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## Proposed Regulation Agency Background Document

<b>Agency name</b>	Board of Nursing, Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC90-19 18VAC90-25 18VAC90-27 18VAC90-30 18VAC90-50 18VAC90-60
<b>VAC Chapter title(s)</b>	Regulations Governing the Practice of Nursing Regulations Governing Certified Nurse Aides Regulations for Nursing Education Programs Regulations Governing the Licensure of Advanced Practice Registered Nurses Regulations Governing the Licensure of Massage Therapists Regulations Governing the Registration of Medication Aides
<b>Action title</b>	Fee increase 2024
<b>Date this document prepared</b>	July 23, 2024

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

### Brief Summary

*Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.*

The Board must amend regulations to ensure it obtains sufficient operating funds pursuant to Virginia Code § 54.1-113. Under the current fee structure, the Board will carry a negative balance of \$(2,548,279) in FY2025 and \$(8,191,878) in FY2026.

### Acronyms and Definitions

*Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.*

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CBC = criminal background check  
LMT = licensed massage therapist  
RMA = registered medication aide

### Mandate and Impetus

*Identify the mandate for this regulatory change and any other impetus that specifically prompted its initiation (e.g., new or modified mandate, petition for rulemaking, periodic review, or board decision). For purposes of executive branch review, "mandate" has the same meaning as defined in the ORM procedures, "a directive from the General Assembly, the federal government, or a court that requires that a regulation be promulgated, amended, or repealed in whole or part."*

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The results of annual projections of revenues and expenditures for the Board are the impetus for this action. The mandate for this action is Virginia Code § 54.1-113(B), which requires the Board to adjust fees to ensure that the "fees are sufficient but not excessive to cover expenses."

### Legal Basis

*Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.*

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Regulations of the Board of Nursing are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Virginia Code § 54.1-2400(6) specifically states that the general powers and duties of health regulatory boards shall be "[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system."

Additionally, Virginia Code § 54.1-113 requires the Board to adjust fees to cover operating costs.

### Purpose

*Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.*

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The Board last instituted a fee increase in 2011. The previous fee increase prior to that was between 2004 and 2006, depending on the license type. The Board instituted a one-time fee reduction in 2017 as required by the Callahan Act. It is important to note that the one-time fee reduction resulted in a decreased revenue of \$2,395,212 that would have helped the Board cushion the current negative trend.

Because salaries comprise the bulk of costs for any board within the agency, the six compounded state salary increases (and one pending increase in 2025) instituted since FY2020 have accelerated the need for a fee increase for the Board. When the General Assembly enacts salary increases, general fund state agencies receive allocations through the budget process to cover the increase. DHP, as a special fund agency, receives no such allocation and must ultimately increase fees on licensees to cover the difference. Fee increases impacting the Board include:

- 5% total salary increase in FY2020;
- 5% salary increase on June 10, 2021;
- 5% salary increase on July 10, 2022;
- 5% salary increase on June 10, 2023;
- 2% salary increase on December 10, 2023;
- Salary increase of 3% on June 10, 2024; and
- Future salary increase of 3% on or about June 2025.

Additional operation changes affecting available funds include: a 44% increase in licensees since 2003 (2003: 163,453; Q1 2024: 235,045); a 160% increase in employees of the Board since 2003 (2003: 30; 2023: 78); a 5% increase in salary due to mandatory retirement system contributions; 42% increase in investigations since 2013; 27% increase in cases received since 2013; 37% increase in allocated enforcement costs since 2018; 110% increase in Administrative Proceedings Division allocated costs; and a 49% increase in Information Technology costs.

The Board of Nursing also faces a unique issue related to the maintenance of the certified nurse aide registry. The federal government requires the Board to maintain the CNA registry, but limits what can be charged to CNAs in terms of fees. For example, the Board is not permitted under federal regulations to charge a fee for an initial issuance of a certificate. Additionally, while the Board receives allowed reimbursements from DMAS for maintenance of the registry, the expenditures of the registry far outstrip the reimbursements. In FY2022, the expenditures for the registry were \$2.015 million, while allowed reimbursements were only \$542,235, leading to a deficit of \$1.473 million. In FY2024, the expenditures for 11 months up to May 2024 were \$2.918 million and expected to be over \$3 million for the entire fiscal year, but allowed reimbursements will be only \$556,722. This will result in an expected deficit of \$2.443 million.

