

**VIRGINIA BOARD OF
NURSING
Final Agenda**

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

Tuesday, January 28, 2020

**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

- World Health Organization 2020 International Year of the Nurse and the Midwife – FYI**
- **REMINDER** – Financial Disclosure Statement is due on **Monday, February 3, 2020**
- Staff Update:
 - **Latoya Bagley** has accepted the wage Licensing Specialist by Examination. She started on November 25, 2019
 - **Trula Minton, MS, RN**, former Board Member, has accepted the P-14 Agency Subordinate/Probable Cause Reviewer position. She started on November 25, 2019
 - **Florence Smith** has accepted the P-14 Discipline Specialist. She started on January 6, 2020
 - **Shertoria Daniels and Markeem Williams** has accepted the Call Center positions as a Temp staff. Their start date is January 27, 2020
 - **Sharon Zook, DNP, RN, FNP-BC** has the Education Program Inspector P-14 position. Her start date is February 3, 2020
 - **Sally Ragsdale** has accepted the Discipline Administrative & Office Specialist for CNA Discipline. Her start date is February 10, 2020

A. UPCOMING MEETINGS:

- NCSBN Board of Directors meeting is scheduled for February 10-11, 2020 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, February 12, 2020 at 9:00 am in Board Room 2
- The NLC Commission Meeting is scheduled for March 2, 2020 in Boston, MA – Ms. Douglas will attend as Commissioner for NLC.

- NCSBN Midyear Meeting is scheduled for March 4-5, 2020 in Boston, MA – Ms. Phelps, Dr. Dorsey, Ms. Ridout and Ms. Morris will attend. Ms. Douglas will attend as a member of the NCSBN Board of Directors for Area III.
- NCSBN APRN Roundtable is scheduled for April 7, 2020 om Rosemont, IL – Attendance to be determined pending Agenda

Note - all NCSBN meetings are funded by NCSBN

REVIEW OF THE AGENDA: (Except where times are stated, items not completed on January 28, 2020 will be completed on January 29, 2020)

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**
 - B1** November 19, 2019 Board of Nursing Business Meeting*
 - B2** November 20, 2019 Formal Hearing - Panel A*
 - B3** November 20, 2019 Formal Hearing Panel B*
 - B4** November 21, 2019 Formal Hearing Panel*
 - B5** December 5, 2019 Telephone Conference Call*
 - B6** December 12, 2019 Telephone Conference Call*
 - B7** December 19, 2019 Telephone Conference Call*
 - C1** Agency Subordinate Tracking Log**
 - C2** Financial Report**
 - C3** Board of Nursing Monthly Tracking Log*
 - C4** HPMP Quarterly Report
 - C5** The Committee of the Joint Boards of Nursing and Medicine December 4, 2019 DRAFT Formal Hearing minutes*

DIALOGUE WITH DHP DIRECTOR – Dr. Brown

B. DISPOSITION OF MINUTES:

None

C. REPORTS:

- C7** Executive Director Report – Ms. Douglas
 - NCSBN Board of Directors Meeting – December 9-10, 2019

C8 Board of Health Professions December 2, 2019 Meeting DRAFT Minutes – Ms. Hershkowitz**

D. OTHER MATTERS:

- Board Counsel Update – Charis Mitchell (**verbal report**)
 - D1** Revision of Guidance Document 90-57 (*Virginia Board of Nursing By Laws*)**
- Presentation of Slate of Candidates and Election of Officers
- D2a** November 19, 2019 Nominating Committee Meeting DRAFT Minutes*
 - D2b** December 6, 2019 Slate of Candidates for 2020 Officers Memo*
- D3** NCSBN Raises Passing Standard for NCLEX-PN Examination Message – FYI*

July 2020 Board Week Amendment
Appointment of Members for Medication Aide Curriculum – Ms. Hershkowitz
Revised Motions and Scripts

E. EDUCATION:

- **E1** Education Informal Conference Committee January 15, 2020 Minutes and Recommendations – Dr. Hills
 - Chesapeake Career Center Practical Nursing Program Recommendations - CONFIDENTIAL
- Education Staff Report (**verbal report**)
- Education Program Survey – Possible Modification

10:00 A.M. – PUBLIC HEARING ON PROPOSED REGULATIONS FOR CLINICAL NURSE SPECIALISTS*

PUBLIC COMMENT

F. LEGISLATION/REGULATIONS – Ms. Yeatts

- F1** Status of Regulatory Actions
- F2** Regulatory – Adoption of Final Regulations for Autonomous Practice for Nurse Practitioners*
- F3** Respond to Petition for Rulemaking regarding Licensure Applicants from Other Countries (18VAC90-19-130)*
General Assembly 2020 Update (**verbal report**)

POLICY FORUM: Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, and Dr. Shobo, PhD, HWDC Deputy Executive Director

- Virginia’s Certified Nurse Aide Workforce: 2019*
- Virginia’s Licensed Practical Nurse Workforce: 2019*
- Virginia’s Registered Nurse Workforce: 2019*

G. CONSENT ORDERS: (Closed Session)

- G1** Terisha G. Vaughan, RN*
- G2** Patricia Jean Andes, RN**
- G3** Jessica Samson, RN
- G4** Kimberly Wright Burant, RN

12:00 P.M. – LUNCH IN BOARD ROOM 3

1:00 P.M. POSSIBLE SUMMARY SUSPENSION CONSIDERATION MEETING – regarding cases 199605 and 192875

H. BOARD MEMBER TRAINING

- Occupational Licensure Discussion
 - ❖ NCSBN July 2019 Journal Nursing Regulation (JNR) Supplement
- **C6** Citizen Advocacy Center (CAC) December 10-11, 2019 Annual Meeting Report*
- Probable Cause (PC) Review Training for new Board Members (**Dr. Dorsey, Mr. Hermansen-Parker, Mr. Jones, Ms. Smith and Ms. Swineford**) and Staff

MEETING DEBRIEF

ADJOURNMENT

3:00 P.M. – Probable Cause Case review in **Board Room 2** – for Board Members who are not participating in PC Review Training

(* mailed 1/8) (** mailed 1/15)

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

2020: International Year of the Nurse and the Midwife



In 2020 we celebrate the world's 22 million nurses and 2 million midwives who make up half of the global health workforce – providing vital health care everywhere, as they have been doing for centuries.

Together, they are the cornerstone of the strong, resilient health systems needed to achieve universal health coverage. They prescribe life-saving drugs, administer vaccines, provide family planning advice, and assure expert care during childbirth. Without them, millions of mothers and children have no one to diagnose illnesses, dispense treatment, or assist at births.

We also highlight the need to invest in strengthening the nursing and midwifery workforce. In many areas, there simply aren't enough nurses and midwives to do all this work effectively. Even where they are present, many lack the power, training, equipment and medical supplies to deliver the basic health services we all need to live healthy lives. 2020 is the year to change this.

Fast Facts

- Nurses and midwives provide a broad range of essential services close to the community and in all levels of health facility.
- Nurses and midwives provide essential health services, including e.g.:
 - Prevention, diagnosis, and treatment of HIV, tuberculosis, malaria and other communicable diseases
 - Prevention, diagnosis and treatment of noncommunicable diseases
 - Sexual and reproductive health services, including family planning, and maternal and newborn health care, including immunization and breastfeeding support.
- Nurses and midwives play a key role in caring for people everywhere, including in the most difficult humanitarian, fragile and conflict-affected settings.
- As part of strong multi-disciplinary health care teams, nurses and midwives make a significant contribution to delivering on the commitments made in the 2018 Astana Declaration on Primary Health Care, ensuring patient-centred care close to the community.
- Achieving health for all will depend on there being sufficient numbers of well-trained and educated, regulated and well supported nurses and midwives, who receive pay and recognition commensurate with the services and quality of care that they provide.
- The world needs 18 million more health workers to achieve and sustain universal health coverage by 2030. Approximately half of that shortfall – 9 million health workers – are nurses and midwives. The most acute shortages of nurses and midwives are in South East Asia and Africa.
- Globally, 70% of the health and social workforce are women. Nurses and midwives represent a large portion of this.
- Midwifery, where care includes proven interventions for maternal and newborn health as well as for family planning could avert over 80% of all maternal deaths, stillbirths and neonatal deaths. Midwife-led continuity of care, where a known midwife or group of midwives provides care from pregnancy to the end of the postnatal period, can prevent 24% of pre-term births.

**VIRGINIA BOARD OF NURSING
MINUTES
November 19, 2019**

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:03 A.M. on November 19, 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:

- Marie Gerardo, MS, RN, ANP-BC; Second Vice President
- 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
Jennifer Phelps, BS, LPN, QMHP-A, CSAC; First Vice President

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN, JD, Senior Deputy 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
Lelia Claire Morris, RN, LNHA; Discipline Case Manager
Ann Tiller, Compliance Manager
Huong Vu, Executive Assistant

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
David E. Brown, DO, Department of Health Professions Director
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE: Jerry J. Gentile, Department of Planning Budget (DPB)
Adam Trimmer, Born Perfect
Susan Yale, JCHEV
Kathleen Kincheloe, JCHEV
Todd Glackie, MD, Family Foundation
Michael Lau, Legal Counsel for Medical Learning Center Practical Nursing Education (MLC-PN)
Joyce Peck, RN, MA, Med, Director of Nursing Education at MLC-PN
Gullai Safi, Administrator at MLC-PN

ESTABLISHMENT OF A QUORUM:

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

ANNOUNCEMENTS:

Ms. Hershkowitz highlighted the announcements on the agenda.

- **Welcome New Board Members**
 - **Brandon Jones, MSN, RN, CEN, CEA-BC**, of Roanoke, System Patient Experience Manager at Carilion Clinic, 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
 - **Carola Bruflat, LNP**, started on October 30, 2019 as a P-14 LNP/RN probable cause reviewer
 - **Lori Patel, RN**, has accepted the Education Program Inspector. Her starting date is scheduled for November 25, 2019.
 - **Nicole Cutright** has accepted the Discipline Administrative & Office Specialist for CNA Discipline. Her starting date is scheduled for November 25, 2019

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- **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

- On April 22, 2020, Board Staff will provide orientation to establish a new education program from 9 am to 12 pm and the program updates from 1 pm to 3 pm

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

Ms. Douglas noted the following:

- Nicole Cutright has declined the Discipline Administrative & Office Specialist for CNA Discipline position so recruitment is in process again.
- **Meeting Debrief** will be included on the Agenda at the end of the meeting
- **Officer Meeting** scheduled for Wednesday, 11/20, at 8 am is cancelled
- Ms. Garardo is moved to Panel B to accommodate Ms. Phelps who is not available due to family emergency. Panel A will be in Board Room 3. Also the formal hearing for Michelle Morris Collier, LPN at 2 pm is cancelled
- Panel B will be in Board Room 2 and the Agency Subordinate recommendation # 8 (Dawn Maria Battaglia, LPN) is removed from the Agenda
- Ms. Swineford is removed from formal hearings on Thursday, 11/21

CONSENT AGENDA: The Board did not remove any items 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** September 16, 2019 Board of Nursing Officer Meeting
- B2** September 16, 2019 Formal Hearing Panel
- B3** September 17, 2019 Board of Nursing Business Meeting
- B4** September 18, 2019 Formal Hearing - Panel A
- B5** September 18, 2019 Formal Hearing Panel B
- B6** September 19, 2019 Formal Hearing Panel
- B7** October 29, 2019 Telephone Conference Call
- 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** Frequently Asked Questions (FAQs) of the Next Generation NCLEX (NGN) examination
- C6** 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 reported the following:

DHP Board Member Training on October 7, 2019 – Board of Nursing Members in attendance were Ms. Friedenberg, Mr. Hermansen-Parker, Ms. Phelps and Ms. Smith. Survey resulted in 4.5 out of 5; attendees indicated it was valuable focus training and adequate notice is highly recommended.

Dr. Brown added that DHP is trying to increase enhance skills/training for all staff through Lunch and Learn, DHP Academy and Annual All Staff training.

Security Measures – two security audits resulted in vigorous sign in for those without the badge and panic buttons will be available for hearings. Future enhancements will occur at a later date.

Enhanced DHP Website – Board of Nursing was the first to implement and discovered some improvements still needed. Board Members are encouraged to explore and provide feedback to Ms. Douglas.

Ms. Douglas noted that as suggested by Dr. McQueen-Gibson, the April 22, 2020 orientation, provided by Ms. Wilmoth in establishing new education programs and program updates, is included in the announcements and will be included in the future.

Ms. Douglas added that regular trainings are also provided to Board Members and staff at the Board Business meeting.

Ms. Hershkowitz thanked Dr. Brown for the support provided to the Board.

REPORTS:

There are no reports noted on the Agenda

OTHER MATTERS:

Board Counsel Update:

Court of Appeals Update - Ms. Mitchell reported that the Court of Appeals affirmed the Board's decision regarding the Highland appeal case in which the Board denied the application for licensure.

Board Member Survey/Proposed Improvement:

Ms. Douglas said that Staff were asked at the last meeting to review survey results and proposed improvements on items that are within Board control.

Ms. Douglas noted the following suggestions by Staff:

- More items are listed in the Consent Agenda
- Financial Report – discussed with Mr. Giles and other Executive Directors about researching feasibility of developing an abbreviated format

- **Burden of Commitment – numbers of days continues to be an issue with working Board Members. The goals are:**
 - **Increasing numbers of Agency Subordinate Informal Conferences**
 - **Reducing Special Conference Committee’s (SCC) commitment to two days each six month period versus three**
 - **Reducing numbers of formal hearings in January – problematic for all divisions of the Agency due to number of work days in November, December and January**
 - **An option would be to add a single formal hearing day in February**
 - **No Business meeting in January and July – Staff can present matters to the Panel of the Board for consideration, if needed**
 - **Election of New Officers – the Board is no longer required to have annual meeting in January so the election of a Nominating Committee could be done in September instead of November and the Election can be voted in November instead of January. Therefore Officers can assume their roles in January of each year instead of March. This will require the change in the Bylaws**

The Board responded to the suggestions as follow:

- **Considering reducing the numbers of Board Members on a Panel from five to four or three members so possibly the Board can run three panels on the formal hearing days. This may require legislative change. No decision was made**
- **Suggesting an odd number on panels to prevent stalemate vote**
- **Establishing Executive Committee, to obtain statutory authority to act on items that cannot wait as the Board of Medicine has in place.**
- **If there is no Business meeting in July, the Board can conduct the third day of formal hearings if needed or run two panels for two days**

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

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

PUBLIC COMMENT: Ms. Hershkowitz stated that people who wished to make public comments regarding the Conversion Therapy will be first.

Adam Trimmer, Virginia Ambassador for Born Perfect, spoke in support to end dangerous practice of Conversion Therapy.

