Tuesday, November 19, 2019

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

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

Establishment of a Quorum.

Announcement
• Welcome New Board Members
  - Brandon Jones, MSN, RN, CEN, CEA-BC, of Roanoke was appointed on October 18, 2019 for an unexpired term beginning on October 24, 2019 and ending on June 30, 2021 to succeed Laura F. Cei, BS, LPN, CCRP

• Staff Update:
  - Annette Graham, RN, MS, ANP, started as the Probable Cause Reviewer on October 15, 2019
  - Randall S. Mangrum, DNP, RN, started as the Nursing Education Program Inspector on October 15, 2019

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

Review of the Agenda: (Except where times are stated, items not completed on November 19, 2019 will be completed on November 20, 2019.)
• Additions, Modifications
• Adoption of a Consent Agenda
• Consent Agenda
  B1 September 16, 2019 Board of Nursing Officer Meeting – Ms. Hershkowitz*
  B2 September 16, 2019 Panel – Ms. Phelps*
  B3 September 17, 2019 Board of Nursing Business Meeting – Ms. Hershkowitz*
  B4 September 18, 2019 Panel A – Ms. Hershkowitz *
  B5 September 18, 2019 Panel A – Ms. Phelps*
  B6 September 19, 2019 Panel B – Ms. Hershkowitz*
B7 October 29, 2019 Panel – Ms. Hershkowitz*  
C1 Agency Subordinate Tracking Log*  
C2 Financial Report  
C3 Board of Nursing Monthly Tracking Log*  
C4 The Committee of the Joint Boards of Nursing and Medicine October 16, 2019 DRAFT minutes – FYI*  
C5 Executive Director Report – Ms. Douglas  
   ➢ NCSBN Board of Directors Meeting – September 23-25, 2019  
   ➢ 2019 Tri-Regulator Symposium – September 26-27  
   ➢ NCSBN Board of Directors Strategy meeting – October 28-29, 2019  

Dialogue with DHP Director – Dr. Brown  

B. Disposition of Minutes:  
   None  

C. Reports:  
   • Frequently Asked Questions (FAQs) of the Next Generation NCLEX (NGN) examination  

D. Other Matters:  
   • Board Counsel Update – Charis Mitchell (verbal report)  
   • Board Member Survey – Proposed Improvements - Ms. Hershkowitz/Ms. Douglas  
   • Selection of Nominating Committee – Ms. Hershkowitz  

E. Education:  
   • Education Informal Conference Committee September 10, 2019 Recommendation regarding Medical Learning Center Practical Nursing Program –Dr. Hills  
   • E1 Education Informal Conference Committee November 6, 2019 Minutes and Recommendations – Dr. Hills  
   • Education Staff Report (verbal report)  

10:00 A.M. - Public Comment  

F. Legislation/Regulations – Ms. Yeatts  
   F1 Status of Regulatory Actions*  
   F2 Regulatory Action – Prescriptive Authority*  
   F3 Consideration of Guidance Document 90-53 for Nurse Practitioners*  
   F4 Recommendation on Conversion Therapy*
G. Consent Orders: (Closed Session)
   G1 Jamie Petreece Coalson Landry, LPN*
   G2 Jennifer Leigh Jacocks, LPN

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

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

H. 1:00 P.M. – Board Member Training
   • NCSBN Resources, including ICRS


ADJOURNMENT

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

(* mailed 11/1) (** mailed 11/6)

*Our mission is to assure safe and competent practice of nursing to protect the health, safety and welfare of the citizens of the Commonwealth.*
Virginia Board of Nursing

Officer Meeting

September 16, 2019 Minutes

Time and Place: The meeting of the Board of Nursing Officer meeting was convened at 8:00 A.M. on September 16, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

Board Members Present: Louise Hershkowitz, CRNA, MSHA, President, Chairperson
Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President

Staff Members Present: Jay P. Douglas, RN, MSM, CSAC, FRE

1. Review of Agenda for September 17 Business meeting

2. New Board Member Appointments

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

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

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

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

4. Case Adjudication Processes

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

5. November Board Training: NCSBN resources, including ICRS

The Officers agreed on the training as indicated in #5 and to showcase some of the presentations from the NCSBN Annual Meeting.
Ms. Hershkowitz also recommended to Officers the NCSBN course introduction to Discipline Cases.

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

The meeting was adjourned at 9:00 A.M.
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:17 A.M., on September 16, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

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

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

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

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

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

Ms. Berry did not appear.

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

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:25 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Berry. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.
RECONVENTION: The Board reconvened in open session at 9:36 A.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing indefinitely suspend the license of Sara L. Berry to practice practical nursing in the Commonwealth of Virginia until she can appear before the Board and prove that she is competent to practice. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: Carolyn Chernutan, LPN NC License # 083758 with Multistate Privilege

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

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

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

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

FORMAL HEARINGS: Jasmine Sexton, CNA Applicant

Ms. Sexton did not appear.

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

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:10 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Sexton. Additionally, Mr. Hermansen-Parker moved that Dr. Hills,
Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:17 A.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing reprimand Jasmine Sexton and approve her application for certification contingent upon successful completion of the NNAAP exam. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 10:20 A.M.

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

FORMAL HEARINGS: Martha Mae Johnson, RMA 0031-007583

Ms. Johnson appeared.

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

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

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:33 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Johnson. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting
because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:04 P.M.

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

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

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

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

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

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

FORMAL HEARINGS: Charlene Byrum Warren, RN 0001-191394

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

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

Darryl Warren was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at
3:24 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Warren. Additionally, Mr. Hermansen-Parker moved that Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:48 P.M.

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

ACTION: Ms. Gerardo moved that the Board of Nursing dismiss the case. The motion was seconded and carried unanimously.

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

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

FORMAL HEARINGS: Tiffany Green, RN Reinstatement 0001-283230

Ms. Green appeared.

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

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

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:13 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Green. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their
presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 4:28 P.M.

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

**ACTION:**

Dr. Gleason moved that the Board of Nursing reinstate the license of Tiffany Green to practice professional nursing license in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

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

Ms. Elam did not appear.

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

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

**CLOSED MEETING:**

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:44 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Elam. Additionally, Mr. Hermansen-Parker moved that Dr. Hills, Ms. Ridout, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 5:14 P.M.
Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION:

Ms. Gerardo moved that the Board of Nursing reinstate the license of Diane A. Elam to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

ADJOURNMENT:

The Board adjourned at 5:15 P.M.