Without adequate revenue to support inspections of nursing programs, licensing, and disciplinary functions, work to protect the public by regulating, licensing, and disciplining the nursing workforce under the Board will slow. This will deprive the citizens of the Commonwealth with needed and safe nursing services. Additionally, should inadequate revenue cause a backlog of disciplinary cases, public health and safety may be at risk by permitting practitioners actively committing violations of regulations or unprofessional conduct to continue practicing unencumbered for months while awaiting review and adjudication of disciplinary matters.

The Board's actual cash balance for FY2023 was \$6,190,736. The estimated FY2024 cash balance, reflecting a projected revenue of \$14,834,010 and expenditures of \$18,519,279, will be \$2,505,463. The estimated FY2025 cash balance, reflecting a projected revenue of \$15,041,686 and expenditures of \$20,095,428, will be **(\$2,548,279)**. The estimated FY2026 cash balance, reflecting a projected revenue of \$15,252,269 and expenditures of \$20,895,868, will be **(\$8,191,878)**.

## Substance

*Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the “Detail of Changes” section below.*

To address the deficit in Board funding, the Board will increase fees for most categories of practitioners and programs that the Board regulates by 65 – 70%. This increase will generate approximately \$10 million in additional revenue, which is needed to cover the projected deficit and will allow the Board to operate without deficit until approximately FY2033.

Although the bulk of Board funding is provided by renewal fees of individual licensees, such as RNs, the Board has made an effort to focus larger increase on incidental costs not necessary to licensure, such as late fees for renewal or duplicate licenses. This will not, however, negate the need for substantial increases on the Board’s licensees, particularly since the Board is unable to raise fees on certified nurse aides to account for the cost of maintaining the CNA registry. This limitation is created by federal regulation. Therefore, the remainder of the professions and entities regulated by the Board must bear more of an increase to account for this inability to adequately recoup operating costs related to CNAs.

Additionally, the Board decided not to raise fees on licensed certified midwives. This is the newest profession regulated by the Board and, at present, only three individuals hold this license. Given the recent creation of the profession and the small number within Virginia, the Board determined fees for licensed certified midwives should not be raised at this time.

**Issues**

*Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.*

- 1) The primary advantage to the public is the continued licensing and disciplining of healthcare professionals by the Board of Nursing. There are no disadvantages to the public because the Board is a special fund agency that is not funded by the general public.
- 2) There are no primary advantages or disadvantages to the agency or the Commonwealth.
- 3) The Director of the Department of Health Professions has reviewed the proposal and performed a competitive impact analysis. Any restraint on competition as a result of promulgating these regulations is a foreseeable, inherent, and ordinary result of the statutory obligation of the Board to protect the safety and health of citizens of the Commonwealth. The Board is authorized under § 54.1-2400 “[t]o promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) which are reasonable and necessary to administer effectively the regulatory system . . . Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title.” The promulgated regulations do not conflict with the purpose or intent of Chapters 1 or 25 of Title 54.1.

**Requirements More Restrictive than Federal**

*Identify and describe any requirement of the regulatory change which is more restrictive than applicable federal requirements. Include a specific citation for each applicable federal requirement, and a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements, or no requirements that exceed applicable federal requirements, include a specific statement to that effect.*

There are no applicable federal requirements.