Todd Glackie, MD, Family Foundation, spoke in opposition of the Guidance Document.

Casey Pick represents “The Trevor Project” and spoke in support of the Guidance Document.

Janet Wall, Chief Executive Officer (CEO) of the Virginia Nurses Association (VNA), provided the following:

Mental Healthcare – VNA/ Virginia Nurses Foundation (VNF) recently held a conference, “Mind Matters: Improving Mental Healthcare Delivery Across Settings,” which received rave reviews. More than 20 conference scholarships were given to nurses interested in attending; several of those employed by CSBs. Three of the presentations are available via VNA’s On-Demand Library (free for members, \$15 ea. for nonmembers):

- 1 *Ethical Considerations in Mental Healthcare* -- Mary Faith Marshall, PhD, FCCM
- 2 *Mental Healthcare in Virginia: Times They Are A-Changin’!* -- DBHDS Acting Commissioner Mira Signer
- 3 *Providing Trauma Informed Care* -- Brian R. Sims, M.D.

Mental Health Roundtable - approximately 30 behavioral health and nursing professionals joined VNF for its October Mental Health Roundtable meeting. Three speakers presented:

- 1 Secretary for Workforce Development Megan Healy, BON Executive Director Jay Douglas; Health Practitioners Monitoring Program (HPMP) Program Director Peggy Wood, and VHHA Director of Intergovernmental Affairs Jennifer Wicker.
- 2 The next meeting is scheduled for February 28 in Richmond, and will focus on incarceration as it relates to mental health.

Policy & Advocacy

Public Policy Platform - each year, VNA spearheads the development of Nursing’s Public Policy Platform by convening leaders from specialty nursing organization throughout Virginia. The resulting platform is used as the foundation for discussions with legislators and state administration, and focuses on:

- 1 Nurse title protection
- 2 Advancing APRN practice
- 3 Financial incentives for APRN preceptors
- 4 Community health & safety

VNA will host four Lobby Days in late January/early February. Registration is free

Nurse Leadership Academy (NLA)

VNF anticipates launching its new Nurse Leadership Academy in August/September 2020. NLA will be a year-long leadership development program for new and emerging nurse leaders across all healthcare settings.

The Steering Committee which has developed an outstanding program, is composed of nursing leaders from throughout the commonwealth, including Board of Nursing Executive Director Ms. Douglas. Participants will learn foundational leadership skills and demonstrate these skills through an applied leadership project within their organization. The first six months will be dedicated to live didactic sessions and webinars focused on five concepts: Fundamentals of Effective Leadership, Organizational Culture, Facilitating a High Reliability Environment, Influencing Change: Driving Outcomes through Strategic Action, and Money Matters. Participants will then have an additional six months to work on their applied leadership project, which they will showcase at the conclusion of the program.

Lauren Goodloe Scholarship – Monies contributed to the scholarship will be provided to interested nurses with demonstrated financial need.

Outreach -The *Virginia Nurses Today* newspaper is published quarterly by the Virginia Nurses Foundation and mailed to all registered nurses throughout the commonwealth. We encourage the Board of Nursing to provide us with articles to support your initiatives and messaging.

LEGISLATION/
REGULATION:

F4 Recommendation on Conversion Therapy:

Ms. Yeatts reviewed the documents provided in the packet, noting that the the revised proposed Guidance Document (GD)t is also provided.

Ms. Yeatts added that Boards of Medicine, Counseling, Psychology and Social Work have adopted the GD and initiated rulemaking by issuance of a Notice of Intended Regulatory Action (NOIRA) indicating unprofessional conduct.

Ms. Yeatts said that the Board has three options to consider:

- Take no action;
- Adopt a GD and initiate rulemaking; or
- Adopt only the GD.

Ms. Mitchell reviewed the purpose of a Guidance Document.

Mr. Hermansen-Parker moved to adopt the proposed GD and to initiate rulemaking to ban Conversion Therapy or sexual orientation change efforts. The motion was seconded.

Ms. Gerardo moved to amend the motion to delete reference to minors in the last paragraph. The motion was seconded and carried unanimously.

Mr. Monson moved to adopt the proposed GD and to initiate rulemaking as amended. The motion was seconded and carried with ten votes in favor of the motion. Ms. Smith opposed the motion.

Dr. Brown and Ms. Yeatts left the meeting at 10:45 A.M.

EDUCATION:

**Education Informal Conference Committee September 10, 2019
Recommendations regarding Medical Learning Center Practical
Nursing Program (MLC PN):**

Joyce Peck, RN, MA, Med, Director of Nursing Education, MLC PN, and Gullali Safi, Administrator, appeared and were presented by Michael Lau, Esquire in addressing the Board regarding the recommendations.

Ms. Swineford, Dr. Hills, Ms. Wilmoth, Dr. Clinger, Ms. Dewey left the meeting at 10:52 A.M.

CLOSED MEETING:

Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 10:52 A.M. for the purpose of considering the recommendations regarding MLC-PN. Additionally, Mr. Monson moved that Ms. Douglas, Ms. Power, Ms. Willinger, Ms. Morris, 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 11:08 A.M.

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

Mr. Monson moved to accept the Education Informal Conference Committee September 10, 2019 recommendation to withdraw the approval of MLC-PN to operate in Virginia effective the date of entry of the Order. The program shall cease operations no later than June 30, 2020. The motion was seconded and carried unanimously.

Ms. Swineford, Dr. Hills, Ms. Wilmoth, Dr. Clinger, Ms. Dewey rejoined the meeting at 11:10 A.M.

LEGISLATION/
REGULATION (cont.):

F1 Status of Regulatory Action:

Ms. Yeatts reviewed the Chart of Regulatory Actions provided in the Agenda noting the Registration of Clinical Nurse Specialists and Handling fee for return checks are now at the Governor's Office.

F2 Regulatory Action – Prescriptive Authority:

Ms. Yeatts stated that the comment period on this regulatory action ended on September 20, 2019 and there were no public comments received. Ms. Yeatts noted that the Board of Medicine adopted the final amendments at its October meeting.

Ms. Yeatts said the proposed amendments are presented for adoption by the Board as a final action.

Mr. Monson moved to adopt the proposed amendments as presented as a final action. The motion was seconded and carried unanimously.

Ms. Douglas added that there will be a designation on license of nurse practitioner to make prescriptive authority clear to the public.

F3 Consideration of Guidance Document (GD) 90-53 (*Treatment by Women's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases*) for Nurse Practitioners:

Ms. Yeatts said that the Committee of the Joint Boards of Nursing and Medicine believed the need for this GD is unnecessary and recommended to the Boards to repeal the GD 90-53. Ms. Yeatts added that the Board of Medicine approved repeal at its meeting on October 17, 2019.

Mr. Hermansen-Parker moved to repeal GD 90-53 as recommended. The motion was seconded and carried unanimously.

F6 Memo regarding Periodic Review of Guidance Documents (GD):

Ms. Douglas said that Staff have reviewed and made the following recommendations regarding these GDs:

F6a GD 90-8 Board opinion on delegation of collection of specimens for gonorrhea and chlamydia

Recommendation: **repeal**, as this GD does not reflect current practice regarding specimen collection.

F6b GD 90-20 Nursing Employment Practice under Orders of Probation

Recommendation: **repeal**, as this GD is no longer necessary as language is included in Board Orders

F6c GD 90-26 *Requests by revoked certified nurse aides with prior adverse findings*

Recommendation: repeal, as the Information contained in guidance document has been incorporated into regulations

F6d GD 90-43 *Board opinion on attachment of scalp leads for internal fetal monitoring*

Recommendation: to re-adopt without revision

Mr. Monson moved to adopt all the following recommended GDs by Staff:

- **GD 90-8** *Board opinion on delegation of collection of specimens for gonorrhea and chlamydia*
- **GD 90-20** *Nursing Employment Practice under Orders of Probation*
- **GD 90-26** *Requests by revoked certified nurse aides with prior adverse findings*
- **GD 90-43** *Board opinion on attachment of scalp leads for internal fetal monitoring*

The motion was seconded and carried unanimously.

F5 Proposed Regulations for Nurse Aide Education Programs (NAEP):

Ms. Yeatts presented the proposed regulations. She explained that a stakeholders group had convened and presented the changes to the regulations that resulted in a Notice of Intent of Regulatory Action (NOIRA). Today the Board would discuss the proposed changes and could move to adopt the changes so the amendments to the regulation could be moved forward.

Ms. Yeatts said that the public comment period has closed. There were several comments from programs that the increase in hours from 120 to 140 would result in a financial burden. The Community Colleges had particularly expressed this concern. Ms. Yeatts added that comments and proposed regulations are presented for Board discussion and adoption.

Ms. Yeatts thanked Dr. Hills for providing detailed NAEP Regulations background and summary.

Dr. Hills explained the reasons for the recommended amendments. Through the use of tables, she demonstrated that there was not a correlation between the number of hours and pass rates, as programs with more than 120 hours also had low pass rates. She did state that she believed the need for more educated teachers was critical to the success of the programs.

Dr. Hills reviewed the summarized data in existing NAEPs, noting the following:

- Not all NAEPs are regulated by Boards of Nursing

- 83 out of 227 Virginia Board-approved Nurse Aide Programs have less than 140 hours currently
- There was not a correlation between National Nurse Aide Assessment Program (NNAAP) skills pass rates and total program hours (60% pass rate for those programs with 120 hours and 62% pass rate for those programs with 140 for more hours)

Mr. Monson stated he was a member of the workgroup that made the recommendations and the workgroup was very concerned with the number of hours. The group believed that increasing the number of hours, particularly in the skills area, would improve patient safety.

Ms. Douglas said that staff was aware of the discussions of the work group and that the number of hours was just one piece of the recommendations.

Ms. Yeatts explained that the board approved curriculum has not been implemented by all programs to date. With these revisions it would become mandatory and it would be anticipated that it will be difficult to implement the curriculum in 120 hours.

Ms. Hershkowitz stated the workgroup had been made up of stakeholders from many areas of nurse aide education and practice.

Ms. Swineford asked if geriatric care was required for the teaching staff. Dr. Hills stated it was as most of the skills are related to long term geriatric adult care.

Mr. Monson asked how long the programs would have to comply with the regulations once they were effective. Ms. Yeatts said it could be written in the regulation that the programs could have two (2) years to comply following the effective date, if the board chose to do so.

Mr. Monson verified that programs not meeting that requirement in the stated length of time would be out of compliance. Dr. Hills said that would be correct but that the programs would be advised of the upcoming changes in advance so they would have time to prepare.

Ms. Douglas said that historically programs have brought themselves into compliance with new regulation before the effective date based on receiving information from the board that the changes would be forthcoming.

Dr. Gleason said that a majority of the programs already offered more than 120 hours. Dr. Hills agreed, but stated the programs would need to make other changes to be in compliance with the new regulations, especially in the area of instructor training.

Dr. Dorsey asked why the skills lab was set at a limit of 10 students per instructor. Dr. Hills stated it was so that the students could receive more one on one instruction and would have a better chance at passing the skills exam. She explained that currently programs might have as many as 20 students to one teacher and that may be too many for adequate instruction.

Ms. Douglas explained that the nurse aide programs focus more on skills instruction than nursing programs. Dr. Hills said testing of nurse aides is more rigorous in the instruction of nurse aide skills.

Ms. Smith said it was hard to find RNs with 2 years long term care geriatric experience and that she would not meet that requirement for an instructor. She explained that when she taught nurse aide she tested the students on the skills at the midpoint of the year and if they did not pass they had retraining and then one more opportunity to pass the skill to remain in the program.

Ms. Power stated the regulations were heavily taken from the federal law governing nurse aide education and the board should consider the federal law when making amendments to these regulations.

Dr. Hills said there is a high primary instructor turnover and that programs find it difficult to find RNs with long term care experience to serve as instructors.

Ms. Hershkowitz asked Dr. Hills if the increase in the hours and particularly the 20 hours in the skills portion was something she had looked at in the past. Dr. Robin Hills said it was possible but she had looked at the total number of hours only for this analysis.

Ms. Hershkowitz asked where it had been looked at. Dr. Robin Hills stated it was in the workgroup.

Mr. Monson made a motion to adopt the regulations as amended with adding the delayed implementation date of two years after the effective date of the regulations to be compliant with the required 140 hours. The motion was seconded and carried unanimously.

Mr. Monson made a motion to adopt the regulations with amendment. The motion was seconded and carried unanimously.

EDUCATION:

**E1 Education Informal Conference Committee November 6, 2019
Minutes and Recommendations:**

Mr. Monson moved to accept the Education Informal Conference Committee November 6, 2019 minutes as presented. The motion was seconded and carried unanimously.

Education Staff Report:

Dr. Hills noted that there is nothing to report.

OTHER MATTERS (cont.): Selection of Nominating Committee:

Ms. Hershkowitz asked for volunteers to serve on the Nominating Committee. Mr. Monson, Ms. Friedenber, Ms. McElfresh, Ms. Swineford and Mr. Hermansen-Parker expressed interest to serve on the Committee.

Ms. Hershkowitz stated that since it is elected Committee, it is required hand vote:

Mr. Monson received 8 votes.

Ms. Friedenber received 10 votes.

Ms. McElfresh received 4 votes.

Ms. Swineford received 8 votes.

Mr. Hermansen-Parker received 4 votes.

Ms. Hershkowitz announced that members of the Nominating Committee are Ms. Friedenber, Mr. Monson and Ms. Swineford. Ms. Douglas noted that the Committee will meet after the meeting today.

January – June 2020 Informal Conference Schedule:

Ms. Power highlighted the 2020 Informal Conference Schedule noting that all SCCs got first or second choices. Ms. Power noted that this schedule may change with addition of the new Board member.

Ms. Douglas added that if Board Members cannot attend the SCC to consult with staff first then ask another Board Member to fill in.

CONSIDERATION OF CONSENT ORDERS:

G1 Jamie Petreece Coalson Landry, LPN 0002-082190

Mr. Monson moved to accept the consent order to indefinitely suspend the license of Jamie Petreece Coalson Landry to practice practical nursing in the Commonwealth of Virginia for not less than two years from the date of entry of the Order with suspension stayed upon proof of Ms. Landry's entry into a Contract with the Health Practitioners' Monitoring Program (HPMP) 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 Jennifer Leigh Jacocks, LPN 0002-061666

Mr. Monson moved to accept the consent order to reprimand Jennifer Leigh Jacocks and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Jacocks' continued compliance with all terms and conditions of the Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

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

RECONVENTION: The Board reconvened at 1:19 P.M.

**BOARD MEMBER
TRAINING:**

NCSBN Resources - Ms. Douglas provided handouts regarding Programs, Services and Passport Knowledge Network Hives and reviewed highlights of these offerings.