Robin Hill, DNP, RN, WHNP
Deputy Executive Director
TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:10 A.M. on September 17, 2019, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Louise Hershkowitz, CRNA, MSHA; President

BOARD MEMBERS PRESENT:
Jennifer Phelps, BS, LPN, QMHPA; First Vice President
Marie Gerardo, MS, RN, ANP-BC; Second Vice President
Laura Freeman Cei BS, LPN, CCRP
Yvette L. Dorsey, DNP, RN
Margaret J. Friedenberg, Citizen Member
Ann Tucker Gleason, PhD, Citizen Member
James L. Hermansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE
Cynthia M. Swineford, MSN, RN, CNE

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

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advance Practice
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Stephanie Willinger; Deputy Executive Director for Licensing
Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager
Patricia L. Dewey, RN, BSN; Discipline Case Manager
Lelie Claire Morris, RN, LNHA; Discipline Case Manager
Ann Tiller, Compliance Manager
Huong Vu, Executive Assistant

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
Barbara Allison-Bryan, MD, Department of Health Professions Chief Deputy – joined the meeting at 11:06 A.M.

IN THE AUDIENCE: Jerry J. Gentile, Department of Planning Budget (DPB)
Kathy Martin, Hancock, Daniel & Johnson, P.C.
Jean M. Chappell, Ed.D, Dean at Piedmont Virginia Community College
Cathy Hanchey, Board of Nursing Staff
Jeffery McCuistion, Board of Nursing Staff
ESTABLISHMENT OF A QUORUM:
Ms. Hershkowitz asked Board Members and Staff to introduce themselves. With 13 members present, a quorum was established.

ANNOUNCEMENTS:
Ms. Hershkowitz highlighted the announcements on the agenda.

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

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

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

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

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

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

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

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

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

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

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

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

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

Ms. Douglas noted the following:

- D3 Disciplinary Tips - was removed from the Agenda
- D4 New Special Conference Committee (SCC) Composition and Informal Conference Scheduling for the First Half of 2020 (January – June) and the Remainder of 2019 - has been added to the Agenda
E3  2020 Dates for Education Informal Conferences – has been added to the Agenda
G5  Katlynn Marie Rettman, RN - Consent Order has been added to the Agenda
The formal hearing for Constance Pavent, RN Reinstatement Applicant scheduled for Wednesday, September 18, 2019 on Panel A has been continued
Possible cancellation of the formal hearing for Michelle Smith Burch Stearnes, RN on Thursday, September 19, 2019 at 9:00 am if the Board accepts the consent order.

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

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

Consent Agenda
B1  May 20, 2019  Board of Nursing Officer Meeting
B2  May 20, 2019  Panel of the Board Formal Hearings
B3  May 21, 2019  Board of Nursing Business Meeting
B4  May 21, 2019  Possible Summary Suspension Consideration
B5  May 22, 2019  Panel A Formal Hearings
B6  May 22, 2019  Panel B Formal Hearings
B7  June 27, 2019  Telephone Conference Call
B8  July 16, 2019  Recognition of Board Service
B9  July 16, 2019  Panel A Formal Hearings
B10  July 16, 2019  Panel B Formal Hearings
B11  July 17, 2019  Panel A Formal Hearings
B12  July 17, 2019  Panel B Formal Hearings
B13  August 6, 2019  Telephone Conference Call
B14  August 27, 2019  Public Hearing
C1  Agency Subordinate Tracking Log
C3  Board of Nursing Monthly Tracking Log*
C4  Health Practitioners’ Monitoring Program Quarterly Report*
C5  Executive Director Report
C6a  Ms. Hershkowitz’ report regarding NCSBN Annual Meeting**
C6b  Ms. Phelps’ report regarding NCSBN Annual Meeting**
C6c  Dr. Hills’ report regarding NCSBN Annual Meeting**

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

C7 Massage Therapy Advisory Board May 29, 2019 minutes and Recommendations:
Mr. Monson moved to accept the Massage Therapy Advisory Board May 29, 2019 minutes as presented. The motion was seconded and carried unanimously.

Massage Therapy License Database:
Ms. Hanchey, Board of Nursing Senior Licensing-Discipline Specialist for Massage Therapy License, provided the following regarding Federation of State Massage Therapy Boards (FSMTB):
- Was created in 2005
- Is asking massage therapy state licensing boards to participate in Massage Therapy Licensing Database, which is a comprehensive licensure and discipline database designed to track Licensed Massage Therapy (LMT) practitioners. Currently there are six (6) states participating in the database.

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

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

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

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

OTHER MATTERS:

D2 Recommendations from the Licensed Massage Therapy Advisory Board Memo:
Ms. Ridout stated that the recommendations for changes to Guidance Documents (GD) are presented for the Board’s consideration.

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

D2b – Guidance Document 90-58 (By Laws – The Advisory Board on Massage Therapy Virginia Board of Nursing) - Mr. Monson moved to accept GD 90-47 as recommended. The motion was seconded and carried unanimously.
Board Counsel Update:
Pending Appeal - Ms. Mitchell reported that she will represent the Board in the Highland appeal case which is scheduled for October 2, 2019.

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

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

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

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

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

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

PUBLIC COMMENT: There was no public comment made.

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

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

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

2. What are your most common obstacles to Formal Hearing and Business Meeting attendance?
   Comments: patient scheduling; coverage; other competing commitments; occasional professional meetings; three day meetings are a burden; when meetings run late, they cause problems with long drive home and having to be at work early in the morning.

3. What issues if any do you have in fulfilling your Informal Conference commitments (on even months)?
   Comments: less of a problem than multi-day meetings; okay with sufficient advance notice; too many days (total) are committed; need time/space between meetings.

4. What influences your decision to volunteer for extra non-disciplinary committees?
   Comments: limited time/other commitments; lack of expertise; need advance notice of dates.

5. Is your employer supportive of your Board service commitment?
   YES 5  NO 2  SOMETIMES 2

6. If employed, do you use leave/vacation time to attend BON meetings?
   YES 5  NO 5

7. Are you required to do so?
   YES 5  NO 0

8. For those whose employer is not always supportive of your Board meeting attendance, is there something that Dr. Brown, Ms. Douglas or the Secretary of the Commonwealth’s office could do to assist you? (written acknowledge of appointment letter to employer, etc.)
   Comments: A letter of appreciation outlining the importance of service.
9. What recommendations do you have for alternate scheduling of meetings and hearings?

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

10. Anything else you would like us to know

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

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

Paperless Licensing:
Ms. Douglas reviewed the paperless licensing process noting:
- Licensees will receive an initial license in paper form without an expiration date.
- Upon renewal, licensees will not receive a paper license.
- Verification of current licensure status may be obtained via License Lookup serving as primary source verification.
- Licensees who wish to obtain a paper license can do so by paying a duplicate fee.
- This will decrease administrative time and be a huge cost savings.

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

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

Mr. Monson asked if information regarding cost of the program to be included in the survey.
Ms. Hershkowitz suggested Board Members develop questions and forward them to Dr. Hills and Ms. Wilmoot.

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

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

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

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

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

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

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

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

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

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

**Education Staff Report:**
Ms. Wilmoth reported that a Board Member has inquired about how many times a student can take the NCLEX in other states. Ms. Wilmoth provided the following:

The NCSBN Member Board Profile survey had three (3) questions pertaining to the proposed topic:

1. What is the time limit for applicants to pass the NCLEX after graduation? – 33 states/territories have no limit; two (2) states/territories have a one (1) year limit; and six (6) states/territories have a five (5) year limit.

