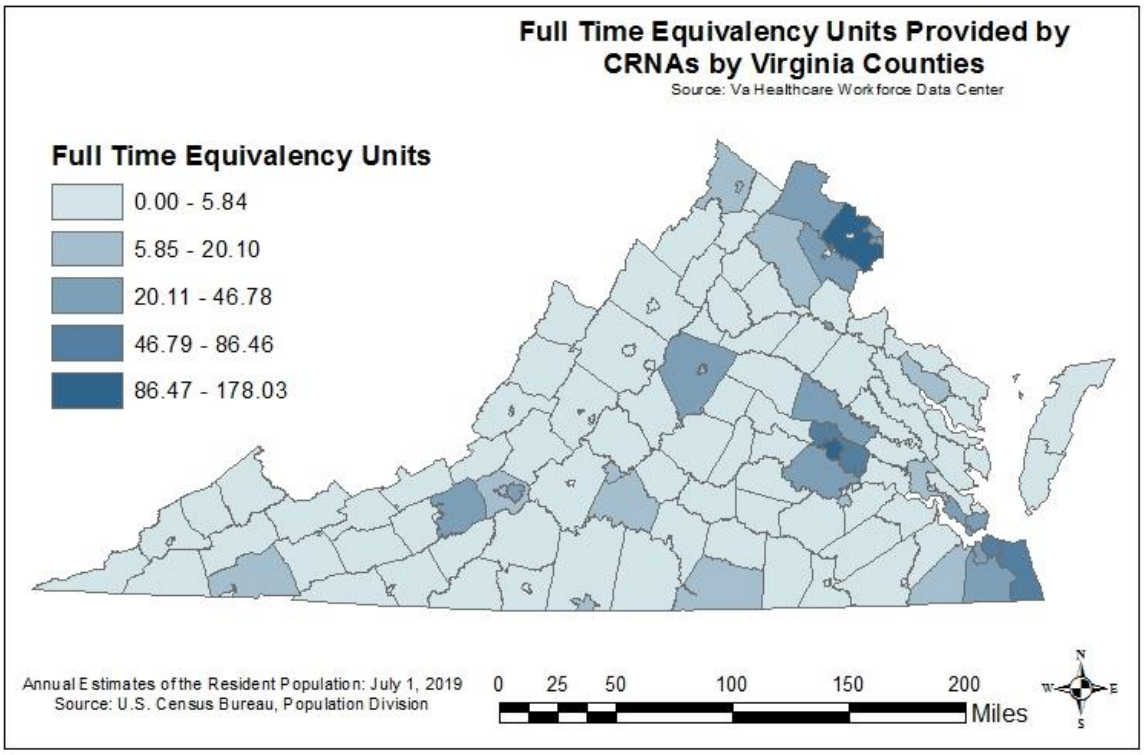
Source: Va. Healthcare Workforce Data Center