International Center for Regulatory Scholarship (ICRS) Overview – Ms. Wilmoth reported that she is currently taking a 4 week course. For education consultant, she provided information that is on the website and noted that courses are free to Board staff and Members.

Sanctioning Reference Points (SRP) Instruction Manual Training – Neal Kauder and Kim Small of VisualResearch, Inc, provided training of the use of SRP's and provided information on the revision process that is underway.

MEETING DEBRIEF:

The following were well received by Board Members:

- Board Member Training is helpful, valuable and informative
- Discussion of the survey and proposed improvements were helpful
- Service Recognition lunch for past Board Members is great
- Numbering of items and increased consent agenda items appreciated

Possible Improvements recommended by Board Members:

- Bouncing around in Agenda – Ms. Hershkowitz thanked Board Members for their flexibility
- Feedback was elicited regarding only providing electronic copies of consent agenda items. Ms. Vu reported that 50% of Board Members did not request hard copies of these items

Future Board Member Training Topics:

- Occupational Licensing in January
- Ideas from Citizen Advocacy Center (CAC) Annual Meeting
- Training by Board Counsel

ADJOURNMENT: The Board adjourned at 3:24 P.M.

Louise Hershkowitz, CRNA, MSHA
President

**VIRGINIA BOARD OF NURSING
MINUTES**

November 20, 2019

Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:08 A.M. on November 20, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Margaret J. Friedenberg, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie McElfresh, LPN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE

STAFF PRESENT:

Jodi P. Power, RN, JD, Senior Deputy Executive Director
Charlette N. Ridout, R.N., M.S., C.N.E., Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

James Rutkowski, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

#1 – Nancy Ann Tusing, LPN

0002-063972

Ms. Tusing did not appear.

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

#7 – John Henry Burton, RN

0001-157722

Mr. Burton did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand John Henry Burton and require Mr. Burton within 90 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: *Disciplinary Actions: What Every Nurse Should Know* and *Professional Accountability & Legal Liability for Nurses*. The motion was seconded and carried unanimously.

#9 – Latonya Nicole Ward, RMA **0031-008702**
Ms. Ward did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Latonya Nicole Ward to renew her registration to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#11 – Nancy Lynn Rodney, RN **0001-216398**
Ms. Rodney did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Nancy Lynn Rodney 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.

#13 – Rochelle Katherine Moomau, RMA **0031-010654**
Ms. Moomau did not appear but submitted a written response.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the registration of Rochelle Katherine Moomau to practice as a medication aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#14 – Rochelle Katherine Moomau, CNA **1401-139735**
Ms. Moomau did not appear but submitted a written response.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certification of Rochelle Katherine Moomau to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#17 – Taneisha Pittman, CNA

1401-188350

Ms. Pittman did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Taneisha Pittman 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.

#19 – Hollie Dawn McDaniels Riner, RN

0001-226544

Ms. Riner did not appear.

Ms. McElfresh moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Hollie Dawn McDaniels Riner to renew her license 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.

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 9:12 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. McElfresh moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk, and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

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

Ms. Smith 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.

#3 – Nicole Renee Cofer, RN

0001-218055

Ms. Cofer did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Nicole Renee Cofer and continue the license of Nicole Renee Cofer to practice professional nursing in the Commonwealth of Virginia, on indefinite

suspension and said suspension shall remain stayed upon Ms. Cofer's continued compliance with all terms and conditions of the Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

#5 – Erica Crenshaw Lawal, RN
Ms. Lawal did not appear.

0001-188174

Ms. McElfresh moved that the Board of Nursing modify the Recommended Findings of Facts to include information on a prior Board sanction and modify the recommended decision of the agency subordinate to indefinitely suspend the license of Erica Crenshaw Lawal to practice professional nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Lawal's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance thereafter with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

ADJOURNMENT:

The Board adjourned at 9:32 A.M.

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

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
Panel A - November 20, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:02 A.M. on November 20, 2019 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Margaret J. Friedenberg, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K
Dixie McElfresh, LPN
Felisa A. Smith, RN, MSA, MSN/Ed, CNE

STAFF PRESENT:

Jodi P. Power, RN, JD, Senior Deputy Executive Director
Charlette N. Ridout, R.N., M.S., C.N.E., Deputy Executive Director
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

James Rutkowski, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS:

Shelly Kaye Palmisano, LPN **0002-065940**
Ms. Palmisano did not appear.

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

Jessica Bright, RN and Sherry Foster, Regional Manager for Department of Health Professions, Enforcement Division, were present and testified.

CLOSED MEETING:

Ms. Smith moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:20 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Palmisano. Additionally, Ms. Smith moved that Ms. Power, Ms. Ridout, Ms. Tamayo-Suijk and Mr. Rutkowski, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 10:46 A.M.

Ms. Smith 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 indefinitely suspend the practical nursing license of Shelly Palmisano until such time as she can appear before Board and demonstrate sufficient evidence that she is safe and competent to resume practice. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Palmisano 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 10:48 A.M.

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

FORMAL HEARINGS: Tina Marie Battad, LPN 0002-085969
Ms. Battad did not appear.

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

Stephanie Willner, CNA and J.W. Turner Robin Carroll, Senior Investigator, Department of Health Professions, were present and testified.

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

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

Ms. Smith 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 practical nursing license of Tina Marie Battad. The basis for this decision will be set forth in

a final Board Order which will be sent to Ms. Battad 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 1:47 P.M.

Jodi Power, RN, JD
Senior Deputy Executive Director

**VIRGINIA BOARD OF NURSING
MINUTES
November 20, 2019
Panel - B**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:04 A.M. on November 20, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Yvette L. Dorsey, DNP, RN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Cynthia Swineford, RN, MSN, CNE

STAFF PRESENT:

Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director
Terri Clinger, D.N.P., R.N., C.P.N.P.-P.C., Deputy Executive Director for Advanced Practice
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

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

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

CLOSED MEETING:

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 9:08 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Dr. Dorsey moved that Ms. Douglas, Dr. Clinger, 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 9:19 A.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.

#2 – Candida M. Hornick, LPN 0002-062551
Ms. Hornick did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the license of Candida M. Hornick to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#4 – Katherine Nicole Bates, LPN 0002-092221
Ms. Bates did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Katherine Nicole Bates to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#6 – Lori Nichole Bowen, RN 0001-218687
Ms. Bowen did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Lori Nichole Bowen. The motion was seconded and carried unanimously.

#10 – Jade Jackson Greenawalt, LPN 0002-076636
Ms. Greenawalt did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Jade Jackson Greenawalt and to require Ms. Greenawalt within 90 days from the date of entry of the Order to provide written proof satisfactory to the Board of successful completion of the NCSBN course "*Documentation: A Critical Aspect of Client Care.*" The motion was seconded and carried unanimously.

#12 – Justin Blynt, LPN 0002-094309
Mr. Blynt did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Justin Blynt. The motion was seconded and carried unanimously.

#15 – Theresa L. Harris, CNA 1401-049222
Ms. Harris did not appear but submitted a written response.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the certificate of Theresa L. Harris to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#16 – Christopher Cooper, CNA **1401-187893**
Mr. Cooper did not appear.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Christopher Cooper to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

#18 – Kathryn Tetzlaff, CNA **1401-191102**
Ms. Tetzlaff did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Kathryn Tetzlaff. The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:20 A.M.

Terri Clinger, DNP, RN, CPNP-PC
Deputy Executive Director for Advanced Practice

**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 20, 2019
Panel - B**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:03 A.M. on November 20, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Second Vice President
Yvette L. Dorsey, DNP, RN
Mark D. Monson, Citizen Member
Meenakshi Shah, BA, RN
Cynthia Swineford, RN, MSN, CNE

STAFF PRESENT:

Jay Douglas, M.S.M., R.N., C.S.A.C., F.R.E., Executive Director
Terri Clinger, D.N.P., R.N., C.P.N.P.-P.C., Deputy Executive Director for Advanced Practice
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Nurse Aide Students from Chesterfield County Public School
Nurse Aide Students from Caroline County Public School
Registered Nurses from HCA Healthcare

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS:

Megan Denise Smith, CNA Reinstatement 1401-125376
Ms. Smith appeared and was represented by Elizabeth Dahl and Nathan Mortier, her counsels

David Kazzie, 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 proceeding.

Rai Minor, Senior Investigator, Department of Health Professions, was present and testified.

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 10:31 A.M., for the purpose of deliberation to reach a decision in the matter of Megan Denise Smith. Additionally, Dr. Dorsey moved that Ms. Douglas, Dr. Clinger, 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 10:46 A.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:

Ms. Shah moved that the Board of Nursing approve the application of Megan Denise Smith for reinstatement of her certificate to practice as a nurse 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. 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.

FORMAL HEARINGS:

Christi Hope Kasey Parker, CNA Reinstatement 1401-058483
Ms. Parker did not appear.

Cynthia Gaines, 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 proceeding.

Rai Minor, Senior Investigator, Department of Health Professions, was present and testified.

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 11:16 A.M., for the purpose of deliberation to reach a decision in the matter of Christi Hope Kasey Parker. Additionally, Dr. Dorsey moved that Ms. Douglas, Dr. Clinger, 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 11:34 A.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. Monson moved that the Board of Nursing deny the application of Christi Hope Kasey Parker for reinstatement of her certificate to practice as a nurse aide in the Commonwealth of Virginia and continue her certificate on indefinite suspension. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Parker 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 11:45 A.M.

Nurse Aide Students from Chesterfield County Public School and from Caroline County Public School left the meeting at 11:45 A.M.

RECONVENTION:

The Board reconvened in open session at 1:00 P.M.

FORMAL HEARINGS:

Carolyn Chernutan, LPN NC license # 083758 with multistate privilege
Ms. Chernutan appeared and was represented by Richard Hawkins, her legal counsel.

David Kazzie, 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 proceeding.

Dwayne Cromer, Senior Investigator, Department of Health Professions, was present and testified. Sandra Henderson, LPN, Unit Manager at Carrington Place of Wytheville, and Sharon Moore, CNA at Carrington Place of Wytheville, testified via telephone.

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 2:45 P.M., for the purpose of deliberation to reach a decision in the matter of Carolyn Chernutan. Additionally, Ms. Shah moved that Ms. Douglas, Dr. Clinger, 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 3:31 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: Mr. Monson moved that the Board of Nursing indefinitely suspend the right of Carolyn Chernutan to practice practical nursing in the Commonwealth of Virginia for not less than one year from entry of the Order. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Chernutan 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: Catherine A. Cash, LPN 0002-094308
Ms. Cash did not appear.

Cynthia Gaines, 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 proceeding.

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 3:44 P.M., for the purpose of deliberation to reach a decision in the matter of Catherine A. Cash. Additionally, Ms. Swineford moved that Ms. Douglas, Dr. Clinger, 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 4:04 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.

ACTION:

Ms. Shah moved that the Board of Nursing indefinitely suspend the license of Catherine A. Cash to practice practical nursing in the Commonwealth of Virginia until such time as she can appear 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. Cash 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 4:04 P.M.

Terri Clinger, DNP, RN, CPNP-PC
Deputy Executive Director for Advanced Practice

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**VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
November 21, 2019**

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:10 A.M. on November 21, 2019 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Louise Hershkowitz, CRNA, MSHA, President
Yvette L. Dorsey, DNP, RN
Dixie McElfresh, LPN
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
Mark D. Monson, Citizen Member
Kristina Page, LMT – LMT cases only

STAFF PRESENT:

Jodi Power, RN, JD, Senior Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC, Deputy Executive Director
Charlette N. Ridout, RN, MS, CNE, Deputy Executive Director
Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director (joined at 11:29 A.M.)
Sylvia Tamayo-Suijk, Discipline Team Coordinator

OTHERS PRESENT:

Charis Mitchell, Assistant Attorney General, Board Counsel
Senior Nursing students and faculty from Riverside College of Health Careers
Nurse Aide students and faculty from Chesterfield County Public Schools
Senior Nursing students and faculty from South University

ESTABLISHMENT OF A PANEL:

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

FORMAL HEARINGS:

Oumie Sabally, CNA Reinstatement Applicant 1401-124968
Ms. Sabally appeared, accompanied by her attorneys, Michael Goodman and Nora Ciancio.

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.

Marie Umar-Kamara, DNP, FNP, teacher and mentor to Ms. Sabally, 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 10:54 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Sabally. Additionally, Ms. McElfresh moved that Ms. Power, Dr. Clinger, Ms. Ridout, 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 11:11 A.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. Monson moved that the Board of Nursing approve the application of Oumie Sabally for reinstatement of her certificate to practice as a nurse 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. Sabally 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.

Ms. Power and Ms. Ridout left the meeting at 11:20 A.M. Dr. Robin Hills joined the meeting.

FORMAL HEARINGS:

Sheena A. Gentry, RN

0001-203271

Ms. Gentry 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 M. Bush, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Wendy Morris, 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 11:49 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Gentry.

Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Tamayo-Suijk and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 12:03 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: Ms. McElfresh moved that the Board of Nursing indefinitely suspend the license of Sheena A. Gentry to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Gentry 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.

Dr. Hills left the meeting. Students and faculty from Riverside College of Health Careers, Chesterfield County Public Schools, and South University left the meeting.

RECESS: The Board recessed at 12:04 P.M.

RECONVENTION: The Board reconvened at 1:01 P.M.
Ms. Power and Ms. Ridout rejoined the meeting.
Kristina Page, LMT Advisory Board Member joined the meeting.

FORMAL HEARINGS: **YanXing Zeng, LMT** **0019-015641**
Ms. Zeng 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.

Kimberly Lynch, Senior Investigator, Department of Health Professions, and Detective Willie Dunn, Henrico County Police Division, were 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 1:36 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Zeng. Additionally, Ms. McElfresh 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 will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 2:09 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:

Ms. McElfresh moved that the Board of Nursing revoke the license of YanXing Zeng 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 Ms. Zeng 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 2:10 P.M.

RECONVENTION:

The Board reconvened at 2:19 P.M.

FORMAL HEARINGS:

Joseff C. Scott Salyer, LMT
Mr. Salyer did not appear.

0019-015094

Julia Bennett, Assistant Attorney General, and 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.

Kelley Ashley, Senior Investigator, Department of Health Professions was present and testified. Clients A, B, and C were also present and testified.

CLOSED MEETING: McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:10 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Salyer. Additionally, McElfresh moved that Ms. Power, Dr. Clinger, Ms. Ridout, 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 3:22 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: Dr. Dorsey moved that the Board of Nursing revoke the license of Joseff C. Scott Salyer 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. Salyer 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 3:23 P.M.