2. What is the total number of times initial applicant can take the NCLEX? – 44 states allow unlimited; seven (7) states allow 3-4 times; and four (4) states allow 5-6 times.

3. Does the Board of Nursing require mediation after a certain number of failed NCLEX attempts? – 31 states: no; 11 states: yes; and 15 states: yes after a certain number of years.

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

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

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

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

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

Ms. Douglas stated that the FAQs will be distributed to Board Members and will be posted to the Board of Nursing website.
Ms. Cei asked what the Board's stance is on the number of times a student can take the NCLEX. Ms. Douglas replied it is not stated in the regulations.

**Dialogue with DHP Director:**

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

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

**Legislation/Regulation:**

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

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

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

Ms. Gerardo moved to adopt the proposed regulations as presented in the agenda package. The motion was seconded and carried unanimously.
F3 Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action:
Ms. Yeatts stated that 2019 General Assembly amended the Code (HB2559) to require electronic prescribing of an opioid by July 1, 2020. Ms. Yeatts added that the Enactment clause on HB2559 requires adoption of regulations within 280 days so the Board must amend by an emergency action.

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

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

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

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

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

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

Mr. Hermansen-Parker moved to remove the Virginia Board of Nursing Code of Conduct as a GD. The motion was seconded and carried unanimously.
**F6 Guidence Document Memo:**
Ms. Douglas stated that there are three (3) GDs due for review.

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

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

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

Ms. Douglas added that alternatives to be considered by the Board regarding GD 90-48 would be:
1. Provide link to NCSBN website and information related to the use of media
2. Include specific reference to social media in Board of Nursing regulations related to disciplinary position.

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

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

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

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

**CONSIDERATION OF CONSENT ORDERS:**

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

**RECONVENTION:** The Board reconvened in open session at 12:07 P.M.
Mr. Monson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

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

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

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

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

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

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

RECONVENTION: The Board reconvened at 1:04 P.M.
Virginia Board of Nursing  
Business Meeting  
September 18, 2019  

BOARD MEMBER TRAINING:  

Overview of Nurse Aide Registry - Ms. Douglas provided the following information in the presentation:  
- Federal History  
- Key Requirements  
- State Responsibilities  
- Definition, examples and finding of Abuse  
- Definition, examples and finding of Neglect  
- Definition, examples and finding of Misappropriation of Resident Property  

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

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

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

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

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

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

CONSIDERATION OF CONSENT ORDER:  

Caitlin Colleen Poytress, RN  
0001-268901  
Ms. Gerardo moved to accept the consent order to indefinitely suspend the license of Caitlin Colleen Poytress to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.  

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

MEETING DEBRIEF:  
The following were well received by Board Members:  
- The meeting is exceptionally efficient  
- Board Member Training is helpful and informative  
- Board Staff are very helpful and resourceful  

The following were recommended by Board Members:  
- Consent Agenda items are provided electronically starting with November meeting. Ms. Vu reminded the Board that all public
meeting materials are posted to Nursing website and Townhall. Board Members who wish to receive hard copies for these items can inform Ms. Vu. Ms. Douglas suggested that Board Members should inform Ms. Vu or Ms. Douglas if they would like items removed from Consent Agenda and hard copies will be provided at the meeting.

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

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

Louise Hershkowitz, CRNA, MSHA
President
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on September 18, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Louise Hershkowitz, CRNA, MSHA, President
Laura Cei, BS, LPN, CCRP
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSM, RN, PCCN-K
Cynthia Swineford, MSN, RN, CNE

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

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

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

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

RECONVENTION: The Board reconvened in open session at 10:06 A.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.
#1 – Maria Franerseg Parisi Monahan, RN 0001-158347

Ms. Monahan did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Marie Franerseg Parisi Monahan and to require Ms. Monahan, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of the following NCSBN courses: *Ethics of Nursing Practice and Professional Accountability & Legal Liability for Nurses*. The motion was seconded and carried unanimously.

#10 – Rodney Eugene Evans, LPN 0002-074457

Mr. Evans did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Rodney Eugene Evans and to require Mr. Evans, within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Board of successful completion of the following NCSBN courses: *Ethics of Nursing Practice and Professional Accountability & Legal Liability for Nurses*. The motion was seconded and carried unanimously.

#3 – Sheena Nester Marshall, RN 0001-245218


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

#5 – Carla Renee Frye, LPN 0002-068551

Ms. Frye did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Carla Renee Frye to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.
#7 – Jennifer M. Walden, CNA 1401-118574

Ms. Walden did not appear.

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

#9 – Helen J. Casey, CNA 1401-133530

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

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

#11 – Catherine Helen Doyle, RN 0001198955

Ms. Doyle did not appear.

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

#13 – Angela M. Cross, RN 0001-102614

Ms. Cross did not appear.

Ms. Cei moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Angela M. Cross to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.
#15 – Holly Danielle Manning, RMA 0031-010085

Ms. Manning did not appear.

Ms. Cei moved that the Board of Nursing modify the recommended decision of the agency subordinate:
  • To correct the termination date of employment from April 14, 2018 to August 14, 2018 in #3 of the Findings of Fact and Conclusions of Law;
  • To indefinite suspend the right of Holly Danielle Manning to renew her registration to practice as a medication aide in the Commonwealth of Virginia for a period of not less than one year; and
  • To add a Finding of Misappropriation of Patient Property

The motion was seconded and carried unanimously.

#17 – Luz Elisa Olivieri, CNA 1401-1156116

Ms. Olivieri did not appear.

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

#19 – Laqueena Denette Herring, CNA 1401-120739

Ms. Herring did not appear.

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

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

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

Ms. Cei moved that the Board of Nursing modify the recommended decision of the agency subordinate:
  • To reprimand Rachel Darlene Reavis Wells
Virginia Board of Nursing
PANEL A – Agency Subordinate Recommendations and Consent Orders
September 18, 2019

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

The motion was seconded and carried unanimously.

#23 – Jasmine Jordan, CNA 1401-183005

Ms. Jordan did not appear.

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

#25 – Chevelle Becon, CNA 1401-174471

Ms. Becon did not appear.

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

ADJOURNMENT:

The Board adjourned at 10:13 A.M.

Charlette Ridout, RN, MS, CNE
Deputy Executive Director
The meeting of the Virginia Board of Nursing was called to order at 11:05 A.M. on September 18, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

LOUISE HERSHKOWITZ, CRNA, MSHA, President
Laurie Cei, BS, LPN, CCRP
Yvette Dorsey, DNP, RN
Margaret Friedenberg, Citizen Member
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSM, RN, PCCN-K
Cynthia Swineford, MSN, RN, CNE

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

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

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

Ta’Nise A. Vauters, CNA 1401-134239

Ms. Vauters did not appear.