**Agencies, Localities, and Other Entities Particularly Affected**

*Consistent with § 2.2-4007.04 of the Code of Virginia, identify any other state agencies, localities, or other entities particularly affected by the regulatory change. Other entities could include local partners such as tribal governments, school boards, community services boards, and similar regional organizations. "Particularly affected" are those that are likely to bear any identified disproportionate material impact which would not be experienced by other agencies, localities, or entities. "Locality" can refer to either local governments or the locations in the Commonwealth where the activities relevant to the regulation or regulatory change are most likely to occur. If no agency, locality, or entity is particularly affected, include a specific statement to that effect.*

Other State Agencies Particularly Affected – none

Localities Particularly Affected – none

Other Entities Particularly Affected – none

**Economic Impact**

*Consistent with § 2.2-4007.04 of the Code of Virginia, identify all specific economic impacts (costs and/or benefits) anticipated to result from the regulatory change. When describing a particular economic impact, specify which new requirement or change in requirement creates the anticipated economic impact. Keep in mind that this is the proposed change versus the status quo.*

**Impact on State Agencies**

<p><i>For your agency:</i> projected costs, savings, fees, or revenues resulting from the regulatory change, including:                  a) fund source / fund detail;                  b) delineation of one-time versus on-going expenditures; and                  c) whether any costs or revenue loss can be absorbed within existing resources.</p>	<p>There are no expected costs, savings, fees, or revenues to the agency from this regulatory change. This change is solely to ensure continued operation of the agency, not to create profit.</p>
<p><i>For other state agencies:</i> projected costs, savings, fees, or revenues resulting from the regulatory change, including a delineation of one-time versus on-going expenditures.</p>	<p>There are no expected costs, savings, fees, or revenues to other state agencies from this regulatory change.</p>
<p><i>For all agencies:</i> Benefits the regulatory change is designed to produce.</p>	<p>The Board will benefit by continuing to have operating costs to continue its mission to protect the public.</p>

**Impact on Localities**

*If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a or 2) on which it was reported. Information provided on that form need not be repeated here.*

Projected costs, savings, fees, or revenues resulting from the regulatory change.	There are no expected costs, savings, fees or revenues to localities from this regulatory change.
Benefits the regulatory change is designed to produce.	There are no expected benefits to localities from this regulatory change.

**Impact on Other Entities**

*If this analysis has been reported on the ORM Economic Impact form, indicate the tables (1a, 3, or 4) on which it was reported. Information provided on that form need not be repeated here.*

Description of the individuals, businesses, or other entities likely to be affected by the regulatory change. If no other entities will be affected, include a specific statement to that effect.	The individuals, businesses, or other entities that will be affected by this regulatory change are as follows: registered nurses; licensed practical nurses; certified nurse aides; certified nurse aides with advanced certification; nursing education programs; advanced practice registered nurses; licensed massage therapists; medication aide training programs, and registered medication aides.
Agency’s best estimate of the number of such entities that will be affected. Include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that: a) is independently owned and operated, and; b) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	The agency provides quarterly reports on the number of licensees, registrants, permits, and other regulated entities in Virginia. Those reports are available <a href="#">here</a> .  The most recent numbers for individuals and entities regulated by the Board of Nursing as of the filing of this document is for <a href="#">FY24 Q3</a> . Please check the link in the first paragraph for updated numbers.
All projected costs for affected individuals, businesses, or other entities resulting from the regulatory change. Be specific and include all costs including, but not limited to: a) projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses; b) specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the regulatory change; c) fees; d) purchases of equipment or services; and e) time required to comply with the requirements.	The change in cost is contained in the chart of changes, below. The changes will not be listed here for space reasons. The only costs will be related to obtaining, renewing, reinstating, or reactivating licenses and registrations, and costs related to program approval or continued approval.
Benefits the regulatory change is designed to produce.	The benefit will be continued licensing, renewal, and discipline of individuals and entities regulated by the Board. Should the Board run out of funds, all of the individuals and entities that the Board regulates will be negatively affected.

**Alternatives to Regulation**

*Describe any viable alternatives to the regulatory change that were considered, and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the regulatory change. Also, include discussion of less intrusive or less costly alternatives for small*

*businesses, as defined in § 2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulatory change.*

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The Board cannot collect fees unless those fees are set forth in regulation. The Board is also required to fund its operations by collecting fees from regulated individuals and entities. There are no alternatives to regulation.