Jodi Power, RN, JD
Senior Deputy Executive Director

B5

**VIRGINIA BOARD OF NURSING
CONSIDERATION OF A PROPOSED SETTLEMENT OFFER
December 5, 2019**

The Virginia Board of Nursing met to consider a proposed settlement offer via telephone conference call pursuant to 54.1-2400(13) of the Code on December 5, 2019 at 4:30 P.M.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair
Marie Gerardo, MS, RN, ANP-BC
James Hersmansen-Parker, MSN, RN, PCCN-K
Dixie L. McElfresh, LPN

Mark Monson, Citizen Member
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Meenakshi Shah, BA, RN
Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Anne Joseph, Deputy Director, Administrative Proceedings Division
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advance Practice
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Eileen Talamante, Esq.

The meeting was called to order by Ms. Hershkowitz. With eight (8) members of the Board of Nursing participating, a quorum was established.

Ms. Talamante presented the proposed settlement offer regarding **Carol Louise Hakey, LPN, LMT (0002-095640 and 0019-000657)** for Board consideration in lieu of proceeding to a formal administrative proceeding.

Ms. Talamante and Ms. Joseph left the meeting at 4:40 P.M.

CLOSED MEETING: Mr. Monson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:27 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Hakey. Additionally, Mr. Monson moved that Ms. Douglas, Dr. Clinger, Ms. Ridout 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 4:49 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.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
December 5, 2019

Mr. Monson moved to accept the Proposed Settlement Offer. This offer will be communicated in the form of a Consent Order to the Respondent. The motion was seconded and carried unanimously.

The meeting was adjourned at 4:51 P.M.

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

B6

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 12, 2019**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 12, 2019 at 4:30 P.M.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair
Margaret Friedenberg, Citizen Member
Marie Gerardo, MSN, RN, ANP-BC
A Tucker Gleason, PhD, Citizen Member
James Hermansen-Parker, MSN, RN, PCCN-K

Brandon A. Jones, MSN, RN, CEN, NEA-BC
Dixie McElfresh, LPN
Jennifer Phelps, BS, LPN, QMHP-A, CSAC
Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Wayne Halbleib, Senior Assistant Attorney General/Chief
Grace Stewart, Adjudication Specialist, Administrative Proceedings Division
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director
Jodi Power, RN, JD; Senior Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advance Practice
Robin Hills, RN, DNP, WHNP; Deputy Executive Director for Education
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 (9) 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.

Wayne Halbleib, Senior Assistant Attorney General/Chief, presented evidence that the continued practice of nursing by **Wesley Bryan Killen, RN (0001-160525)** may present a substantial danger to the health and safety of the public.

Ms. Gerardo moved to summarily suspend the registered nurse license of **Wesley Bryan Killen** pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license in lieu of a formal hearing, with suspension stayed contingent upon entry into the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of entry of the Order. The motion was seconded and carried unanimously.

The meeting was adjourned at 5:05 P.M.

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

B7

**VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
December 19, 2019**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held December 19, 2019 at 4:35 P.M.

The Board of Nursing members participating in the meeting were:

Louise Hershkowitz, CRNA, MSHA; Chair	Brandon Jones, MSN, RN, CEN, NEA-BC
Yvette L. Dorsey, DNP, Rn	Dixie L. McElfresh, LPN
Margaret Friedenber, Citizen Member	Mark Monson, Citizen Member
A Tucker Gleason, PhD, Citizen Member	Felisa Smith, RN, MSA, MSN/Ed, CNE
James Hermansen-Parker, MSN, RN, PCCN-K	Cynthia Swineford, RN, MSN, CNE

Others participating in the meeting were:

James Rutkowski, Assistant Attorney General, Board Counsel
Wayne Halbleib, Senior Assistant Attorney General/Chief
James Schliessmann, Assistant Attorney General
Sean Murphy, Assistant Attorney General
Anne Joseph, Deputy Director, Administrative Proceedings Division
David Kazzie, Adjudication Specialist, Administrative Proceedings Division
Tammie Jones, Adjudication Specialist, Administrative Proceedings Division
Holly Walker, Adjudication Specialist, Administrative Proceedings Division
Charlette Ridout, RN, MS, CNE; Deputy Executive Director
Jodi Power, RN, JD; Senior Deputy Executive Director
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advance Practice
Patricia L. Dewey, RN, BSN; Discipline Case Manager
Lelia Claire Morris, RN, LNHA; Discipline Case Manager
Huong Vu, Executive Assistant

The meeting was called to order by Ms. Hershkowitz. With ten (10) 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.

Sean Murphy, Assistant Attorney General, presented evidence that the continued practice of nursing by **Penny Summer Carter, LPN (0002-046300)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the practical nurse license of **Penny Summer Carter** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

Mr. Murphy and Ms. Walker left the meeting at 4:44 P.M.

Virginia Board of Nursing
Possible Summary Suspension Telephone Conference Call
December 19, 2019

James Schliessmann, Assistant Attorney General, presented evidence that the continued practice of nursing by **Angela Szramka, RN (0001-172234)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the registered nurse license of **Angela Szramka** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

Ms. Jones left the meeting at 4:59 P.M.

James Schliessmann, Assistant Attorney General, presented evidence that the continued practice of nursing by **Nina Macklin Morrison, RN (0001-120558)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the registered nurse license of **Nina Macklin Morrison** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license in lieu of a formal hearing. The motion was seconded and carried unanimously.

Mr. Schliessmann and Mr. Kazzie left the meeting at 5:07 P.M.

Wayne Halbleib, Senior Assistant Attorney General/Chief, presented evidence that the continued practice of nurse aide by **Derleen Marie Alexander, CNA (1401-149685)** may present a substantial danger to the health and safety of the public.

Mr. Monson moved to summarily suspend the nurse aide certificate of **Derleen Marie Alexander** pending a formal administrative hearing and to offer a consent order for revocation of her certificate with a Finding of Abuse in lieu of a formal hearing. The motion was seconded and carried with nine (9) votes in favor. Dr. Gleason opposed the motion.

The meeting was adjourned at 5:39 P.M.

Charlette N. Ridout, RN, MS, CNE
Deputy Executive Director

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

Considered		Accepted		Modified*				Rejected				Final Outcome:** Difference from Recommendation						
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dismissed	↑	↓	Same	Pending	N/A
Total to Date:	3148	2787	88.5%	268	8.5%				95	3.0%				72	79	96	1	
CY2019 to Date:	143	129	90.2%	12	9.1%	0	10	2	2	1.4%	2	0	2	0	0	1	N/A	
Nov-19	18	17	94.4%	1	9.1%	0	1	0	0	0.0%	0	0	0	0	0	1		
Sep-19	24	16	66.7%	7	33.3%	0	5	2	0	0.0%	0	0	0	0	0	0		
Jul-19	33	31	93.9%	1	0.0%	0	1	0	2	6.1%	2	0	2	0	0	0	0	
May-19	18	16	89.2%	2	10.8%	0	2	0	0	0.0%	0	0	0	0	0	0	0	
Mar-19	17	16	94.1%	1	5.9%	0	1	0	0	0.0%	0	0	0	0	0	0	0	
Jan-19	33	33	100.0%	0	0.0%	0	0	0	0	0.0%	0	0	0	0	0	0	0	
Annual Totals:																		
Total 2018	201	172	85.6%	25	12.4%	4	17	7	4	2.0%	0	4	0	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	2	0.8%	0	2	0	2	4	6	N/A	
Total 2016	241	227	94.2%	9	3.7%	0	8	0	5	2.1%	2	4	0	4	8	2	N/A	
Total 2015	240	218	90.8%	14	5.8%	2	12	2	8	3.3%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	2	3	3	7	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	
Total 2009	268	217	81.0%	40	14.9%				11	4.1%				11	6	20	N/A	
Total 2008	217	163	75.1%	29	13.4%				22	10.1%				11	11	3	N/A	
Total 2007	174	130	74.7%	30	17.2%				12	6.9%				8	7	4	N/A	
Total 2006	76	62	81.6%	6	7.9%				8	10.5%				2	2		N/A	

* Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or imposes no sanction.
 ** Final Outcome Difference = Final Board action/sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (C* referred to FH).

C*

C2

Virginia Department of Health Professions
Cash Balance
As of December 31, 2019

	Nursing
Board Cash Balance as June 30, 2019	\$ 8,978,952
YTD FY20 Revenue	6,771,355
Less: YTD FY20 Direct and Allocated Expenditures	<u>7,124,022</u> *
Board Cash Balance as December 31, 2019	<u><u>\$ 8,626,286</u></u>