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

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

Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 11:54 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Vauters. Additionally, Dr. Dorsey moved that Ms. Power, Ms. Ridout,
Ms. Graham and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:16 P.M.

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

ACTION: Mr. Hermansen-Parker moved that the Board of Nursing revoke the certificate of Ta’Nise A. Vauters to practice as a nurse aide in the Commonwealth of Virginia and enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

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

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

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

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

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

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

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

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

CLOSED MEETING: Dr. Dorsey moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:33 P.M., for the
purpose of deliberation to reach a decision in the matter of Ms. Hamil. Additionally, Dr. Dorsey moved that Ms. Power, Ms. Ridout, Ms. Graham and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:
The Board reconvened in open session at 3:22 P.M.

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

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

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

ADJOURNMENT:
The Board adjourned at 3:25 P.M.

Charlette Ridout, RN, MS, CNE
Deputy Executive Director
VIRGINIA BOARD OF NURSING
MINUTES
September 18, 2019
Panel - B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on September 18, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Jennifer Phelps, BS, LPN, QMHPA, First Vice President
Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Dixie McElfresh, LPN
Mark D. Monson, Citizen Member
Mecnakshi Shah, BA, RN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE

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

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

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:03 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:41 A.M.

Mr. Monson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.
#2 – Franchon Wilkins, CNA 1401-162117
Ms. Wilkins did not appear.

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

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

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

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

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

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

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

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

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the right of
Madeline Marie Grandfield to renew her license to practice as a professional nurse in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

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

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

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

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

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

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

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

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Shawna Diggs to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.
#22 – Sarah A. Yopp, CNA 1401-139680
Ms. Yopp did not appear.

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

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

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

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

Robin L. Hills, D.N.P., R.N., W.H.N.P.
Deputy Executive Director
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:01 A.M. on September 18, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:  
Jennifer Phelps, BS, LPN, QMHPA, First Vice President  
Marie Gerardo, MS, RN, ANP-BC, Second Vice President  
Dixie McElfresh, LPN  
Mark D. Monson, Citizen Member  
Meenakshi Shah, BA, RN  
Felisa A. Smith, RN, MSA, MSN/Ed, CNE  
Kristina E. Page, LMT – LMT cases only

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

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

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

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

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

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

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:51 A.M., for the purpose of deliberation to reach a decision in the matter of Christopher Sylvester McClure. Additionally, Ms. Shah moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed
necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

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

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

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

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

RECESS: The Board recessed at 11:15 A.M.

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

FORMAL HEARINGS: Derek Flem Davis, LMT 0019-008490

Mr. Davis appeared.

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

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

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:13 P.M., for the purpose of deliberation to reach a decision in the matter of Derek Flem Davis. Additionally, Ms. Shah moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.
RECONVENTION: The Board reconvened in open session at 12:32 P.M.

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

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

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

RECESS: The Board recessed at 12:33 P.M.

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

FORMAL HEARINGS: Albert Lee Safewright, LMT

Mr. Safewright did not appear.

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

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

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 1:39 P.M., for the purpose of deliberation to reach a decision in the matter of Albert Lee Safewright. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suikk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.
The Board reconvened in open session at 1:49 P.M.

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

Ms. Gerardo moved that the Board of Nursing revoke the license of Albert Lee Safewright to practice massage therapy in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Safewright at his address of record. The motion was seconded and carried unanimously.

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

The Board recessed at 1:50 P.M.

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

Rebecca Mary Smith, RN

Ms. Smith did not appear.

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

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

Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:22 P.M., for the purpose of deliberation to reach a decision in the matter of Rebecca Mary Smith. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suikj, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

The Board reconvened in open session at 2:35 P.M.
Ms. McElfresh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

ACTION:

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

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

RECESS:

The Board recessed at 2:36 P.M.

RECONVENTION:

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

FORMAL HEARINGS: Casey Carter, LPN

TN Lic. 083758 with Multistate Privilege

Ms. Carter did not appear.

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

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

CLOSED MEETING:

Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 3:06 P.M., for the purpose of deliberation to reach a decision in the matter of Casey Carter. Additionally, Ms. McElfresh moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Tamayo-Suijk, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 3:19 P.M.
Ms. McElfresh moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Mr. Monson moved that the Board of Nursing indefinitely suspend the privilege of Casey Carter to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Carter at her address of record. The motion was seconded and carried unanimously.

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

**ADJOURNMENT:**

The Board adjourned at 3:21 P.M.

Robin L. Hills, D.N.P., R.N., W.H.N.P.  
Deputy Executive Director
TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:30 A.M. on September 19, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Louise Herschkowitz, CRNA, MSHA, President
Laura F. Cei, BS, LPN, CCRP
Yvette L. Dorsey, DNP, RN
Dixie McElfresh, LPN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Cynthia M. Swineford, RN, MSN, CNE

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

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

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

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

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

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

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 9:54 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Gagnon. Additionally, Ms. Shah moved that Ms. Power, Dr. Clinger, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence
CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 12:48 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Black. Additionally, Ms. Shah moved that Ms. Douglas, Ms. Power, Dr. Clinger, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

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

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

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

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

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

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

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

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

Grace Stewart, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Holly M. Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.
Amber Gray, Senior Investigator, Department of Health Professions was present and testified.

Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 2:48 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Starkey. Additionally, Ms. Swineford moved that Ms. Douglas, Ms. Power, Dr. Clinger, Ms. Tamayo-Suijik and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

The Board reconvened in open session at 3:17 P.M.

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

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

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

The Board recessed at 3:18 P.M.

The Board reconvened at 3:34 P.M.

Ms. Douglas left the meeting.

Jennifer Allen, LPN Reinstatement Applicant 0002-097785

Ms. Allen appeared.

Holly Walker, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Holly M. Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.
Alexandra Alofa, Senior Investigator, Department of Health Professions was present and testified.

CLOSED MEETING:
Ms. Swineford moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 4:44 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Allen. Additionally, Ms. Swineford moved that Ms. Power, Dr. Clinger, Ms. Tamayo-Sujik and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:
The Board reconvened in open session at 5:09 P.M.

Ms. Douglas re-joined the meeting.

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

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

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

FORMAL HEARINGS:
Douglas E. Karle, LPN 0002-089705
Mr. Karle appeared.

Anne Joseph, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Holly M. Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.
Cheryl Hodgson, Senior Investigator, Department of Health Professions and Chris Bowers, Case Manager, Health Practitioners’ Monitoring Program testified by phone.

CLOSED MEETING: Ms. Cei moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 6:14 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Karle. Additionally, Ms. Cei moved that Ms. Douglas, Ms. Power, Dr. Clinger, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:43 P.M.