### **Regulatory Flexibility Analysis**

*Consistent with § 2.2-4007.1 B of the Code of Virginia, describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) establishing less stringent compliance or reporting requirements; 2) establishing less stringent schedules or deadlines for compliance or reporting requirements; 3) consolidation or simplification of compliance or reporting requirements; 4) establishing performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the regulatory change.*

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The Board has considered the impact of fees on different categories of regulated individuals and entities and has made decisions based on impact to the Board in terms of cost. The Board cannot feasibly or fairly base fees on the size of an education program, therefore the Board cannot change requirements for “small businesses,” nor exempt small businesses from compliance with fees when small businesses can account for significant expenditures of the Board.

### **Periodic Review and Small Business Impact Review Report of Findings**

*If you are using this form to report the result of a periodic review/small business impact review that is being conducted as part of this regulatory action, and was announced during the NOIRA stage, indicate whether the regulatory change meets the criteria set out in EO 19 and the ORM procedures, e.g., is necessary for the protection of public health, safety, and welfare; minimizes the economic impact on small businesses consistent with the stated objectives of applicable law; and is clearly written and easily understandable. In addition, as required by § 2.2-4007.1 E and F of the Code of Virginia, discuss the agency’s consideration of: (1) the continued need for the regulation; (2) the nature of complaints or comments received concerning the regulation; (3) the complexity of the regulation; (4) the extent to which the regulation overlaps, duplicates, or conflicts with federal or state law or regulation; and (5) the length of time since the regulation has been evaluated or the degree to which technology, economic conditions, or other factors have changed in the area affected by the regulation. Also, discuss why the agency’s decision, consistent with applicable law, will minimize the economic impact of regulations on small businesses.*

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Not applicable.

### **Public Comment**

*Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency’s response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.*

The Board received no public comments on the NOIRA stage.

### Public Participation

*Indicate how the public should contact the agency to submit comments on this regulation, and whether a public hearing will be held, by completing the text below.*

The Board of Nursing is providing an opportunity for comments on this regulatory proposal, including but not limited to (i) the costs and benefits of the regulatory proposal, (ii) any alternative approaches, (iii) the potential impacts of the regulation, and (iv) the agency’s regulatory flexibility analysis stated in that section of the background document.

Anyone wishing to submit written comments for the public comment file may do so through the Public Comment Forums feature of the Virginia Regulatory Town Hall web site at <https://www.townhall.virginia.gov>. Written comments must include the name and address of the commenter. Comments may also be submitted by mail, email or fax to Erin Barrett, Agency Regulatory Coordinator, 9960 Mayland Drive, Henrico, VA 23233 or [erin.barrett@dhp.virginia.gov](mailto:erin.barrett@dhp.virginia.gov) or by fax to (804) 915-0382. In order to be considered, comments must be received by 11:59 pm on the last day of the public comment period.

A public hearing will be held following the publication of the proposed stage of this regulatory action and notice of the hearing will be posted on the Virginia Regulatory Town Hall website (<http://www.townhall.virginia.gov>) and on the Commonwealth Calendar website (<https://www.virginia.gov/connect/commonwealth-calendar>). Both oral and written comments may be submitted at that time.

### Detail of Changes

*List all regulatory changes and the consequences of the changes. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Use all tables that apply, but delete inapplicable tables.*

*If an existing VAC Chapter(s) is being amended or repealed, use Table 1 to describe the changes between the existing VAC Chapter(s) and the proposed regulation. If the existing VAC Chapter(s) or sections are being repealed and replaced, ensure Table 1 clearly shows both the current number and the new number for each repealed section and the replacement section.*

**Table 1: Changes to Existing VAC Chapter(s)**

Current chapter-section number	Current requirements in VAC	Change, intent, rationale, and likely impact of new requirements
19-30	Sets forth fees for RNs and LPNs	<u>RNs</u>