* Includes \$28,014 deduction for Nurse Scholarship Fund

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,059,950.00	2,308,425.00	1,248,475.00	45.92%
4002406	License & Renewal Fee	4,668,652.00	8,938,645.00	4,269,993.00	52.23%
4002407	Dup. License Certificate Fee	13,140.00	23,750.00	10,610.00	55.33%
4002408	Board Endorsement - In	21,590.00	64,790.00	43,200.00	33.32%
4002409	Board Endorsement - Out	13,960.00	18,270.00	4,310.00	76.41%
4002421	Monetary Penalty & Late Fees	140,895.00	231,415.00	90,520.00	60.88%
4002432	Misc. Fee (Bad Check Fee)	385.00	1,750.00	1,365.00	22.00%
	Total Fee Revenue	5,918,572.00	11,587,045.00	5,668,473.00	51.08%
4003000	Sales of Prop. & Commodities				
4003002	Overpayments	1,100.00	-	(1,100.00)	0.00%
4003020	Misc. Sales-Dishonored Payments	705.00	-	(705.00)	0.00%
	Total Sales of Prop. & Commodities	1,805.00	-	(1,805.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	8,800.00	26,500.00	17,700.00	33.21%
	Total Other Revenue	8,800.00	26,500.00	17,700.00	33.21%
	Total Revenue	5,929,177.00	11,613,545.00	5,684,368.00	51.05%
5011110	Employer Retirement Contrib.	143,907.49	288,139.00	144,231.51	49.94%
5011120	Fed Old-Age Ins- Sal St Emp	97,143.86	161,624.00	64,480.14	60.10%
5011130	Fed Old-Age Ins- Wage Earners	-	23,562.00	23,562.00	0.00%
5011140	Group Insurance	14,971.13	27,919.00	12,947.87	53.82%
5011150	Medical/Hospitalization Ins.	186,543.00	438,456.00	251,913.00	42.55%
5011160	Retiree Medical/Hospitalizatn	13,371.41	24,936.00	11,564.59	53.82%
5011170	Long term Disability Ins	6,752.03	13,214.00	6,461.97	51.10%
5011190	Employer Retirement Contrib	2,601.95	-	(2,601.95)	0.00%
	Total Employee Benefits	485,290.87	977,850.00	512,559.13	47.58%
5011200	Salaries				
5011220	Salaries, Appointed Officials	30,610.97	-	(30,610.97)	0.00%
5011230	Salaries, Classified	1,105,493.28	2,131,200.00	1,025,706.72	51.87%
5011250	Salaries, Overtime	20,720.54	-	(20,720.54)	0.00%
	Total Salaries	1,156,824.79	2,131,200.00	974,375.21	54.28%
5011300	Special Payments				
5011360	Deferred Compnstrn Match Pmts	4,530.00	16,080.00	11,550.00	28.17%
	Total Special Payments	4,530.00	16,080.00	11,550.00	28.17%
5011400	Wages				
5011410	Wages, General	143,809.77	307,996.00	164,186.23	46.89%
5011430	Wages, Overtime	60.00	-	(60.00)	0.00%
	Total Wages	143,869.77	307,996.00	164,126.23	48.71%
5011530	Short-term Disability Benefits	6,913.08	-	(6,913.08)	0.00%
	Total Disability Benefits	6,913.08	-	(6,913.08)	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	6,663.56	-	(6,663.56)	0.00%
	Total Terminatn Personal Svce Costs	6,663.56	-	(6,663.56)	0.00%
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description			Amount	% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Personal Services	1,784,092.07	3,433,126.00	1,649,033.93	51.97%
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	4,395.00	4,395.00	0.00%
5012120	Outbound Freight Services	2,048.93	10.00	(2,038.93)	20489.30%
5012140	Postal Services	77,960.53	85,833.00	7,872.47	91.04%
5012150	Printing Services	11.75	1,322.00	1,310.25	0.89%
5012160	Telecommunications Svcs (VITA)	7,397.68	21,910.00	14,512.32	33.76%
5012170	Telecomm. Svcs (Non-State)	292.50	-	(292.50)	0.00%
5012190	Inbound Freight Services	159.71	17.00	(142.71)	939.47%
	Total Communication Services	87,871.10	113,287.00	25,415.90	77.57%
5012200	Employee Development Services				
5012210	Organization Memberships	6,040.00	8,764.00	2,724.00	68.92%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Training/Workshop/Conf	7,842.00	482.00	(7,160.00)	1585.48%
	Total Employee Development Services	13,882.00	9,366.00	(4,316.00)	146.08%
5012300	Health Services				
5012310	Clinic Services	569.97	-	(569.97)	0.00%
5012360	X-ray and Laboratory Services	1,009.20	4,232.00	3,222.80	23.85%
	Total Health Services	1,579.17	4,232.00	2,652.83	37.31%
5012400	Mgmt and Informational Svcs				
5012420	Fiscal Services	106,956.85	197,340.00	90,383.15	54.20%
5012440	Management Services	2,296.41	370.00	(1,926.41)	620.65%
5012460	Public Infrmtl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	6,122.91	5,616.00	(506.91)	109.03%
	Total Mgmt and Informational Svcs	115,376.17	203,375.00	87,998.83	56.73%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	357.91	-	(357.91)	0.00%
5012530	Equipment Repair & Maint Svc	14,275.61	3,001.00	(11,274.61)	475.70%
5012560	Mechanical Repair & Maint Svc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	14,633.52	3,370.00	(11,263.52)	434.23%
5012600	Support Services				
5012630	Clerical Services	121,373.62	317,088.00	195,714.38	38.28%
5012640	Food & Dietary Services	7,607.51	-	(7,607.51)	0.00%
5012660	Manual Labor Services	15,933.50	38,508.00	22,574.50	41.38%
5012670	Production Services	110,690.48	158,515.00	47,824.52	69.83%
5012680	Skilled Services	437,630.42	1,164,774.00	727,143.58	37.57%
	Total Support Services	693,235.53	1,678,885.00	985,649.47	41.29%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	5,197.30	5,260.00	62.70	98.81%
5012830	Travel, Public Carriers	-	1.00	1.00	0.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	4,937.65	6,635.00	1,697.35	74.42%
5012860	Trvl, Meal Reimb- Not Rptble	3,257.00	3,597.00	340.00	90.55%
	Total Transportation Services	13,391.95	17,947.00	4,555.05	74.62%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
	Total Contractual Svcs	939,769.44	2,030,482.00	1,090,692.56	48.28%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	15,640.39	11,698.00	(3,944.39)	133.72%
5013130	Stationery and Forms	1,773.54	3,790.00	2,016.48	46.80%
	Total Administrative Supplies	17,413.93	15,488.00	(1,927.93)	112.45%
5013300	Manufactrg and Merch Supplies				
5013350	Packaging & Shipping Supplies	222.69	99.00	(123.69)	224.94%
	Total Manufactrg and Merch Supplies	222.69	99.00	(123.69)	224.94%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matri	-	29.00	29.00	0.00%
5013530	Electrical Repair & Maint Matri	14.37	-	(14.37)	0.00%
	Total Repair and Maint. Supplies	14.37	29.00	14.63	49.55%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	408.00	408.00	0.00%
5013630	Food Service Supplies	129.06	1,108.00	978.94	11.65%
5013640	Laundry and Linen Supplies	80.80	22.00	(38.80)	275.45%
	Total Residential Supplies	189.86	1,538.00	1,348.34	12.33%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	182.00	182.00	0.00%
	Total Specific Use Supplies	-	182.00	182.00	0.00%
	Total Supplies And Materials	17,840.65	17,334.00	(506.65)	102.92%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	183.00	183.00	0.00%
5015160	Property Insurance	588.77	504.00	(94.77)	118.80%
	Total Insurance-Fixed Assets	588.77	687.00	68.23	89.77%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	5,038.37	9,014.00	3,975.63	55.89%
5015350	Building Rentals	330.80	-	(330.80)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	100,736.76	218,182.00	117,445.24	48.17%
	Total Operating Lease Payments	108,105.93	227,471.00	121,385.07	48.65%
5015400	Service Charges				
5015480	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	2,149.16	1,897.00	(252.16)	113.29%
5015540	Surety Bonds	126.81	112.00	(14.81)	113.22%
	Total Insurance-Operations	2,275.97	2,009.00	(266.97)	113.29%
	Total Continuous Charges	108,980.87	230,152.00	121,171.33	47.35%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	3,635.74	-	(3,635.74)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5022180	Computer Software Purchases	164.35	-	(164.35)	0.00%
	Total Computer Hrdware & Sftware	3,800.09	-	(3,800.09)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	1,123.00	1,123.00	0.00%
	Total Educational & Cultural Equip	-	1,123.00	1,123.00	0.00%
5022300	Electrnc & Photographic Equip				
5022380	Electronic & Photo Equip Impr	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	-	1,666.00	1,666.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	202.00	202.00	0.00%
5022620	Office Furniture	1,835.60	-	(1,835.60)	0.00%
5022630	Office Incidentals	-	75.00	75.00	0.00%
	Total Office Equipment	1,835.60	277.00	(1,558.60)	662.67%
5022700	Specific Use Equipment				
5022710	Household Equipment	88.44	133.00	44.56	66.50%
	Total Specific Use Equipment	88.44	133.00	44.56	66.50%
	Total Equipment	5,724.13	3,199.00	(2,525.13)	178.93%
	Total Expenditures	2,856,406.96	5,714,273.00	2,857,866.04	49.99%
Allocated Expenditures					
20400	Nursing / Nurse Aid	36,943.33	125,620.31	88,676.98	29.41%
30100	Data Center	814,557.14	1,787,767.70	973,210.56	45.56%
30200	Human Resources	109,322.32	91,282.31	(18,040.01)	119.76%
30300	Finance	379,568.53	894,522.45	514,953.92	42.43%
30400	Director's Office	168,488.20	357,666.55	189,178.34	47.11%
30500	Enforcement	1,206,914.92	2,656,200.82	1,449,285.89	45.44%
30600	Administrative Proceedings	307,248.58	690,360.37	383,111.79	44.51%
30700	Impaired Practitioners	42,488.58	106,416.81	63,928.23	39.93%
30800	Attorney General	85,207.46	135,194.41	49,986.95	63.03%
30900	Board of Health Professions	121,871.18	260,254.66	138,383.48	46.83%
31100	Maintenance and Repairs	-	8,317.10	8,317.10	0.00%
31300	Emp. Recognition Program	80.46	4,130.59	4,050.13	1.95%
31400	Conference Center	492.41	1,993.25	1,500.85	24.70%
31500	Pgm Devipmnt & Impimentn	75,839.94	153,070.01	77,230.07	49.55%
	Total Allocated Expenditures	3,349,023.05	7,272,797.33	3,923,774.28	46.05%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (276,253.01)	\$ (1,373,525.33)	\$ (1,097,272.32)	20.11%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	900.00	300.00	(600.00)	300.00%
4002406	License & Renewal Fee	552,740.00	1,174,080.00	621,340.00	47.08%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	345.00	700.00	355.00	49.29%
	Total Fee Revenue	553,985.00	1,175,410.00	621,425.00	47.13%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	288,043.37	541,000.00	252,956.63	53.24%
4003020	Misc. Sales-Dishonored Payments	150.00	-	(150.00)	0.00%
	Total Sales of Prop. & Commodities	288,193.37	541,000.00	252,806.63	53.27%
4009000	Other Revenue				
	Total Revenue	842,178.37	1,716,410.00	874,231.63	49.07%
5011110	Employer Retirement Contrib.	2,984.85	9,709.00	6,724.15	30.74%
5011120	Fed Old-Age Ins- Sal St Emp	7,003.45	5,494.00	(1,509.45)	127.47%
5011130	Fed Old-Age Ins- Wage Earners	-	9,300.00	9,300.00	0.00%
5011140	Group Insurance	311.69	941.00	629.31	33.12%
5011150	Medical/Hospitalization Ins.	4,809.00	16,488.00	11,679.00	29.17%
5011160	Retiree Medical/Hospitalizatn	278.34	841.00	562.66	33.10%
5011170	Long term Disability Ins	147.53	446.00	298.47	33.08%
	Total Employee Benefits	15,534.86	43,219.00	27,684.14	35.94%
5011200	Salaries				
5011230	Salaries, Classified	22,832.20	71,809.00	48,976.80	31.80%
5011250	Salaries, Overtime	356.14	-	(356.14)	0.00%
	Total Salaries	23,188.34	71,809.00	48,620.66	32.29%
5011300	Special Payments				
5011380	Deferred Compnstn Match Prmts	-	960.00	960.00	0.00%
	Total Special Payments	-	960.00	960.00	0.00%
5011400	Wages				
5011410	Wages, General	69,227.41	121,525.00	52,297.59	56.97%
	Total Wages	69,227.41	121,525.00	52,297.59	56.97%
5011600	Terminatn Personal Svce Costs				
5011640	Salaries, Cmp Leave Balances	129.15	-	(129.15)	0.00%
5011660	Defined Contribution Match - Hy	236.39	-	(236.39)	0.00%
	Total Terminatn Personal Svce Costs	365.54	-	(365.54)	0.00%
5011930	Turnover/Vacancy Benefits	-	-	-	0.00%
	Total Personal Services	108,316.15	237,513.00	129,196.85	45.60%
5012000	Contractual Svcs				
5012100	Communication Services				
5012140	Postal Services	28,919.34	32,117.00	3,197.66	90.04%
5012150	Printing Services	-	276.00	276.00	0.00%
5012160	Telecommunications Svcs (VITA)	157.05	2,500.00	2,342.95	6.28%
	Total Communication Services	29,076.39	34,893.00	5,816.61	83.33%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012300 Health Services					
5012360	X-ray and Laboratory Services	-	125.00	125.00	0.00%
	Total Health Services	-	125.00	125.00	0.00%
5012400 Mgmt and Informational Svcs					
5012420	Fiscal Services	14,437.32	24,920.00	10,482.68	57.93%
5012440	Management Services	375.49	530.00	154.51	70.85%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmt and Informational Svcs	14,812.81	25,460.00	10,647.19	58.18%
5012500 Repair and Maintenance Svcs					
5012510	Custodial Services	61.45	-	(61.45)	0.00%
5012530	Equipment Repair & Maint Srvc	2,433.83	-	(2,433.83)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	2,495.28	72.00	(2,423.28)	3465.67%
5012600 Support Services					
5012660	Manual Labor Services	787.20	2,454.00	1,666.80	32.08%
5012670	Production Services	5,771.79	10,300.00	4,528.21	56.04%
5012680	Skilled Services	9,212.81	48,303.00	39,090.39	19.07%
	Total Support Services	15,771.80	61,057.00	45,285.40	25.83%
5012800 Transportation Services					
5012820	Travel, Personal Vehicle	2,512.02	6,893.00	4,380.98	36.44%
5012840	Travel, State Vehicles	950.68	310.00	(640.68)	306.67%
5012860	Travel, Subistence & Lodging	780.87	912.00	131.13	85.62%
5012880	Trvl, Meal Reimb- Not Rprtbl	674.00	528.00	(146.00)	127.65%
	Total Transportation Services	4,917.57	8,643.00	3,725.43	56.90%
	Total Contractual Svcs	67,073.65	130,250.00	63,176.35	51.50%
5013000 Supplies And Materials					
5013100 Administrative Supplies					
5013120	Office Supplies	1,743.69	1,092.00	(651.69)	159.68%
5013130	Stationery and Forms	304.50	1,203.00	898.50	25.31%
	Total Administrative Supplies	2,048.19	2,295.00	246.81	89.25%
5013200 Energy Supplies					
5013230	Gasoline	17.42	-	(17.42)	0.00%
	Total Energy Supplies	17.42	-	(17.42)	0.00%
5013300 Manufctrng and Merch Supplies					
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013600 Repair and Maint. Supplies					
5013630	Electrcal Repair & Maint Matri	2.47	-	(2.47)	0.00%
	Total Repair and Maint. Supplies	2.47	-	(2.47)	0.00%
5013640 Residential Supplies					
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
5013640	Laundry and Linen Supplies	2.40	-	(2.40)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description			Amount	
		Amount	Budget	Under/(Over) Budget	% of Budget
	Total Residential Supplies	2.40	306.00	303.60	0.78%
	Total Supplies And Materials	2,070.48	2,621.00	550.52	79.00%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	105.98	106.00	0.02	99.98%
	Total Insurance-Fixed Assets	105.98	106.00	0.02	99.98%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	16.68	-	(16.68)	0.00%
5015350	Building Rentals	31.20	-	(31.20)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	15,562.67	33,707.00	18,144.33	48.17%
	Total Operating Lease Payments	15,610.55	33,757.00	18,146.45	48.24%
5015500	Insurance-Operations				
5015510	General Liability Insurance	380.39	399.00	18.61	95.34%
5015540	Surety Bonds	22.45	24.00	1.55	93.54%
	Total Insurance-Operations	402.84	423.00	20.16	95.23%
	Total Continuous Charges	16,119.37	34,286.00	18,166.63	47.01%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	6.52	-	(6.52)	0.00%
	Total Computer Hrdware & Sftware	6.52	-	(6.52)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	15.19	-	(15.19)	0.00%
	Total Specific Use Equipment	15.19	-	(15.19)	0.00%
	Total Equipment	21.71	166.00	144.29	13.08%
	Total Expenditures	193,601.36	404,836.00	211,234.64	47.82%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	9,732.02	40,938.69	31,206.67	23.77%
30100	Data Center	72,219.41	240,214.49	167,995.08	30.06%
30200	Human Resources	8,460.71	7,212.81	(1,247.89)	117.30%
30300	Finance	83,062.70	198,935.46	115,872.76	41.75%
30400	Director's Office	36,683.46	79,542.51	42,859.05	46.12%
30500	Enforcement	390,467.08	703,563.21	313,096.13	55.50%
30600	Administrative Proceedings	49,524.05	199,814.69	150,290.65	24.78%
30700	Impaired Practitioners	875.81	2,209.13	1,333.31	39.65%

Virginia Department of Health Professions
 Revenue and Expenditures Summary
 Department 11200 - Certified Nurse Aides
 For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
30800	Attorney General	4,828.03	1,585.75	(3,242.28)	304.46%
30900	Board of Health Professions	26,535.23	57,878.79	31,343.56	45.85%
31100	Maintenance and Repairs	-	1,482.16	1,482.16	0.00%
31300	Emp. Recognition Program	5.99	326.38	320.40	1.83%
31400	Conference Center	80.72	355.21	274.48	22.73%
31500	Pgm Developmnt & Implimentn	16,501.58	34,041.89	17,540.11	48.47%
Total Allocated Expenditures		698,978.79	1,568,100.97	889,124.18	44.57%
Net Revenue in Excess (Shortfall) of Expenditures		\$ (50,399.78)	\$ (256,526.97)	\$ (206,127.19)	19.65%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under/(Over) Budget	
5011120	Fed Old-Age Ins- Sal St Emp	1,010.62	-	(1,010.62)	0.00%
5011130	Fed Old-Age Ins- Wage Earners	-	5,694.00	5,694.00	0.00%
	Total Employee Benefits	1,010.62	5,694.00	4,683.38	17.75%
5011300	Special Payments				
5011340	Specified Per Diem Payment	6,900.00	24,550.00	17,650.00	28.11%
	Total Special Payments	6,900.00	24,550.00	17,650.00	28.11%
5011400	Wages				
5011410	Wages, General	13,210.65	74,423.00	61,212.35	17.75%
	Total Wages	13,210.65	74,423.00	61,212.35	17.75%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	21,121.27	104,667.00	83,545.73	20.18%
5012000	Contractual Svcs				
5012200	Employee Development Services				
5012240	Employee Training/Workshop/Conf	125.00	-	(125.00)	0.00%
	Total Employee Development Services	125.00	-	(125.00)	0.00%
5012400	Mgmt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	11,854.62	16,757.00	4,902.38	70.74%
5012830	Travel, Public Carriers	183.56	39.00	(144.56)	470.67%
5012850	Travel, Subsistence & Lodging	8,892.41	13,828.00	4,935.59	64.31%
5012880	Trvl, Meal Reimb- Not Rprtbl	4,468.50	6,546.00	2,077.50	68.26%
	Total Transportation Services	25,399.09	37,170.00	11,770.91	68.33%
	Total Contractual Svcs	25,524.09	61,878.00	36,353.91	41.25%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	29.99	-	(29.99)	0.00%
	Total Specific Use Supplies	29.99	-	(29.99)	0.00%
	Total Supplies And Materials	29.99	14.00	(15.99)	214.21%
	Total Expenditures	46,675.35	166,559.00	119,883.65	28.02%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 20400 - Nursing / Nurse Aide
For the Period Beginning July 1, 2019 and Ending December 31, 2019