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

ACTION: Mr. Monson moved that the Board of Nursing continue the license of Douglas E. Karle to practice as a practical nurse in the Commonwealth of Virginia on indefinite suspension until such time as he appears before the Board to demonstrate that he is safe and competent to return to the practice of practical nursing. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Karle at his address of record. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 6:44 P.M.

Jodi Power, RN, JD
Senior Deputy Executive Director
A possible summary suspension telephone conference call of the Virginia Board of Nursing was held October 29, 2019 at 4:31 P.M.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair
Margaret Friedenberg, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
A Tucker Gleason, PhD, Citizen Member
Dixie L. McElfresh, LPN

Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark Monson, Citizen Member
Felicia A. Smith, RN, MSA, MSN/Ed, CNE
Cynthia Swinford, RN, MSN, CNE

Others participating in the meeting were:

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

The meeting was called to order by Ms. Hershkowitz. With nine members of the Board of Nursing participating, a quorum was established. A good faith effort to convene a meeting at the Board of Nursing offices within the week failed.

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

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

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

Jodi Power, RN, JD
Senior Deputy Executive Director
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<td>217</td>
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<td>75.1%</td>
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<td>Total 2007</td>
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<td>74.7%</td>
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<td>76</td>
<td>62</td>
<td>81.6%</td>
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</table>

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

** Final Outcome Difference = Final Board action/sanction after ITI compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to ITI) or was Rejected by Board (or referred to FH).
### 2019 Monthly Tracking Log

#### License Count

<table>
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<tr>
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<td>Nursing</td>
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<td>172,988</td>
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<td>173,786</td>
<td>175,455</td>
<td>174,975</td>
<td>175,703</td>
<td>176,107</td>
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<td>Autonomous Practice</td>
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#### Nurse Aide

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<th>52,533</th>
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<td>Advanced Nurse Aide</td>
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<td>Total for Nurse Aide</td>
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#### Open Cases Count

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<th>Open Cases</th>
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<th>1,510</th>
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#### Case Count by Occupation

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<tr>
<th>Occupation</th>
<th>Total</th>
<th>Rec'd RN</th>
<th>729</th>
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<th>75</th>
<th>68</th>
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<th>75</th>
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<td>45</td>
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<td>Rec'd NP, AP, CNS</td>
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<td>36</td>
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<td>Rec'd LMT</td>
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<td>Total Received Nursing</td>
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<td>182</td>
<td>213</td>
<td>183</td>
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#### Case Count - Nurse Aides

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<th>Received</th>
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<th>38</th>
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<th>47</th>
<th>64</th>
<th>78</th>
<th>80</th>
<th>65</th>
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<td>Total Received CNA</td>
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<td>Closed</td>
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<td>56</td>
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<td>55</td>
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<tr>
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VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
October 16, 2019

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:05 A.M., October 16, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Marie Gerardo, MS, RN, ANP-BC; Chair
Louise Hershkowitz, CRNA, MSHA
Ann Tucker Gleason, PhD
Kevin O'Connor, MD
Kenneth Walker, MD

MEMBERS ABSENT: Lori Conklin, MD

ADVISORY COMMITTEE
MEMBERS PRESENT:
Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
David Alan Ellington, MD
Sarah E. Hobgood, MD
Thekozeni Lipato, MD
Stuart F. Mackler, MD
Janet L. Setnor, CRNA

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice; Board of Nursing
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Education; Board of Nursing
Stephanie Willinger; Deputy Executive Director for Licensing; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT:
Erin Barrett, Assistant Attorney General; Board Counsel
David E. Brown, DO; Department of Health Professions Director
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE:
Ben Traynham, Hancock & Daniel
Jonathan Yost, Community Care Network of Virginia (CCNV)
Kassie Schroth, McGuireWoods Consulting LLC (MWC)
Richard Grossman, Virginia Council of Nurse Practitioners (VCNP)
Annette Graham, Board of Nursing Staff
Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 16, 2019

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

No public comments were received.

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

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

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

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

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

PUBLIC COMMENT:
No public comments were received.

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

**B1 Regulatory Update:**
Ms. Yeatts reviewed the chart of regulatory actions as of October 3, 2019 provided in the Agenda.

**B2 Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action – Nurse Practitioners**
Ms. Yeatts reported that the legislation, HB2559, passed in 2018 and was amended this year to require electronic prescribing of an opioid by July 1, 2020. Ms. Yeatts added that the enactment clause on HB2559 requires adoption of regulations within 280 days so the Board must amend by an emergency action by the end of 2019. Ms. Yeatts noted that the Executive Committee adopted identical language for prescribers licensed by the Board of Medicine and the Board of Nursing adopted these amendments for nurse practitioners on September 17, 2019.

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

**B3 Regulatory Action – Prescriptive Authority**
Ms. Yeatts stated that the comment period on this regulatory action ended September 20, 2019, and there were no public comments received. Ms. Yeatts added that the Board of Nursing will adopt the final at its November meeting.

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

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

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

NEW BUSINESS:

**C1 Reconsideration of Guidance Document (GD) 90-53: Treatment by Women’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases**
Ms. Yeatts stated that the Committee of the Joint Boards of Nursing and Medicine reviewed and reaffirmed GD 90-53 on February 13, 2019. The
GD was approved by the Board of Medicine, but has not been considered by the Board of Nursing due to subsequent questions raised by the Certified Nurse Midwives (CNM) in the Virginia Chapter of the Association of Certified Nurse Midwives as noted in the email dated March 6, 2019 provided in the Agenda.

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

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

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

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

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

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

Ms. Douglas added that HB793 also requires the Boards of Medicine and Nursing to report the number of NPs who have autonomous practice licenses accompanied by the geographic and specialty areas in which these NPs are practicing to the Chairman of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2020.

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

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

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

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

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

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

**C2 2020 Meeting Dates:**
Ms. Gerardo stated that this is provide for information only.
Environmental Scan:
Ms. Gerardo asked for the updates from the Advisory Committee Members.

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

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

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

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

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

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

AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION

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

Ms. Hill provided written response.

CLOSED MEETING:
Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia at 10:22 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Dr. Hills, Dr. Clinger, Ms. Willinger, Ms. Vu and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:
The Board reconvened in open session at 10:28 A.M.
Virginia Board of Nursing
Committee of the Joint Boards of Nursing and Medicine – Business Meeting
October 16, 2019

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

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

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

Ms. Cofer did not appear.