		<p>The cost to obtain a license as a registered nurse by examination or endorsement is \$190. The Board proposes to raise this cost to \$315, with an additional administrative fee for a criminal background check (addressed below). This is a 65% increase.</p> <p>Renewal for active licensure as an RN, which is biennial, is currently \$140. The Board proposes to raise this fee to \$230 every two years, which is a 65% increase. Renewal of inactive licensure is currently \$70. The Board proposes to raise this fee to \$115, which is a 65% increase.</p> <p>The current fee for late renewal of an RN license is \$50. The Board proposes to raise this fee to \$115, which is a 130% increase. The current fee for late renewal of an inactive RN license is \$25. The Board proposes to raise this fee to \$60, which is a 140% increase. The Board chose to increase fees that are not necessary for practice or serve as penalties to offset the needed increase on individual license costs.</p> <p>The current fee for reinstatement of a lapsed license is \$225. The Board proposes to raise this fee to \$450, which is an increase of 100%. The average enforcement cost to the Board for disciplinary cases, including those related to reinstatement applications, is \$1,854.</p> <p><u>LPNs</u></p> <p>The cost to obtain a license as a registered nurse by examination or endorsement is \$170. The Board proposes to raise this cost to \$280, with an additional administrative fee for a criminal background check (addressed below). This is a 65% increase.</p> <p>Renewal for active licensure as an LPN, which is biennial, is currently \$120. The Board proposes to raise this fee to \$200 every two years, which is a 65% increase. Renewal of inactive licensure is currently \$60. The Board proposes to raise this fee to \$100, which is a 65% increase.</p> <p>The current fee for late renewal of an LPN license is \$40. The Board proposes to raise this fee to \$90, which is a 125% increase. The current fee for late renewal of an inactive LPN license is \$20. The Board proposes to raise this fee to \$45, which is a 125% increase. The Board chose to increase fees that are not necessary for practice or serve as penalties to offset the needed increase on individual license costs.</p> <p>The current fee for reinstatement of a lapsed license is \$200. The Board proposes to raise this fee to \$400, which is an increase of 100%. The average enforcement cost to the Board for disciplinary cases, including those related to reinstatement applications, is \$1,854.</p>
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		<p><u>Fees for both RNs and LPNs</u></p> <p>The current fee for reapplication for licensure by examination is \$50. The Board proposes to raise this fee to \$85, which is a 70% increase.</p> <p>The current fee for reinstatement of a suspended or revoked license is \$300. The Board proposes to raise this fee to \$600, which is a 100% increase. Reinstatements such as these generate costs related to board staff and board member review of cases, investigative time, prosecutorial preparation, and general costs related to administrative hearings.</p> <p>The current fee to obtain a duplicate license from the Board is \$15. The Board proposes to raise this fee to \$30, which is an increase of 100%.</p> <p>The current fee to obtain a replacement wall certification is \$25. The Board proposes to increase this fee to \$50, which is a 100% increase.</p> <p>The fee listed for verification of a license is eliminated. This fee is no longer used now that the agency has an online search system to find information on active, inactive, and lapsed licensees.</p> <p>The fee for “transcript of all or part of applicant or licensee records” is renamed to “educational transcript – closed programs.” These are the only forms of transcripts the Board maintains as records. The Board does not maintain transcripts for other licensees or applicants of any kind, therefore the Board voted to change the name of the fee. The current fee for this action is \$35. The Board proposes to raise the fee to \$70, which is a 100% increase.</p> <p><u>Administrative fee for CBC</u></p> <p>The Board does not currently charge a fee for CBC, which is required for RN, LPN, and licensed massage therapist initial licensure. This is unusual among other states and among other Virginia state agencies. The Board proposes an administrative fee for any applicant that requires a CBC of \$25. While other states include administrative fees for CBCs in a manner that makes it difficult to separate the administrative fee from other fees related to CBCs, DBHDS and DSS both charge \$23 as an administrative fee for CBC. The Board therefore felt that \$25 was reasonable.</p> <p><u>Deletion of outdated language</u></p> <p>The Board has deleted subsection B, which was a onetime fee reduction for the 2017 – 2019 biennial renewal cycle.</p>
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25-16	Sets forth fees for CNAs	<p>The Board is not able to charge a fee for initial certification as a nurse aide per federal regulations. The Board is also limited in the increases that can be implemented for CNA fees due to federal regulations. See CFR § 483.156.</p> <p>The current annual renewal fee as a CNA is \$30. The Board proposes to raise this fee to \$35, which is a 16% increase.</p> <p>The fee for application for advanced certification is \$25. The Board proposes to raise this fee to \$30, which is a 20% increase. The cost for renewal of an advanced CNA certification is \$20. The Board proposes to raise this fee to \$25, which is a 25% increase.</p> <p>The cost for reinstatement of an advanced CNA certification is \$30. The Board proposes to raise this fee to \$35, which is a 16% increase.</p>
27-20	Sets forth fees for nursing education programs	<p>The current fee for an application for approval of a nursing education program is \$1,650. The Board proposes to increase this cost to \$2,475, which is a 50% increase. Other jurisdictions charge anywhere from \$20,000 to \$1,000 for program application and/or approval, with most charging \$2,000 - \$2,500. The current cost to the Board of Nursing for such applications is \$11,800 annually. That cost includes a review of the application, report writing, onsite visits, post-visit report preparation, and the potential for multiple program reviews as programs may submit more than one at a time. Additionally, quarterly reviews of new programs are required each quarter until full approval of a program is granted by the Board.</p> <p>The current fee for a survey visit is \$2,200. The Board proposes to increase this fee to \$3,300, which is a 50% increase. Survey visits have an approximate annual cost to the Board of \$100,980, which includes preparation, onsite work, post-survey report preparation, and generally involves 2-3 Board staff members. Travel costs are not included in approximate annual cost for the Board.</p> <p>The current fee for a site visit related to NCLEX pass rates is \$1,500. The Board proposes to raise this fee to \$2,250, which is a 50% increase. The average cost to the Board for this category is \$19,800. The Board averages 11 such visits per year which involve the same or similar actions by staff as a survey visit. Travel costs are not included in approximate annual cost for the Board.</p>
30-50	Sets forth fees for APRNs	<p>The fees for APRNs are increased at a greater rate than practitioners in other chapters of this action. This is due to the higher earning potential of APRNs and a reflection of slightly lower current fees for this category.</p> <p>The fee for an initial application as an APRN is \$125. The Board proposes an increase to \$250, which is a 100% increase.</p>