Account Number	Account Description	July	August	September	October	November	December	Total
5011000	Personal Services							
5011100	Employee Benefits							
5011120	Fed Old-Age Ins- Sal St Emp	293.33	175.73	106.65	127.35	158.27	149.29	1,010.62
	Total Employee Benefits	293.33	175.73	106.65	127.35	158.27	149.29	1,010.62
5011300	Special Payments							
5011340	Specified Per Diem Payment	1,600.00	500.00	1,800.00	700.00	350.00	1,950.00	6,900.00
	Total Special Payments	1,600.00	500.00	1,800.00	700.00	350.00	1,950.00	6,900.00
5011400	Wages							
5011410	Wages, General	3,834.33	2,297.04	1,394.37	1,664.84	2,068.95	1,951.32	13,210.85
	Total Wages	3,834.33	2,297.04	1,394.37	1,664.84	2,068.95	1,951.32	13,210.85
	Total Personal Services	6,727.66	2,972.77	3,301.02	2,491.99	2,577.22	4,050.61	21,121.27
5012000	Contractual Svs							
5012200	Employee Development Services							
5012240	Employee Training/Workshop/Conf	-	-	-	125.00	-	-	125.00
	Total Employee Development Services	-	-	-	125.00	-	-	125.00
5012800	Transportation Services							
5012820	Travel, Personal Vehicle	2,667.42	790.54	2,044.50	2,128.02	1,360.10	2,884.04	11,854.62
5012830	Travel, Public Carriers	-	-	-	129.38	54.20	-	183.56
5012850	Travel, Subistence & Lodging	1,402.50	514.38	2,023.50	734.19	2,803.03	1,414.81	8,892.41
5012880	Trvl, Meal Reimb- Not Rptble	852.75	214.75	1,048.75	695.75	446.25	1,240.25	4,468.50
	Total Transportation Services	4,922.67	1,519.67	5,116.75	3,657.32	4,663.58	5,519.10	25,399.09
	Total Contractual Svs	4,922.67	1,519.67	5,116.75	3,782.32	4,663.58	5,519.10	25,524.09
5013700	Specific Use Supplies							
5013730	Computer Operating Supplies	29.99	-	-	-	-	-	29.99
	Total Specific Use Supplies	29.99	-	-	-	-	-	29.99
	Total Supplies And Materials	29.99	-	-	-	-	-	29.99
	Total Expenditures	10,680.32	4,492.44	8,417.77	6,274.31	7,240.80	9,569.71	46,675.35

2019 Monthly Tracking Log

License Count	18-Dec	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec
Nursing													
Pres Auth	7,904	7,975	8,072	8,059	8,111	8,207	8,310	8,306	8,420	8,466	8,525	8,605	8,651
Massage Therapy	8,674	8,617	8,715	8,610	8,597	8,633	8,621	8,560	8,575	8,605	8,612	8,653	8,643
Medication Aide	6,460	6,522	6,589	6,431	6,485	6,544	6,624	6,538	6,595	6,619	6,622	6,686	6,671
Clinical Nurse Spec	415	414	418	415	415	417	419	419	422	423	421	420	419
Nurse Practitioner	11,087	11,189	11,331	11,320	11,379	11,502	11,701	11,700	11,852	11,932	11,997	12,098	12,109
Autonomous Practice				226	322	384	422	480	512	564	596	639	651
Practical Nurse	28,735	28,727	28,777	28,632	28,608	28,482	28,579	28,451	28,551	28,573	28,515	28,506	28,430
Registered Nurse	109,275	109,454	110,067	109,711	109,592	109,617	110,759	110,521	110,776	110,925	110,669	110,598	110,334
Total for Nursing	172,550	172,898	173,969	173,404	173,509	173,786	175,435	174,975	175,703	176,107	175,957	176,205	175,908
Nurse Aide	52,171	52,533	52,878	52,405	52,361	53,058	53,258	52,849	52,998	53,183	52,841	53,019	52,895
Advanced Nurse Aide	52	49	51	47	45	44	43	42	42	43	44	44	44
Total for Nurse Aide	52,223	52,582	52,929	52,452	52,406	53,102	53,301	52,891	53,040	53,226	52,885	53,063	52,939
License Count Grand Total	224,773	225,480	226,898	225,856	225,915	226,888	228,736	227,866	228,743	229,333	228,842	229,268	228,847
Open Cases Count													
Nursing	1,202	1,236	1,213	1,221	1,240	1,214	1,198	1,225	1,300	1,373	1,425	1,551	1,556
Nurse Aide	246	247	269	289	315	352	327	318	349	393	402	419	395
Open Cases Total	1,448	1,483	1,482	1,510	1,555	1,566	1,525	1,543	1,649	1,766	1,827	1,970	1,951
Case Count by Occupation													
Rec'd RN	54	75	68	65	63	75	68	87	87	87	93	76	54
Rec'd PN	25	32	41	45	36	48	44	45	56	49	48	36	56
Rec'd NP, AP, CNS	26	25	36	47	50	38	30	21	44	30	37	32	41
Rec'd LMT	6	2	13	2	3	7	13	6	4	6	5	4	5
Rec'd RMA	6	4	4	8	13	16	8	19	19	10	16	11	7
Rec'd Edu Program	2	3	0	1	3	5	3	4	3	1	1	1	3
Total Received Nursing	119	141	162	168	168	189	166	182	213	183	200	160	166
Closed RN	55	33	100	73	72	77	105	83	57	44	52	30	27
Closed PN	35	25	49	34	33	47	57	57	27	22	27	22	29
Closed NP, AP, CNS	30	32	29	35	31	54	40	18	9	9	38	23	25
Closed LMT	8	6	3	3	3	4	3	12	3	5	5	4	8
Closed RMA	19	19	13	5	8	8	20	9	7	9	11	9	14
Closed Edu Program	2	0	1	0	10	3	4	4	3	0	3	2	1
Total Closed Nursing	149	115	195	150	157	193	229	183	106	89	136	90	104
Case Count - Nurse Aides													
Received	38	40	47	64	78	80	65	77	70	57	59	54	69
Rec'd Edu Program	0	0	0	1	1	0	1	0	0	0	0	0	0
Total Received CNA	38	40	47	65	79	80	66	77	70	57	59	54	69
Closed	86	43	56	34	42	58	67	106	55	11	40	30	92
Closed Edu Program	0	0	0	0	1	3	0	0	0	0	0	0	4
Total Closed CNA	86	43	56	34	43	61	67	106	55	11	40	30	92
All Cases Closed	235	158	251	184	200	254	296	289	161	100	176	120	196
All Cases Received	157	181	209	233	247	269	232	259	283	240	259	214	235

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HPMP Quarterly Report (October 1, 2019 - December 31, 2019)

Board	License	Admissions ¹		Stays ²	Comp ³	Vacated Stays ⁴		Dismissals ⁵					
		Req.	Vol.			Vac. Only	Vac. & Diam.	N/C	Incl.	Dis. Resig.	Resig.	Death	
	LNP							1					
	LPN	5		1				3					
	RN	13		3	3	1		6	1				
	Massage Ther												
	CNS												
Nursing Total		18		4	3	1		10	1				
	CNA							1					
	RMA												
CNA Total								1					
	DC							1					
	DO												
	DPM												
	Intern/Resident												
	LAT												
	LBA												
	Lic Rad Tech	1											
	MD	3	3		3								
	OT												
	PA												
	RT												
	LM												
	OTA												
	SA												
Medicine Total		4	3		3			1					
	Pharmacist	1				2		1					
	Pharm Tech	1											
	Intern												
Pharmacy Total		2				2		1					
	DDS								1				
	DMD												
	RDH												
Dentistry Total									1				
	SLP	1											
Audiology/Speech Pathology Total		1											
	NHA	1											
Long Term Care Total		1											
TOTALS		26	3	4	8	1	0	13	2	0	0	0	0

Admissions¹: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of intake)
 Stays²: Stays of Disciplinary Action Granted
 Comp³: Successful Completions
 Vacated Stays⁴: Vac Only=Vacated Stay Only; Vac & Diam=Vacated Stay & Dismissal
 Dismissals⁵: N/C=Dismissed Non-Compliant; Incl=Dismissed Ineligible; Dis. Resig=Dismissed due to Resignation; Resig=Resignation

**VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
FORMAL HEARING MINUTES
December 4, 2019**

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:35 A.M., December 4, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

CHAIR: Marie Gerardo, MS, RN, ANP-BC; Chair

COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE MEMBERS PRESENT:
A Tucker Gleason, PhD, Board of Nursing
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Karen Ransone, MD, Board of Medicine
Nathaniel Tuck, DC, Board of Medicine
Kenneth Walker, MD, Board of Medicine

STAFF PRESENT: Jay Douglas, RN, MSM, CSAC, FRE; Executive Director; Board of Nursing
Terri Clinger, DNP, RN, CPNP-PC; Deputy Executive Director for Advanced Practice; Board of Nursing
Darlene Graham, Senior Discipline Specialist; Board of Nursing

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

ESTABLISHMENT OF A QUORUM: With six members of the Committee of the Joint Boards, a quorum was established.

FORMAL HEARING: Charles Brown, Jr., LNP 0024-167094
Prescriptive Authority Number: 0017-138823

Mr. Brown appeared and was accompanied by Yolanda Gule, Deputy Executive Director of Finance and Operation at Us Helping Us.

Wayne Halblieb, Senior Assistant Attorney General/Chief, and Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Committee of Joint Boards. Andrea Pegram, court reporter, recorded the proceedings.

Me-Lien Chung, Senior Investigator, Department of Health Professions, and Yolanda Gule were present and testified.

Rebecca Britt, Case Manager at the Virginia Health Practitioners' Monitoring Program (HPMP) testified via telephone.

Virginia Board of Nursing
Committee of Joint Boards of Nursing and Medicine Minutes – Formal Hearing
December 4, 2019

RECESS: The Committee recessed at 12:30 P.M.

RECONVENTION: The Committee reconvened at 1:03 P.M.

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 2:49 P.M., for the purpose to reach a decision in the matter of Mr. Brown. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Clinger, 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 3:28 P.M.

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

ACTION: Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine deny the application for reinstatement of Charles Brown, Jr to practice as a nurse practitioner with prescriptive authority in the Commonwealth of Virginia, and that this decision will be set forth in a final Order that will be sent to Mr. Brown. The motion was seconded and carried with five votes in favor of the motion. Dr. Walker opposed the motion.

ADJOURNMENT: The meeting was adjourned at 3:29 P.M.

Terri Clinger, DNP, RN, CPNP-PC
Deputy Executive Director for Advance Practice

2019 CITIZEN ADVOCACY CENTER ANNUAL MEETING
Healthcare Regulation and Credentialing in an Anti-Regulatory Environment

Madam Chair:

First, I would like to express my appreciation for having had the opportunity to attend this year's CAC annual meeting in Washington, D.C.

This year's topic, *Healthcare Regulation and Credentialing in an Anti-Regulatory Environment*, was quite timely, particularly in light of the current administration's broad efforts to reduce a myriad of regulatory requirements at the federal level. Similar efforts, from focused to diffused, are also taking place at the state level. In light of what appears to be a wave of sentiment against regulation in general, CAC felt it was important and timely to look at what is happening across the country and how the current anti-regulatory environment may be affecting healthcare.

There were 15 different speakers and presenters over the day and one-half of the meeting. Here are my major takeaways:

- According to research by the Brookings Institute, currently 22% of all US employees aged 16 and older are licensed (both occupational and healthcare). That is up from 5% in the 1950s.
 - The number of occupations requiring licensure has increased. (Specific data on this was not provided.)
 - 25% of professions and occupations requiring licensure are in healthcare. (Healthcare represents approximately 18% of GDP.)
 - Currently, there are more women licensed than men. (The implication is that more professions and occupations that are traditionally filled by women require licensure than those traditionally filled by men.)
 - Workers in professions and occupations which require licensure have higher education and income levels than those jobs which do not require licensure.
 - This is an international phenomenon -- similar statistics are found in other countries.
- US labor market data clearly show higher wages for licensed workers (professional and occupational) than for unlicensed workers, even when adjusted for education attainment.
 - There is a wage premium for licensed employees in every age group – more hours, more full-time jobs, and greater benefits.
 - Licensed workers are more likely to be able to find work.
- In general, increased licensing requirements have led to higher consumer prices.
- There is no peer-reviewed literature which demonstrates positive effects and higher quality services resulting from licensure requirements.
- There are two competing general philosophies toward requiring licensure: Public Choice vs. Public Protection
 - Public Choice: licensure serves to protect the benefits of the members of the licensed profession. In this model, regulation is requested by the members of the profession.
 - Public Protection: licensure serves to protect the health and safety of the public. In this model, regulation is requested by the public.

- Studies have shown that there is substantial variation in the strictness of associated licensing requirements and rules in the Public Choice model when compared to the Public Protection model.
- When considering the regulation of a profession, the primary considerations should be:
 - What is the problem/issue to be addressed?
 - Are there alternatives to regulation/licensure?
 - Will regulation/licensure truly address the problem/issue at hand?
 - What is the impact regulation/licensure will have on competition?
 - What are the least restrictive solutions?
 - Why is regulation being requested and who is making the request?
 - What is the evidence for regulation, and what are the pros and cons?
- Areas requiring more peer-reviewed research:
 - The impact insurance companies are having on medical decisions, both positive and negative.
 - Data-driven research into the actual need for and efficacy of regulation and licensure, including healthcare.
- Miscellaneous takeaways:
 - There is a need for consistent, “universal” definitions for the terms “certified” and “registered,” including government vs private “certification.”
 - Decisions on providing employment opportunities for ex-offenders vs public protection tend to be made more on anecdotal and political considerations than on existing data.
 - 85% of US physicians are certified in something, often driven by hospital and employer requirements.
 - Recertification requirements need to be based on the maintenance of established skills and include competencies other than just clinical requirements.
 - There is an increasing emphasis across the country on decreasing barriers to employment, particularly for former members of the military and current military spouses. Issues being looked at are competency requirements and provisional endorsement.
 - For some healthcare professions, foreign country requirements are substantially equivalent to those in the US. The primary obstacle often is verification through primary source documentation.

On a final note, CAC announced that this year’s annual meeting may be the last. CAC will be suspending memberships and benefits in 2020, focusing on contracts and grants. They will be looking for a new organizational home. No explanation was provided for the changes. However, it did appear that there were far fewer attendees this year than when I attended in 2015. It was also interesting to note that of the 33 attendees, 2/3 were representatives of associations and credentialing bodies. Only 11 attendees were identified as citizen members of licensing bodies.