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

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

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director
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<tr>
<th>Chapter</th>
<th>Regulations Governing the Practice of Nursing</th>
<th>Action / Stage Information</th>
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<td>Handling fee for returned checks [Action 5385]</td>
<td>Fast-Track - DPB Review in progress [Stage 8760]</td>
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<td>[18 VAC 80 - 19]</td>
<td>Implementing Result of Periodic Review [Action 5157]</td>
<td>NOIRA - Register Date: 5/13/19</td>
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<td>Use of simulation [Action 5402]</td>
<td>NOIRA - At Secretary's Office for 6 days</td>
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<td>[18 VAC 80 - 28]</td>
<td>Regulations for Nurse Aide Education Programs</td>
<td>NOIRA - At Secretary's Office for 6 days</td>
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<td>Autonomous practice [Action 5132]</td>
<td>Proposed - Register Date: 9/30/19</td>
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<td>Use of simulation [Action 5402]</td>
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<td>Handling fee [Action 5414]</td>
<td>Comment closes: 11/29/19</td>
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<tr>
<td>[18 VAC 80 - 30]</td>
<td>Regulations Governing the Licensure of Nurse Practitioners</td>
<td>Fast-Track - AT Attorney General's Office [Stage 8798]</td>
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<td>[18 VAC 80 - 40]</td>
<td>Regulations for Prescriptive Authority for Nurse Practitioners</td>
<td>Emergency/NOIRA - AT Attorney General's Office [Stage 8798]</td>
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<td>Elimination of separate license for prescriptive authority</td>
<td>Proposed - Register Date: 7/22/19</td>
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<tr>
<td>[18 VAC 80 - 40]</td>
<td>Proposed - Register Date: 7/22/19</td>
<td>Board of Medicine adopted final regulation: 10/17/19</td>
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<td>Board of Nursing to adopt final regulation: 11/19/19</td>
<td>Board of Nursing to adopt final regulation: 11/19/19</td>
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Agenda Item: Regulatory Action – Prescriptive Authority

Staff note:

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

Included in agenda package:

Copy of Notice on Regulatory Townhall

Copy of proposed amendments

Board action:

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

**Agency**
Department of Health Professions

**Board**
Board of Nursing

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

**Action:** Elimination of separate license for prescriptive authority

**Proposed Stage**

| Action 4958 / Stage 8458 |

**Documents**

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

**Status**

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

https://townhall.virginia.gov/L/viewstage.cfm?stageid=8458

10/23/2019
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This person is the primary contact for this chapter.
This stage was created by Elaine J. Yeatts on 11/02/2018

16
Project 5352 - Proposed

BOARD OF NURSING

Elimination of separate license for prescriptive authority

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

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

B. Joint boards of nursing and medicine.

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

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

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

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

An applicant for renewal of prescriptive authority shall:

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

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

18VAC90-40-55. Continuing competency requirements.
A. In order to renew prescriptive authority, a licensee with prescriptive authority shall meet continuing competency requirements for biennial renewal as a licensed nurse practitioner. Such requirements shall address issues such as ethical practice, an appropriate standard of care, patient safety, and appropriate communication with patients.

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

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

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

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

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

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

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

1. File the required application;

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

3. Pay the fee required for reinstatement of a lapsed authorization as prescribed in 18VAC90-40-70; and
4. If the authorization has lapsed for a period of two or more years, the applicant shall provide proof of:

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

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

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

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

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

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

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

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

| 1. Initial issuance of prescriptive authority | $75 | $35 |
| 2. Biennial renewal | $25 |
| 3. Late renewal | $45 |
| 4. Reinstatement of lapsed authorization | $90 |
| 5. Reinstatement of suspended or revoked authorization | $85 |
| 6. Duplicate of authorization | $45 |
| 7. 2. Return check charge | $35 |

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

   Biennial renewal $26

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

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

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

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

Staff Note:

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

Action: Repeal of 90-53 as recommended by the Committee of the Joint Boards and adopted by the Board of Medicine
VIRGINIA BOARDS OF NURSING AND MEDICINE

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

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

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

Included in your agenda package:

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

Staff note:

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

Board options:

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

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

MEETING MINUTES

In Attendance:

Workgroup Convener

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

Workgroup Members

Jamie Clancey, LCSW
Member, Board of Social Work

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

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

William Harp, MD
Executive Director, Board of Medicine

Patrick A. Hope
Delegate, Virginia General Assembly

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

Trula Minton
Member, Board of Nursing

Jennifer Morgan, PsyD
Opening Remarks and Approval of Agenda:

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

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

NOTE: Prior to the meeting, the workgroup had been provided with a letter dated October 1, 2018 from the National Task Force for Therapy Equality.
Dr. Brown called the meeting to order at 10:07am. He welcomed everyone, provided emergency egress information, and asked the workgroup members to introduce themselves. He also provided background of events leading to formation of the workgroup and what he hopes to accomplish during the meeting.

During the 2018 General Assembly session, Delegate Hope introduced HB 363 which would prohibit a person licensed by a health regulatory board from engaging in sexual orientation change efforts with a person under 18 years of age. During discussion before a subcommittee of the House, the question arose as to why licensing boards had not addressed this issue in regulation. Subsequently, Dr. Herb Stewart, President of the Board of Psychology, made the recommendation to Dr. Brown to convene a workgroup to discuss the issue. The workgroup will discuss the big picture and will not have authority to do anything but make a recommendation to the boards (i.e., Counseling, Medicine, Nursing, Psychology, and Social Work). Each board would have to make the decision whether to promulgate regulation. The process would take approximately 1¼ to 2 years to go through all of the regulatory process steps, and there will be more than one opportunity for public comment during the process. Dr. Brown emphasized that this meeting is an initial step in the process.

Call for Public Comment:

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

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

Some comments expressed concerns about potential regulations in areas such as “fluidity,” freedom of speech of counselors, access to treatment, parental rights, minors’ rights to treatment, religious freedom rights, suicide/suicidal thoughts among LGBTQ youths. Other comments noted issues such as science versus morals, conversion therapy is not evidence-based treatment, and need for regulations to protect a vulnerable population.
Dr. Brown thanked Senator Chase for setting a respectful tone and thanked all of the speakers for coming forward with their comments. He indicated that some comments were outside the scope of the workgroup (e.g., legislative intent, constitutionality) and the boards would have legal counsel to advise them before moving forward. He also indicated that the need to regulate would not be determined by vote in the meeting but by consensus, if there was one.

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

Discussion of Public Comment and Agenda Packet Materials:

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

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

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

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

Dr. Tinsley brought up concern with the title “conversion” which could bring up issues and deflect from options parents have in seeking treatment. Other common terms were discussed by the workgroup: reparative therapy and Sexual Orientation Change Efforts (SOCE). Ms. Yeatts indicated that the legislation defines what conversion therapy is and is not and that the workgroup should look at the total definition.
Dr. Stewart discussed a recent Williams Institute Study based on a national survey which showed that more than 20,000 LGBT youths will receive conversion therapy from a licensed health care professional in 41 states that don’t ban the practice. He asked that this information be included with the meeting materials.

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

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

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

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

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

Review of Potential Regulatory Language:

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

It was noted that licensees sometimes read things differently than intended, so whatever language is used should be clearly stated.
The draft language on page 107 has three parts: 1) the first sentence related to the practitioners specified in the regulation; 2) the definition of conversion therapy; and 3) what conversion therapy does not include.