		<p>The current fee for biennial renewal of an APRN license is \$80. The Board proposes to increase this to \$130, which is a 65% increase.</p> <p>The current fee for late renewal of this license is \$25. The Board proposes to increase this fee to \$100, which is a 300% increase, although \$100 is more consistent with the other late fees proposed in this action.</p> <p>The current fee for reinstatement is \$150. The Board proposes an increase to \$300, which is a 100% increase. Board expenditures for reinstatement actions include board staff and board member review of cases, investigations, prosecutorial preparation, cost for board counsel, and general disciplinary costs related to hearings.</p> <p>The fee for verification of a license is deleted. This fee is not currently used and has not been used in several years. Information associated with this fee is now available on license look up to the public.</p> <p>The current fee for a duplicate license from the Board is \$15. The Board proposes to increase this cost to \$30, which is a 100% increase.</p> <p>The current fee for a duplicate wall certificate is \$25. The Board proposes an increase to \$50, which is a 100% increase.</p> <p>The current fee for reinstatement following suspension or revocation of a license is \$200. The Board proposes to raise this fee to \$400, which is a 100% increase. Board expenditures for reinstatement actions include board staff and board member review of cases, investigations, prosecutorial preparation, cost for board counsel, and general disciplinary costs related to hearings.</p> <p>The current cost for an autonomous practice designation is \$100. This is a one-time fee for licensees. The Board proposes increasing this fee to \$200, which is a 100% increase.</p> <p><u>Deletion of outdated language</u></p> <p>The Board has deleted subsection B, which was a onetime fee reduction for the 2017 – 2019 biennial renewal cycle.</p>
50-30	Sets forth fees for licensed massage therapists	<p>Overall, the Board has proposed greater increases in fees for licensed massage therapists than other practitioner categories in this action. LMTs generate complex cases which frequently involve sexual assault, prostitution charges by law enforcement, or other adjacent criminal actions. Disciplinary cases of this nature involve more Board member and staff time, which the Board believes justifies a higher fee increase.</p>