Mark Monson
Citizen Member
Virginia Board of Nursing

Virginia Board of Nursing
Executive Director Report
January 28, 2020

Meetings/Speaking Engagements

- Jodi Power, Senior Deputy Executive Director, attended the Virginia Nurses Association (VNA) Board of Director meeting via telephone on December 10, 2019 to provide Board of Nursing updates to include the paperless initiative.
- Jay P. Douglas, Executive Director for the Board of Nursing, attended the NCSBN Board of Directors meeting as the Area III Director for Virginia and surrounding states in Chicago on December 9-10, 2019. The focus of the meeting included:
 - Guidelines related to outcome metrics pertaining to Nursing Education Programs
 - Licensure of Nurses from Puerto Rico
 - Setting Standards for LPN licensing exam pass rates
 - Advanced Practice RN Compact revisions
 - Titling of Nurse Anesthetists
- Charlette Ridout, Deputy Executive Director, was the Keynote Speaker at the Bon Secours Memorial College of Nursing RN Baccalaureate graduation on December 12, 2019
- Jay P. Douglas, Executive Director, Stephanie Willinger, Deputy Executive Director for Licensing, and Ann Tiller, Compliance Manager, for the Board of Nursing participated via telephone conference in a meeting of the Nurse Licensure Compact (NLC) Commission on January 7, 2020. Agenda items included:
 - ❖ Announcement that Alabama joined the NLC as on January 2020
 - ❖ Denial of application
 - ❖ Adoption of new policies
 - ❖ NCSBN staff reported that legislation related to additional states joining the compact is expected
 - ❖ Review of newly developed tip sheet regarding reporting to NPDB
- Jay P. Douglas, Board of Nursing Executive Director, attended the Virginia Nurses Association (VNA) Workforce meeting on January 14, 2020. Representatives from Deans of Education Programs and Chief Nursing Officers (CNOs) were in attendance. Board of Nursing staff will be working with this group on an ongoing basis. The goal of this group is to examine issues of mutual interest between Practice, Education and Regulation that may be affecting workforce
- Jay P. Douglas, Executive Director, and Louise Hershkowitz, President for the Board of Nursing provided overview of the Board and the Joint Boards at the Virginia Association of Nurse Anesthetists (VANA) Conference on January 23, 2020.

New Issues/Developments/Projects/Updates

- Regulations for Elimination of Separate License for Prescriptive Authority will be effective March 4, 2020. Jay P. Douglas, Board of Nursing Executive Director, and Stephanie Willinger, Deputy Executive Director for Licensing, met with IT Division regarding necessary changes. Communication has been sent to nurse practitioners.

CBC Unit

- Board of Physical Therapy – Criminal Background Check
 - Effective January 1, 2020 CBCs are now required for Physical Therapist and Physical Therapist Assistant license applicants in accordance with Virginia Code § 54.1-3484.
 - The projected annual number of applicants for the Board of Physical Therapy is supposed to be between 1,000-1,500.
 - Since January 1, 2020, the CBC unit has processed 66 PT applicants.
 - The CBC unit is currently piloting a program with BPT to receive and review all associated court documents for those applicants with identified conviction history. Once the court documents are reviewed and determination made on affirmed conviction history, complete packets to include only ‘publicly available court documents’ will be forwarded to BPT licensing supervisor for appropriate Board action.
 - If successful, it is anticipated that this pilot program will be implemented for the Board of Nursing in the near future.



DRAFT

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In Attendance

Sahil Chaudhary, Citizen Member
Helene Clayton-Jeter, OD, Board of Optometry
Kevin Doyle, EdD, LPC, LSATP, Board of Counseling
Louise Hershkowitz, CRNA, MSHA, Board of Nursing
Allen Jones, Jr., DPT, PT, Board of Physical Therapy
Louis Jones, FSL, Board of Funeral Directors and Embalmers
Derrick Kendall, NHA, Board of Long-Term Care Administrators
Ryan Logan, RPh, Board of Pharmacy
Kevin O'Connor, MD, Board of Medicine
John Salay, MSW, LCSW, Board of Social Work
Herb Stewart, PhD, Board of Psychology
James Watkins, DDS, Board of Dentistry
James Wells, RPh, Citizen Member

Absent

Steve Karras, DVM, Board of Veterinary Medicine
Allison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology
Martha Rackets, PhD, Citizen Member
Maribel Ramos, Citizen Member
Vacant - Citizen Member

DHP Staff

David Brown, DC, Director DHP
Barbara Allison-Bryan, MD, Deputy Director DHP
Elizabeth A. Carter, PhD, Executive Director BHP
Yetty Shobo, PhD, Deputy Executive Director BHP
Laura Jackson, MSHSA, Operations Manager BHP
Charis Mitchell, Assistant Attorney General
Rajana Siva, MBA, Research Analyst BHP
Elaine Yeatts, Senior Policy Analyst DHP

Speakers

No speakers signed-in

Observers

Scott Johnson, Hancock Daniel & Johnson, PC

Emergency Egress

Elizabeth Carter, PhD

Call to Order

Dr. Jones, Jr.
Time: 10:00 a.m.
Quorum: Established

Public Comment

No public comment was provided

Approval of Minutes**Motion**

Dr. Jones, Jr.

A motion to accept meeting minutes from the August 29, 2019 Full Board meeting was made and properly seconded. All members were in favor, none opposed.

Director's Report

Dr. Brown announced that the agencies Board Member Training held October 7, 2019 was rated a 4.5 out of 5. He noted that additional information will be made available to board members on the agencies website. Dr. Brown stated that the agency's website upgrade was going well and that several boards have made the transition. He requested that the board members go to the website and look to see if it is more user friendly. Boards will now be able to make their own postings, reducing the need for Data to post the information on their behalf.

Dr. Allison-Bryan reviewed building security changes that have gone into effect and those that are yet to be implemented.

The Council on Licensure, Enforcement and Regulation (CLEAR) is an organization designed to help those in professional regulation have access to resources. At the annual CLEAR meeting in September, DHP's research and analysis into the workload of the Enforcement Division staff was presented by DHP's Enforcement Director Ms. Schmitz and Visual Research, Inc. President Neal Kauder.

Welcome

Dr. Jones, Jr. introduced newly appointed Board of Health Professions board members Louise Herskowitz with the Board of Nursing and Steve Karras with the Board of Veterinary Medicine.

**Legislative and
Regulatory Report**

Ms. Yeatts provided an overview of the regulations distributed during the meeting. She advised that the agency has hired a P-14 law student to assist with the review and analysis of mandated and/or discretionary regulations. A link to the report will be posted on the agencies webpage once it is completed.

Board Chair Report

Dr. Jones, Jr. thanked agency staff for the high level of training provided at the October board member training.

**Sanction Reference Points
Review**

Mr. Kauder with VisualResearch, Inc. provided a PowerPoint presentation discussing the SRP worksheet updates made for the Boards of Funeral Directors and Embalmers, Long-Term Care Administrators, Physical Therapy and Dentistry and that the review for the Board of Nursing is still in progress. (Attachment 1)

**Executive Director's
Report**

Dr. Carter reviewed the Board's budget and provided insight into the agency's statistics and performance.

Dr. Carter provided an overview of the meetings she attended at The National Conference of State Legislatures Multi-State Learning Consortium in Utah and the The Council of State Governments Occupational Licensing Learning Seminar in Kentucky.

**Healthcare Workforce
Data Center**

Dr. Shobo provided an overview of the PowerPoint presentation she presented at the Home Care and Health Medicaid Conference in September. She also provided an update on the status of requests made for the sharing of the agency's workforce data.

Medicaid utilization will be added as a survey item on the 2020 workforce surveys. Discussion ensued on how best to collect the information.

Lunch

12:20 working lunch

**Board Member
Introductions**

Staff and board members in attendance introduced themselves to the newly appointed board members.

Individual Board Reports

Board of Psychology - Dr. Stewart (Attachment 2)

Board of Nursing - Ms. Hershkowitz provided licensure count for the Board of Nursing professions. She stated that the Board is working with VisualResearch Inc. on massage therapy SRP worksheets. The Board is also working on conversion therapy; and identifying ways that board members could better balance personal life/work with the time demands of the Board. Elimination of regulations for nurse practitioner prescriptive authority has been finalized.

Board of Counseling - Dr. Doyle (Attachment 3)

Board of Long-Term Care Administrators - Mr. Kendall (Attachment 4)

Board of Pharmacy - Mr. Logan announced that the Board of Pharmacy has received two new member appointments. The board is implementing a process to cease mailing a hard copy license, registration or permit that bear an expiration date. The Board is very concerned with the use of vape products currently on the market. The Board is in the process of increasing licensure fees.

Board of Optometry - Dr. Clayton-Jeter (Attachment 5)

Board of Physical Therapy - Dr. Jones, Jr. (Attachment 6)

Board of Social Work - Mr. Salay (Attachment 7)

Board of Funeral Directors and Embalmers - Mr. Jones (Attachment 8)

Board of Dentistry - Dr. Watkins (Attachment 9)

Board of Medicine - Dr. O'Connor stated that the Board of Medicine continues to see an increase in complaints. The board is resisting entry into the licensure compact by implementing an expedited licensure process. A new board president has been appointed. The board is also working on conversion therapy for adults and children.

Practitioner Self-Referral

Mr. Salay provided an overview of the Practitioner Self-Referral request made by Telomerix Stem Cell Biobank, LLC and the agency subordinate recommendation to the Full Board. After brief discussion, it was determined that this arrangement does not constitute a self-referral.

Motion

The practitioner self-referral request made by Telomerix Stem Cell Biobank, LLC was determined to not be a referral. A motion was made to accept the agency subordinates recommendation. The motion was properly seconded, with all members in favor, none opposed.

Election of Officers

The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Chair as follows: Dr. Jones, Jr. and Dr. Stewart. Both individuals acknowledged their interest and reasoning for seeking the position. There were no nominations from the floor. Prior to voting, Dr. Stewart withdrew his interest in the Board Chair position, making Dr. Jones, Jr. the only individual seeking the seat.

By acclamation Dr. Jones, Jr. was appointed Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

The Nominating Committee Chair, Dr. Clayton-Jeter, reported on individuals interested in the position of Board Vice Chair as follows: Dr. Doyle, Dr. Stewart and Mr. Salay. Prior to voting, Mr. Salay and Dr. Doyle withdrew their interest in the Board Vice Chair position, making Dr. Stewart the only individual seeking the seat.

By acclamation Dr. Stewart was appointed Vice Chair of the Board of Health Professions for a one year term. All members were in favor, none opposed.

Education Committee Report

The Education Committee meeting will be rescheduled.

New Business

Dr. O'Connor offered to take the discussion of stem cell storage to the Board of Medicine.

Dr. Clayton-Jeter requested that an agenda item be added to the February 27, 2020 Full Board meeting to determine if the Board should consider extending the Chair and Vice Chair term of one year to two years.

Telehealth

The boards of Social Work and Psychology provided information regarding the impact of telehealth on their respective boards.

Next Full Board Meeting

Dr. Jones, Jr. advised the Board that the next meeting is scheduled for February 27, 2020 at 10:00 a.m.

Adjourned

1:28 p.m.

Chair

Allen Jones, Jr., DPT, PT

Signature

_____ / / _____

Board Executive Director

Elizabeth A. Carter, PhD

Signature

_____ / / _____



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

To: Board of Nursing Members

From: Jodi P. Power 

Date: January 24, 2020

Re: Updated Motion Formats and Informal Conference Scripts

Attached please find updated Motion Formats and Informal Conference Scripts.

Motion Formats include those related to:

- Motions for Closed Meetings per the FOIA exception and Reconvening a Meeting
- Summary Suspensions; Acceptance/Modification/Rejection of Consent Orders and Agency Subordinate Recommendations

Informal Conference Scripts include those related to:

- Discipline IFCs
- IFCs regarding Initial Applicants
- IFCs regarding Reinstatement Applicants

Please destroy any other versions you may have, relying on these for use going forward. They reflect current law cites and practice, consistent with advice of the Office of Attorney General.



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COMMONWEALTH of VIRGINIA

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

Board of Nursing (804) 367-4515
Nurse Aide Registry (804) 367-4569
FAX (804) 527-4455

Memo

To: Board Members

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

Re: Guidance Document 90-57

Date: January 9, 2020

Attached is Guidance Document 90-57 *Virginia Board of Nursing By Laws* for the Board consideration.

Staff completed a review and made the proposed amendments in yellow highlights.

VIRGINIA BOARD OF NURSING
BY LAWS

Adopted: May 23, 1988
Revised to Incorporate Changes in *Code of Virginia*: April 1989
Last amended: November 14, 2017

Guidance Document: 90-57

**BYLAWS
OF THE
VIRGINIA BOARD OF NURSING**

Article I – Name.

This body shall be known as the Virginia Board of Nursing as set forth in § 54.1-3002 of the *Code of Virginia* and hereinafter referred to as the Board.

Article II – Powers and Duties.

The general powers and duties of the Board shall be those set forth in § 54.1-2400 of the *Code of Virginia* and the specific powers and duties shall be those set forth in § 54.1- 3005 of the *Code of Virginia*.

Article III - Mission Statement.

To assure safe and competent practice of nursing to protect the health, safety and welfare of the citizens of the Commonwealth.

Article IV – Membership.

A. ~~The Board shall be comprised of fourteen members. Seven members shall be registered nurses, two of whom shall be licensed nurse practitioners, three members shall be licensed practical nurses and three members shall be citizen members.~~ The Board of Nursing shall consist of 14 members as follows: eight registered nurses, at least two of whom are licensed nurse practitioners; two licensed practical nurses; three citizen members; and one member who shall be a registered nurse or a licensed practical nurse. The terms of office of the Board shall be four years.

B. All members shall be appointed by the Governor for terms of four years. No member shall be eligible to serve more than two successive terms in addition to the portion of any unexpired term for which he may have been appointed.

C. Each member shall participate in all matters before the Board.

D. Members shall attend all regular, discipline and special meetings of the Board unless prevented from doing so by unavoidable cause.

E. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

Article V – Nominations and Elections.

A. The officers of the Board shall be a President, First Vice-President and Second Vice-President elected by the members.

B. The Nominating Committee shall:

1. Be comprised of three members of the Board to be elected at ~~the~~ a meeting ~~immediately~~ preceding the annual meeting ~~held in January~~;
2. Elect its chair;
3. Prepare a slate of at least one candidate for each office to be filled;
4. Distribute the slate of candidates to all members in advance of the annual meeting;
5. Present the slate of nominees to the Board for election at the annual meeting;
and
6. Be governed by *Robert's Rules of Order* (current edition) on nominations by a committee in all cases not provided for in this section.

C. Election

1. The President shall ask for nominations from the floor by office.
2. The election shall be by voice vote with the results recorded in the minutes. In the event of only one nominee for an office, election may be by acclamation.
3. The election shall occur in the following order: President, First Vice President, Second Vice President.
4. The election shall be final when the President announces the official results.

D. Terms of office

1. All terms will commence ~~March 1~~ January 1.
2. The term of office shall be for the succeeding twelve months or until the successor shall be elected. No officer shall serve more than two consecutive twelve-month terms in the same office unless serving an unexpired term.
3. A vacancy in the office of President shall be filled by the First Vice-President. The Board shall fill a vacancy in the office of First Vice-President or Second Vice-President by election at the next meeting after which the vacancy occurred.