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

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

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

Closing Comments:

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

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

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

Adjourn:

With no further business to discuss, Dr. Brown adjourned the meeting at 2:09 pm.
American Academy of Nursing position statement on reparative therapy

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

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

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

Acknowledgments

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

REFERENCES


Nursing Advocacy for LGBTQ+ Populations

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

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

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

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

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

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

Background

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

The U.S. National Library of Medicine (2018) defines health care disparities as the differences in access to or availability of facilities and services. Researchers have demonstrated that health care disparities are prevalent for those in LGBTQ+ populations: lack of knowledge on the part of providers in delivering care to this population, marginalization isolation, and stigma are some of the reasons that access remains an issue for many LGBTQ+ clients (Lim, Brown & Kim, 2014). Health status disparities refer to the variation in rates of disease occurrence and disabilities between defined population groups. Numerous disparities within LGBTQ+ populations exist in relation to disease patterns and behaviors affecting health (Schenck-Gustafsson, DeCola, Pfaff & Pisetsky, 2012). For example, LGBTQ+ youth are two to three times more likely to attempt suicide and are more likely to be homeless than their heterosexual peers (National LGBT Health Education Center, n.d.). They are also at higher risk for acquiring HIV and other sexually transmitted diseases.
(STDs) and are more likely to be bullied (National LGBT, n.d.). Gay men and other men who have sex with men (MSM) are at higher risk of contracting HIV and STDs, especially among communities of color (National LGBT, n.d.). LGBTQ+ individuals are more likely to smoke; they also have higher rates of alcohol or other substance use, depression, and anxiety (National LGBT, n.d.). Elderly LGBTQ+ individuals face additional barriers to healthcare because of isolation, diminished family support, and reduced availability of social services (National LGBT, n.d.). Of approximately 8% of LGBTQ+ individuals surveyed, nearly 27% of transgender and gender-nonconforming individuals, and almost 20% of HIV-positive individuals, reported being denied necessary healthcare (National Women’s Law Center, 2014). Thus, disparities are not caused by one’s sexual orientation; rather, sexual orientation-related health discrimination and disadvantages create health disparities (Cochran, Björkenstam, & Mays, 2016). The Institute of Medicine has found these health disparities to be one of the main gaps in health disparities research (Institute of Medicine of the National Academies, 2011).

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In 2011, the Centers for Medicare & Medicaid Services finalized federal regulations protecting hospital patients’ rights to choose their visitors and prohibiting discrimination in visitation based on sexual orientation and gender identity. The guidance supports the rights of patients to designate the person of their choice to make medical decisions on their behalf in cases of incapacity, regardless of sexual orientation, gender identity, and/or expression (Centers for Medicare & Medicaid Services, 2011).

**History/Previous Position Statements**


With the emergence of the HIV/AIDS epidemic in the 1980s, nurses and nursing organizations responded to provide and support evidence-informed approaches to combating the epidemic and opposing discrimination against people with HIV/AIDS (ANA, 1988, 1992a). Addressing the epidemic—particularly in its early days—required confronting antigay bias in the general population and within the nursing profession.
In 1992, the ANA House of Delegates voted to oppose policies barring gay and lesbian individuals from serving in the U.S. military (ANA, 1992b). After the military's ban on gay and lesbian service members was modified into a "don't ask, don't tell" policy, ANA supported efforts to repeal that policy (ANA, 2010). This ban ended in 2016. In 2017, executive attempts to create a ban on transgender individuals serving in the military were unsuccessful. ANA again advocated in support of equality and human rights for LGBTQ+ populations serving in the military (ANA, 2017).

The American Academy of Nursing initiated an Expert Panel on LGBTQ Health in 2011 (AAN, n.d.). Since that time, the Academy has adopted several position statements on LGBTQ health, including Position statement: Employment discrimination based on sexual orientation and gender identity (Expert Panel on LGBTQ Health, 2015a), American Academy of Nursing position statement on reparative therapy (Expert Panel on LGBTQ Health, 2015b), and Same-sex partnership rights: Health care decisionmaking and hospital visitation (Expert Panel on LGBTQ Health, 2015c). Other nursing organizations have adopted positions addressing concerns among LGBTQ+ populations, including the International Society for Psychiatric-Mental Health Nurses (2010), the National Association of School Nurses (2017), and the National Student Nurses Association (2016).

**Recommendations**

1. ANA supports efforts to defend and protect the human and civil rights of all members of LGBTQ+ populations.

2. ANA advocates for the rights of all members of LGBTQ+ populations to live, work, study, or serve in the armed services without discrimination or negative activities, such as bullying, violence, incivility, harassment, or bias.

3. ANA affirms the need for nurses in all roles and settings to provide culturally congruent, competent, sensitive, safe, inclusive, and ethical care to members of LGBTQ+ populations, as well as to be informed and educated about the provision of culturally competent care.

4. ANA condemns any discrimination based on sexual orientation, gender identity, and/or gender expression in access to or provision of health care.

5. ANA advocates for:
   - Patients and families in LGBTQ+ populations to have equal rights for surrogate decision-making, visiting privileges, and access to loved ones when undergoing care or when hospitalized.
   - Patient information assessment, forms, and other ways of collecting patient demographics (e.g., electronic health records) that use best practice means of collecting sexual orientation and gender identity patient data so that appropriate clinical and culturally sensitive care is provided and preferred pronouns are used. It is understood that sexual orientation and gender identity patient information should be considered private patient information shared on a need-to-know basis.
   - Policies and legislation that support equal access to high-quality, culturally congruent health care for LGBTQ+ populations.
   - Research and interventions aimed at improving the health, wellness, and needs of LGBTQ+ populations, including collection of sexual orientation, gender identity, and/or expression in research studies.
   - Nurse educators that will help fill the void in knowledge by incorporating the issues of the LGBTQ+ populations as part of nursing curriculum.
• Efforts to promote and advocate for public policy that is aimed at improved access to culturally sensitive, high-quality care and treatment of members of LGBTQ+ populations.

• Federal funding to continue appropriate research of LGBTQ+ populations.

• Making behavioral health services available that specifically address LGBTQ+ health.

• The application of ANA's Code of Ethics for Nurses with Interpretive Statements to ensure unwavering, culturally sensitive, inclusive, unbiased, and nondiscriminatory care of members of LGBTQ+ populations.

• Strategies to educate nurses about the potential impact of personal bias, whether conscious or unconscious, particularly involving the care of LGBTQ+ populations.

• Identification of strategies to raise nurses' competency in addressing the needs of LGBTQ+ populations.

• Support for nurses and other health care providers who are bullied or witness others being bullied or discriminated against.

• Nursing education that includes population health education about systemic inequality, barriers, patient-specific care, and interventions for LGBTQ+ populations.

• Nursing program accreditors and state boards of nursing that approve nursing program curricula to require inclusion of content on LGBTQ+ populations, including standardized gender-neutral terminology and documentation.