		<p>The fee for initial licensure as an LMT is currently \$140. The Board proposes an increase to \$280, which is a 100% increase.</p> <p>The current fee for renewal of an LMT is \$95. The Board proposes to raise this fee to \$190, which is a 100% increase.</p> <p>The current fee for late renewal of an LMT is \$30. The Board proposes to raise this fee to \$70, which is a 133% increase and will put the fee in the same range as other practitioners in this fee action.</p> <p>The current fee for reinstatement is \$150. The Board proposes to raise this fee to \$300, which is a 100% increase. As with other practitioners, expenditures for LMT reinstatement actions include board staff and board member review of cases, investigations, prosecutorial preparation, cost for board counsel, and general disciplinary costs related to hearings.</p> <p>The current fee for reinstatement after a suspension or revocation is \$200, which the Board proposes to raise to \$400. This is a 100% increase. As with the standard reinstatement above, expenditures for reinstatement actions following suspension or revocation include board staff and board member review of cases, investigations, prosecutorial preparation, cost for board counsel, and general disciplinary costs related to hearings.</p> <p>The current fee for a duplicate license from the Board is \$15. The Board proposes to increase this cost to \$30, which is a 100% increase.</p> <p>The current fee for a duplicate wall certificate is \$25. The Board proposes an increase to \$50, which is a 100% increase.</p> <p>The fees for verification of licensure and “transcript of all or part of records” are deleted as these fees are obsolete and not used.</p> <p><u>Administrative fee for CBC</u></p> <p>The Board does not currently charge a fee for CBC, which is required for RN, LPN, and licensed massage therapist initial licensure. This is unusual among other states and among other Virginia state agencies. The Board proposes an administrative fee for any applicant that requires a CBC of \$25. While other states include administrative fees for CBCs in a manner that makes it difficult to separate the administrative fee from other fees related to CBCs, DBHDS and DSS both charge \$23 as an administrative fee for CBC. The Board therefore felt that \$25 was reasonable.</p>
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		<p><u>Deletion of outdated language</u></p> <p>The Board has deleted subsection C, which was a onetime fee reduction for the 2017 – 2019 biennial renewal cycle.</p>
60-30	Sets forth fees for registered medication aides	<p>The current fee for a medication aide program approval is \$500. The Board proposes to raise this fee to \$875, which is a 75% increase. The average annual cost to the Board for approval of these programs is \$5,760. That cost is related to staff review of applications, writing reports, and communications regarding applications.</p> <p>The current initial fee for registration as an RMA is \$50. The Board proposes to raise this fee to \$80, which is a 60% increase.</p> <p>The current fee for annual renewal as an RMA is \$30. The Board proposes to increase this fee to \$50, which is a 65% increase.</p> <p>The current late renewal fee for an RMA is \$15, which the Board proposes to increase to \$35. This is a 130% increase, but given the low current fee the Board believes this is warranted.</p> <p>The current fee for reinstatement of a registration is \$90. The Board proposes to increase this fee to \$180, which is a 100% increase.</p> <p>The current fee for obtaining a duplicate registration is \$15. The Board proposes increasing this fee to \$30, which is a 100% increase.</p> <p>The current fee for reinstatement of a registration following suspension or revocation is \$120. The Board proposes to raise this fee to \$240, which is a 100% increase. Similar to other reinstatements, expenditures for reinstatement actions following suspension or revocation include board staff and board member review of cases, investigations, prosecutorial preparation, cost for board counsel, and general disciplinary costs related to hearings.</p>