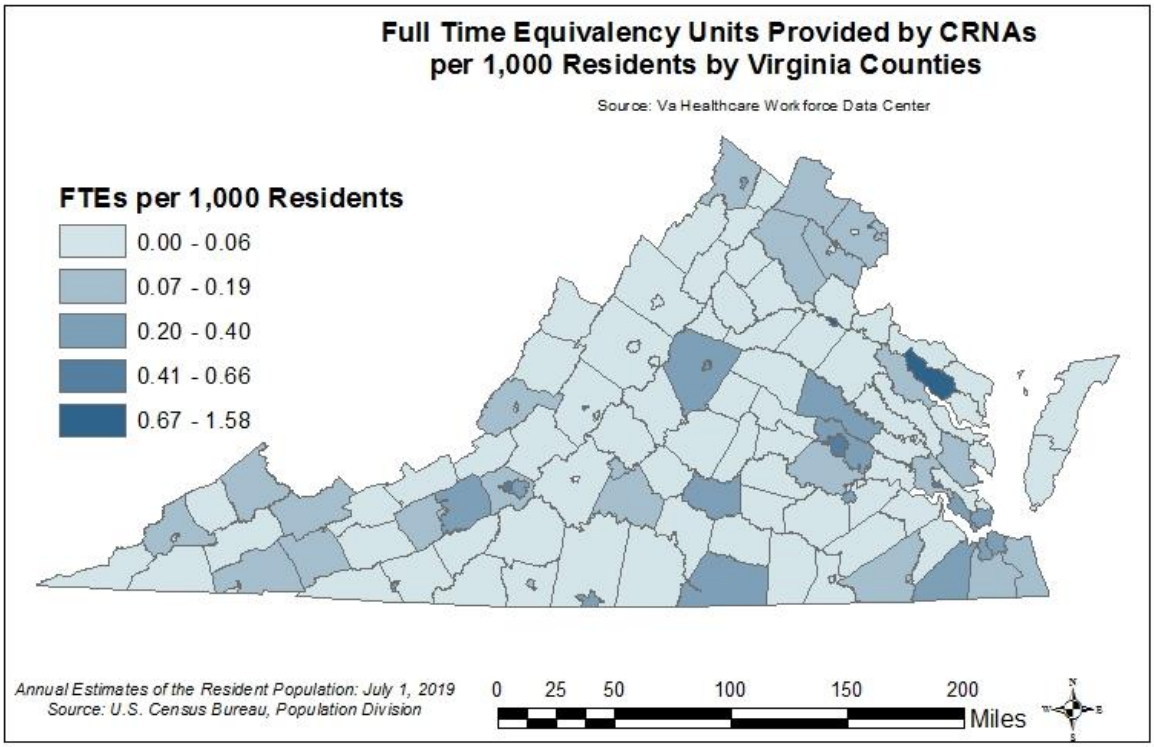
	Time to Retirement							
	CRNA		CNM		CNP		All (2021)	
Expect to retire within. . .	#	%	#	%	#	%	#	%
2 years	109	8%	17	7%	334	5%	451	5%
5 years	53	4%	10	4%	224	3%	314	4%
10 years	156	12%	25	10%	713	10%	863	10%
15 years	157	12%	33	13%	783	11%	998	11%
20 years	196	15%	18	7%	890	12%	1,135	13%
25 years	164	13%	29	11%	1,054	14%	1,238	14%
30 years	190	15%	39	15%	1,098	15%	1,318	15%
35 years	160	12%	38	15%	1,030	14%	1,160	13%
40 years	58	4%	15	6%	547	7%	559	6%
45 years	17	1%	5	2%	196	3%	229	3%
50 years	4	0%	5	2%	79	1%	84	1%
55 years	0	0%	0	0%	11	0%	8	0%
In more than 55 years	0	0%	3	1%	9	0%	13	0%
Do not intend to retire	30	2%	16	6%	437	6%	428	5%
Total	**1,294**	**100%**	**254**	**100%**	**7,404**	**100%**	**8,797**	**100%**

Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every 5 years by 2036. Retirement will peak at 15% of the current workforce around 2051 before declining to under 10% of the current workforce again around 2061.

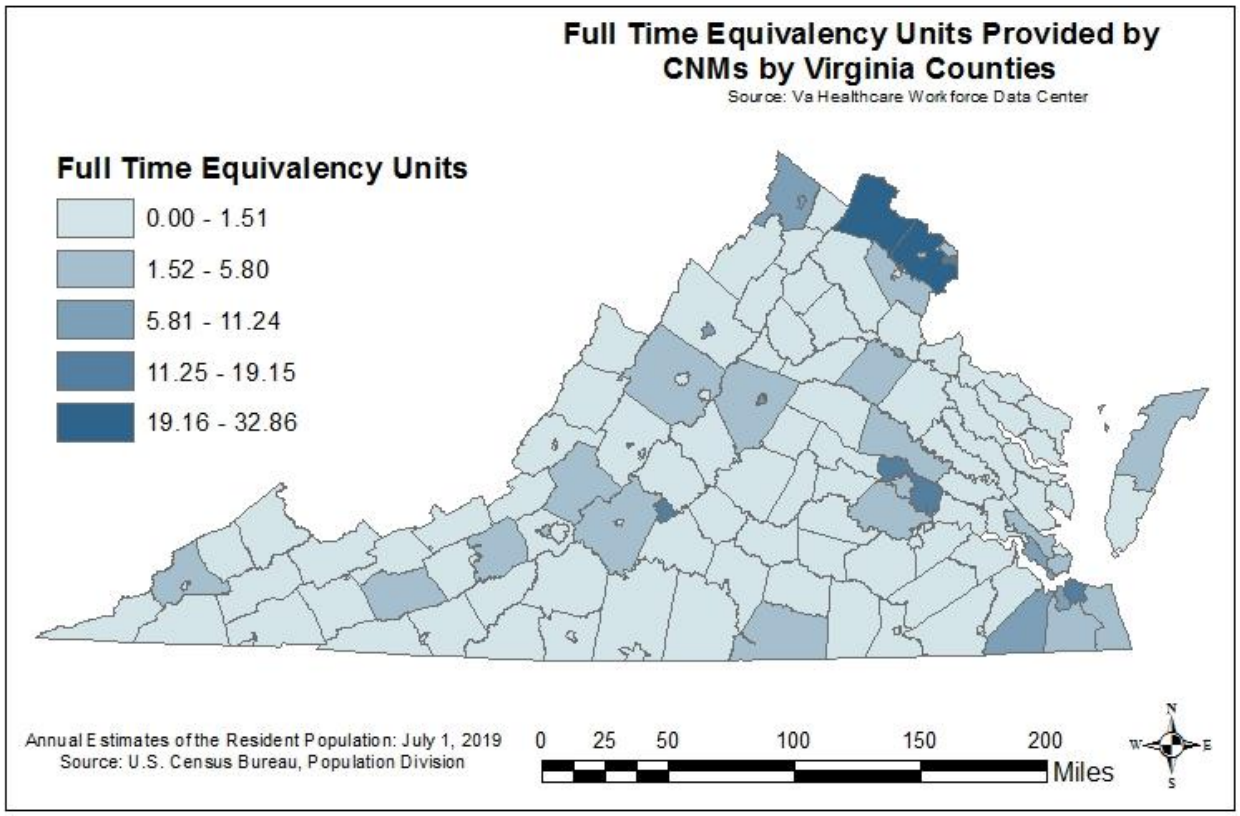
Map of Full Time Equivalency Units – Certified Nurse Anesthetists