References


Page 5
Nursing Advocacy for LGBTQ+ Populations

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

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

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

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

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

Provision 1 of the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) asserts: “The nurse practices with compassion and respect for the Inherent dignity, worth, and unique attributes of every person” (p. 1). The interpretive statements that accompany this provision affirm that “the need for and right to health care is universal, transcending all individual differences” (p. 1) and that “nurses consider the needs and respect the values of each person in every professional relationship and setting” (p. 1). Nurses are expected to lead in the development, dissemination, and implementation of changes in public and health policies that support protection against discrimination due to sexual orientation, gender identity, and/or expression. The relationship that nurses create with their patients should be one of trust and compassion. Nurses should first identify and then set aside any bias or prejudice in the provision of nursing care.

Interpretive Statement 1.2 instructs nurses to consider “factors such as culture, value systems, religious or spiritual beliefs, lifestyle, social support system, sexual orientation, or gender expression, and primary language when planning individual [patient], family and population-centered care” (ANA, 2015a, p. 1). However, these factors must not be used to discriminate or prohibit access to compassionate and high-quality care.

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

Background

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

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


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Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth
Ending Conversion Therapy: 
Supporting and Affirming 
LGBTQ Youth 

October 2015
Executive Summary

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

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

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

Key Findings

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

- Same-gender sexual orientation (including identity, behavior, and attraction) and variations in gender identity and gender expression are a part of the normal spectrum of human diversity and do not constitute a mental disorder.
- There is limited research on conversion therapy effects among children, adolescents; however, none of the existing research supports the premise that mental or behavioral health interventions can alter gender identity or sexual orientation.
- Interventions aimed at a fixed outcome, such as gender conformity or heterosexual orientation, including those aimed at changing gender identity, gender expression, and sexual orientation are coercive, can be harmful, and should not be part of behavioral health treatment. (American Psychiatric Association, 2013; American Psychological Association, 2010; National Association of Social Workers, 2006).
Understanding Sexual Orientation and Gender Identity in Children and Youth

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

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

There is not a single developmental trajectory for either sexual minority or gender minority youth. Compared to the 20th century, in the 21st century, youth started realizing and disclosing a minority sexual orientation and/or identifying as lesbian, gay, or bisexual at younger ages than in previous generations (Diamond & Savin-Williams, 2000; Ploidy & Bakeman, 2005; Grov, Bimbi, Nazir, & Parsons, 2005; R. C. Savin-Williams, 2001). Though aspects of sexuality are displayed beginning in infancy, little is known about sexual orientation among pre-pubescent children (Adelson & American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Quality Issues (CQI), 2012). Children are rarely if ever distressed about their current or future sexual orientation; more commonly, parents and guardians are distressed about a child’s perceived current or future sexual orientation and seek the assistance of behavioral health providers (American Psychological Association, 2009). Sexual minority adolescents face the same developmental tasks that accompany adolescence for all youth, including sexual orientation identity development. Unlike those with a heterosexual orientation, however, adolescents with a minority sexual orientation must navigate awareness and acceptance of a socially marginalized sexual identity; potentially without family, community, or societal support. In comparison with their heterosexual counterparts, sexual minority adolescents are at increased risk for psychological distress and substance use behaviors, including depressive symptoms, increased rates of substance use and abuse, suicidal ideation and attempts, as well as increased likelihood of experiencing victimization, violence, and homelessness (Casey et al., 2010; Friedman et al., 2011; Goldbach, Timpane-Smith, Nagwell, & Dunlap, 2014; Hatzinger, 2011; Institute of Medicine, 2011; Katz et al., 2011; Marshall et al., 2011; Russell, 2007). Supportive families, peers, and school and community environments are associated with improved psychosocial outcomes for sexual minority youth (Bouria et al., 2010; Kessler, Green, Palmar, & Breslow, 2014; Leasa, Horne, & Nelson-Macias, 2005).

Gender development begins in infancy and continues progressively throughout childhood.

Gender diversity or signs of gender dysphoria may emerge as early as a child’s preschool years, or as late as adolescence (Colten-Kentena, 2005). For many gender minority children, gender dysphoria will not persist, and they will develop a gender identity in adolescence or adulthood; a majority of these children will identify as lesbian, gay, or bisexual in adulthood (Bélyeu & Zucker, 1995; Drescher, 2014; Leibovitch & Spack, 2011; Whillen & Cohen-Kentena, 2006). Whether or not these individuals continue to have a diverse gender expression is unknown. For other gender minority children, gender dysphoria will persist and usually worsen with the physical changes of adolescence; these youth generally identify as transgender (or another gender identity that differs from their assigned sex at birth) in adolescence and adulthood.
(Byne et al., 2012; Coleman, et al., 2012). For still another group, gender dysphoria emerges in post-puberty without any childhood history of gender dysphoria. Gender diversity (Endowings, Leaper & Smith, 2012). Gender dysphoria that women with the onset of puberty is unlikely to result later in adolescence or adulthood, especially among youth with a childhood crisis, and long-term identification as transgender is likely (American Psychological Association, 2015a; American Psychological Association, 2008; Byne, et al., 2012).

While most adolescents with gender dysphoria score within normal ranges on psychological tests (Cohen-Kettenis & van de Veen, 2000; de Vries, van Driel, & Cohen-Kettenis, 2011; Smith, van Goozen, & Cohen-Kettenis, 2001), some gender minority children and adolescents have elevated risk of depression, anxiety, and behavioral issues. These psychosocial issues are likely related to if not caused by negative social attitudes or rejection (Vivo, Eli, & Rosenfeld, 2014). As with sexual minority adolescents, other issues of clinical relevance for gender minority adolescents include increased risk of experiencing victimization and violence, suicidal ideation and attempts, and homelessness (Coleman, et al., 2012; Guroscik, Delston, Girms, Dell, & Harper, 2006; Institute of Medicine, 2011; Mustanski, Guroscik, & Emerson, 2010; Simmons, Leibovitch, & Haldorcosy, 2014). Improved psychosocial outcomes are seen among youth when social supports are put in place to recognize and affirm gender minority youth's gender identities (Vivo, Eli, & Rosenfeld, 2014).

Therapeutic Efforts with Sexual and Gender Minority Youth*

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

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

Eliminating the practice of conversion therapy with sexual and gender minority minors is an important step, but it will not alleviate the myriad of stressors they experience as a result of interpersonal, institutional, and societal bias and discrimination against sexual and gender minorities.
LGBTQ youth still need additional support to promote positive development in the face of such stressors. Supportive family, community, school, and health care environments have been shown to have great positive impacts on both the short- and long-term health and well-being of LGBTQ youth. Families and others working with LGBTQ children and adolescents can benefit from guidance and resources to increase support for sexual and gender minority minors and to help facilitate the best possible outcomes for these youth.

Ending the Use of Conversion Therapy for Minors

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

Guidance Document on the Practice of Conversion Therapy

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

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

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

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

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