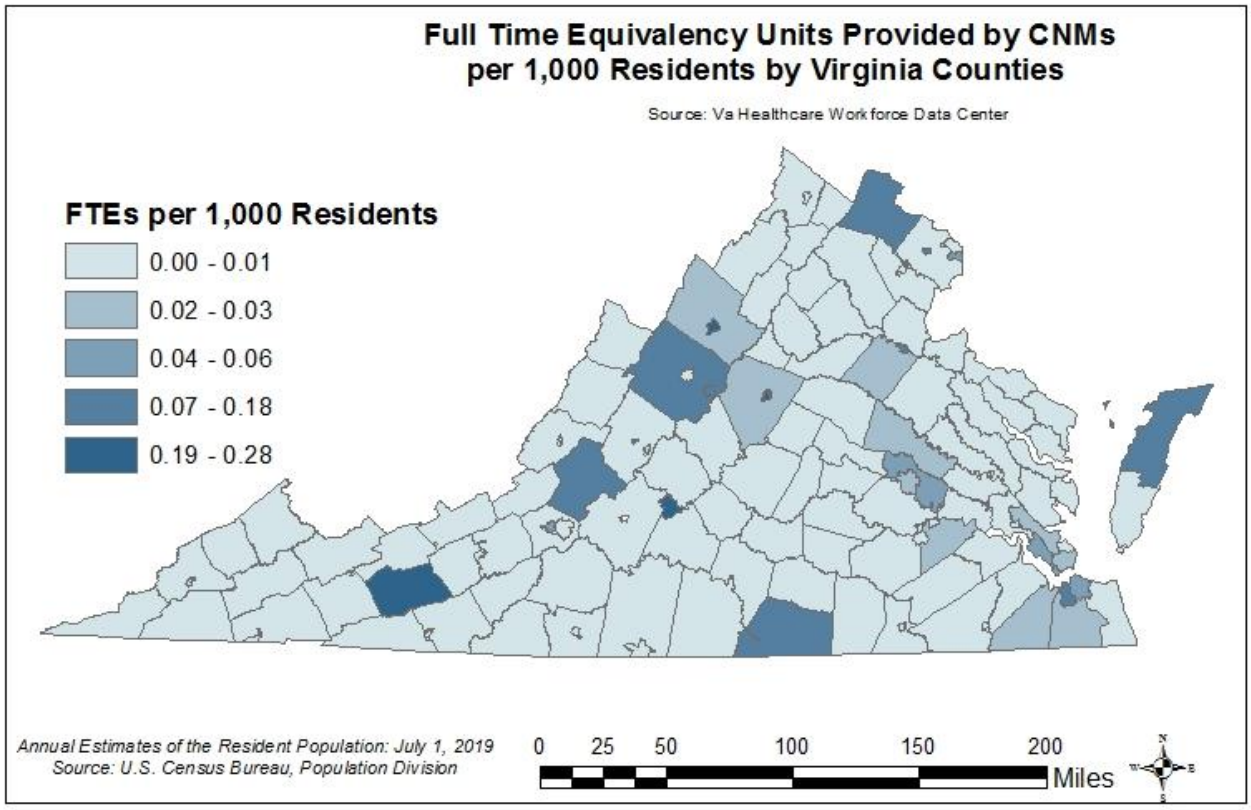




Note: Maps show reported work hours in primary and secondary locations of respondents who provided a response to the relevant question. Map may not reflect hours worked by all nurse practitioners licensed in the state since response rate was less than 100%.

Map of Full Time Equivalency Units – Certified Nurse Midwives





Map of Full Time Equivalency Units – Certified Nurse Practitioners