Article VI – Duties of Officers.

A. The President shall:

1. Preserve order and conduct of Board meetings according to these bylaws, Robert's Rules, the Administrative Process Act and other applicable laws and regulations;
2. Preside at Formal Hearings
3. Call special meetings;
4. Appoint all committees, except the nominating committee;
5. Appoint annually three members of the Board of Nursing to the Committee of the Joint Boards of Nursing and Medicine; and
6. Review and approve non-routine applications for licensure, certification or registration as referred by Board staff.

B. The First Vice-President shall:

1. Preside in the absence of the President;
2. Succeed to the office of President for the unexpired term in the event of a vacancy in the office of President; and
3. Assume such functions or responsibilities as may be delegated by the President or the Board.
4. Preside at Formal Hearings

C. The Second Vice-President shall:

- ~~1. Certify minutes of all Board proceedings;~~
2. Perform all other duties pertaining to this office and not otherwise delegated to staff; and
3. Assume such functions or responsibilities as may be delegated by the President or the Board.

Article VII – Committees.

A. Executive Committee:

The Officers of the Board shall constitute the Executive Committee, which shall represent the interests of the Board in meetings within the Department of Health Professions, with

other agencies of the Commonwealth or other organizations as directed by the Board. The Executive Committee may review matters pending before the Board and make recommendations to the Board for action.

B. Standing Committees

1. Members of the standing committees shall be appointed by the President following the election of the officers for a term of twelve months.
2. Standing Committees shall include:
Committee of the Joint Boards of Nursing and Medicine
Education Committee

C. Special Conference Committees shall be comprised of at least two members of the Board and shall:

1. Review investigative reports resulting from complaints against licensees.
2. Recommend appropriate proceedings for complaint resolution.
3. Conduct informal proceedings pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia*.

D. Advisory Committees

1. Advisory Committees shall consist of three or more persons appointed by the ~~Board~~ **President** who are knowledgeable in a particular area of practice or education under consideration by the Board.
2. Such committees shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

E. Ad-Hoc Committees

1. Ad-Hoc Committees comprised of Board members and/or staff may be appointed by the President to assist in fulfilling the powers and duties of the Board.
2. Such committees shall be advisory to the Board and shall make recommendations to the Board for action.
3. A Committee shall be appointed by the Board every three years to review Board of Nursing guidance documents and make recommendations for revisions and/or deletions.

Article VIII – Meetings.

A. The Board shall meet in regular session at ~~least in January of each year for its~~ annual meeting and at such other times as the Board may determine.

B. Special meetings shall be called by the president or by written request to the President from any three members, provided there is at least seven days' notice given to all members.

C. A telephone conference call meeting may be held to consider suspension of a license pursuant to § 54.1-2408.1 pending a hearing when the danger to the public health or safety warrants such action and when a good faith effort to convene a regular meeting has failed.

D. An affirmative vote of a majority of those serving on the Board who are qualified to vote or those serving on a panel of the Board convened pursuant to § 54.1-2400 shall be required for any action to suspend or revoke a license, certificate, or registration or to impose a sanction, except an affirmative vote of a majority of a quorum of the Board shall be sufficient for the summary suspension of a license. An affirmative vote of three-fourths of the members of the Board at the hearing shall be required to reinstate an applicant's license or certificate suspended by the Director of the Department of Health Professions pursuant to § 54.1-2409. An affirmative vote of a quorum of the Board shall determine all other matters at any regular or special meeting.

Article IX – Quorum.

A. A quorum for any Board or committee meeting shall consist of a majority of the members.

B. No member shall vote by proxy.

Article X – Parliamentary Authority.

Roberts' Rules of Order (current edition) shall govern the proceedings of the Board in all cases not provided for in these bylaws, the *Code of Virginia* and the Regulations of the Board.

Article XI – Amendment of Bylaws.

These bylaws may be amended at any meeting of the Board by a two-thirds vote of the members present and voting provided copies of the proposed amendments shall have been presented in writing to all members at least 30 days prior to the meeting at which time such amendments are considered.

Article XII –Discipline.

When the Board of Nursing receives an investigative report from the Enforcement Division, a preliminary review of the case is made to determine whether probable cause exists to proceed with an administrative proceeding on charges that one or more of the Board's statutes or regulations may have been violated. The Board of Nursing staff, for certain disciplinary activities pursuant to Guidance Document # 90-12.

Article XIII – Nurse Licensure Compact.

A. Pursuant to § 54.1-3040.7 of the *Code of Virginia* the Executive Director of the Board of Nursing shall be the Virginia Administrator of the Interstate Commission of Nurse Licensure Compact ~~Compact for Virginia~~ and shall perform the duties of the Administrator according to the requirements of the ~~Nurse Licensure Compact~~ Commission.

B. The Board of Nursing shall comply with the ~~Policies and Procedures~~ Rules of the ~~Nurse Licensure Compact Administrators~~ Interstate Commission of Nurse Licensure Compact as outlined in the current manual.

D2a

**VIRGINIA BOARD OF NURSING
Nominating Committee
November 19, 2019
Minutes**

TIME AND PLACE: The meeting of the Nominating Committee was called to order at 3:00 pm on November 19, 2019, at Department of Health Professions, 9960 Mayland Drive, Suite 201, Board Room 2, Henrico, Virginia.

MEMBERS PRESENT: Margaret Friedenberg, Citizen Member, Chair
Mark Monson, Citizen Member
Cynthia Swineford, RN, MSN, CNE

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director

DISCUSSION: The Committee appointed Ms. Friedenberg as Chair. Committee members reviewed the Bylaws regarding the Nominating Committee, the Board Member listing and the status of terms of service.

Committee Members have discussed with Board members present their interest in serving as President, First Vice President and Second Vice President.

Individual follow up will occur by members of the Committee and a final accounting of interest will be forwarded to Ms. Douglas.

A Slate of Candidates will be forwarded to Board Members in advance of the January 28, 2020 meeting.

ADJOURNMENT: The meeting adjourned at 4:30 P.M.

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



D2b

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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

Board of Nursing (804) 367-4515
Nurse Aide Registry (804) 367-4569
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Memo

To: Board Members
From: BON Nominating Committee
Margaret Friedenberg, Citizen Member, Chair
Mark Monson, Citizen Member
Cynthia Swineford, RN Member
Re: Slate of Candidates for 2020 Officers
Date: December 6, 2019

The Nominating Committee agreed to the following slate of Board Members who are interested in running for office for 2020:

President: Jennifer Phelps, LPN Board Member
(2nd term expires 2021)

First Vice President: Marie Gerardo, LNP Board Member
(2nd term expires 2022)

Second Vice President: Mark Monson, Citizen Member
(2nd term expires 2022)

Pursuant to the Bylaws, Guidance Document 90-57, nominations will be accepted from the floor at the Board January 28, 2020 meeting.

D3



Dec. 17, 2019

NCSBN Raises Passing Standard for NCLEX-PN Examination

FOR IMMEDIATE RELEASE

Media Contact: Dawn M. Kappel
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CHICAGO – The NCSBN Board of Directors (BOD) voted on Dec. 9, 2019, to raise the passing standard for the NCLEX-PN Examination (the National Council Licensure Examination for Practical Nurses). The new passing standard is -0.18 logits, 0.03 logits higher than the current standard of -0.21 logits. The new passing standard will take effect on April 1, 2020.

In their evaluation, the NCSBN BOD used multiple sources of information to guide its evaluation and discussion regarding the change in the passing standard. These sources include the results from the criterion-referenced standard-setting workshop, a historical record of the NCLEX-PN passing standard and candidate performance, the educational readiness of high school graduates who expressed an interest in nursing, and the results from annual surveys of nursing educators and employers conducted between 2017 and 2019. As part of this process, NCSBN convened an expert panel of 10 subject matter experts to perform a criterion-referenced standard-setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN BOD evaluates the passing standard for the NCLEX-PN Examination every three years to protect the public by ensuring minimal competence for entry-level PNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. The 2020 NCLEX-PN Test Plan is available free of charge from the NCSBN website.

Media inquiries may be directed to the contact listed above. Technical inquiries about the NCLEX examination may be directed to the NCLEX Information line at 1.866.293.9600 or nclexinfo@ncsbn.org.

*A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties.

About NCSBN

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was initially created to lessen the burdens of state governments and bring together nursing regulatory bodies (NRBs) to act and counsel together on matters of common interest. It has evolved into one of the leading voices of regulation across the world.

NCSBN's membership is comprised of the NRBs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are three exam user members. There are also 27 associate members that are either NRBs or empowered regulatory authorities from other countries or territories.

Mission: NCSBN empowers and supports nursing regulators in their mandate to protect the public.

The statements and opinions expressed are those of NCSBN and not individual members.

###

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**VIRGINIA BOARD OF NURSING
EDUCATION INFORMAL CONFERENCE COMMITTEE MINUTES
January 15, 2020**

- TIME AND PLACE:** The meeting of the Education Informal Conference Committee was convened at 9:13 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Board Room 4, Henrico, Virginia.
- MEMBERS PRESENT:** Cynthia Swineford, RN, MSN, CNE, Chair
Yvette Dorsey, RN, DNP
- STAFF PRESENT:** Jay Douglas, Executive Director, RN, MSM, CSAC, FRE
Robin Hills, RN, DNP, WHNP, Deputy Executive Director
Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager
Beth Yates, Nursing and Nurse Aide Education Coordinator
- OTHERS PRESENT:** Anne G. Joseph, Administrative Proceedings Division
Administrators from Chesapeake Career Center, Practical Nursing Program
Michele Green-Wright, Virginia Department of Education
- PUBLIC COMMENT:** There was no public comment.
- FACUTLY EXCEPTIONS:** **South University – Richmond, BSN Program, US28500700**
Dr. Ann McNallen, Program Director, was in attendance.
- At 9:20 a.m., Dr. Dorsey moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of South University - Richmond registered nursing education program. Additionally, she moved that, Ms. Douglas, Dr. Hills, Ms. Wilmoth, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary, and their presence will aid the Committee in its deliberations.
- The motion was seconded and carried unanimously. The Committee reconvened in open session at 9:29 a.m.
- Dr. Dorsey moved that the Education Informal Conference Committee of the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.
- ACTION:** Dr. Dorsey moved to recommend approval of the request from South University – Richmond for three continued faculty exceptions: Chanda Harris, Margaret Johnson, and Steven Schlink
- This recommendation will be presented to the full Board on January 28, 2020.
- DISCUSSION ITEM:** **Nurse Aide Education Program Curriculum Editorial Revisions.**
Based on input from programs, Board staff recommended the addition of numbering to the curriculum objectives for easier reference. In addition, specific teaching and student evaluation methods are embedded in many of the objectives. These methods are typically within the purview of the program.

ACTION: **Motion:** Dr. Dorsey moved to recommend that staff make the following editorial revisions to the nurse aide education program curriculum:

1. add numbering to the objectives within each Unit throughout the document;
and
2. delete the teaching and student evaluation methodology currently embedded in many of the objectives.

The motion was seconded and carried unanimously.

**CONFERENCES
SCHEDULED:**

**Chesapeake Career Center, Practical Nursing Program,
US28106200**

Kathy Jones, Practical Nursing Director, Dr. Shonda Pittman-Windham, Administrator, Dr. Debbie Hunley-Stukes, Director of Academic Support, and Career Readiness, and Ann Helmer, CTE Supervisor, were in attendance.

Ms. Michele Green-Wright, Program Specialist, Health and Medical Sciences and Related Clusters, Virginia Department of Education, addressed the Committee regarding the VDOE's support of Chesapeake Career Center practical nursing program.

At 12:05 p.m. Dr. Dorsey moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Chesapeake Career Center, practical nursing education program. Additionally, she moved that, Ms. Douglas, Dr. Hills, Ms. Joseph, Ms. Wilmoth, and Ms. Yates attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the Committee in its deliberations..

The motion was seconded and carried unanimously. The Committee reconvened in open session at 1:05 p.m.

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

ACTION: Dr. Dorsey moved to recommend placing the program on conditional approval with terms and conditions.

This recommendation will be presented to the full Board on January 28, 2020.

Meeting adjourned at 1:10 p.m.

**There will be a public hearing on proposed regulations for
clinical nurse specialists at 10:00**

**Proposed regulations are attached – no action at this
meeting.**

go back | open in word

Project 6073 - Proposed**BOARD OF NURSING****Registration of clinical nurse specialists****18VAC90-19-30. Fees.****A. Fees required by the board are:**

1. Application for licensure by examination - RN	\$190
2. Application for licensure by endorsement - RN	\$190
3. Application for licensure by examination - LPN	\$170
4. Application for licensure by endorsement - LPN	\$170
5. Reapplication for licensure by examination	\$50
6. Biennial licensure renewal - RN	\$140
7. Biennial inactive licensure renewal - RN	\$70
8. Biennial licensure renewal - LPN	\$120
9. Biennial inactive licensure renewal - LPN	\$60
10. Late renewal - RN	\$50
11. Late renewal - RN inactive	\$25
12. Late renewal - LPN	\$40
13. Late renewal - LPN inactive	\$20
14. Reinstatement of lapsed license - RN	\$225
15. Reinstatement of lapsed license - LPN	\$200
16. Reinstatement of suspended or revoked license <u>or registration</u>	\$300
17. Duplicate license	\$15
18. Replacement wall certificate	\$25
19. Verification of license	\$35
20. Transcript of all or part of applicant or licensee records	\$35
21. Returned check charge	\$35
22. Application for CNS registration	\$130
23. Biennial renewal of CNS registration	\$80
24. Reinstatement of lapsed CNS registration	\$125
25. Verification of CNS registration to another jurisdiction	\$35

26. Late renewal of CNS registration \$35

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

1. Biennial licensure renewal - RN	\$105
2. Biennial inactive licensure renewal - RN	\$52
3. Biennial licensure renewal - LPN	\$90
4. Biennial inactive licensure renewal - LPN	\$45
5. Biennial renewal of CNS registration	\$60

Part IV

Clinical Nurse Specialists

18VAC90-19-210. Clinical nurse specialist registration.

A. Initial registration. An applicant for initial registration as a clinical nurse specialist shall:

1. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse;
2. Submit evidence of current national clinical nurse specialist certification, including core certification or a certification that has been retired, as required by § 54.1-3018.1 of the Code of Virginia or have an exception available from March 1, 1990, to July 1, 1990; and
3. Submit the required application and fee.

B. Renewal of registration.

1. Registration as a clinical nurse specialist shall be renewed biennially at the same time the registered nurse license is renewed. If registered as a clinical nurse specialist with a multistate licensure privilege to practice in Virginia as a registered nurse, a licensee born in an even-numbered year shall renew his license by the last day of the birth month in even-numbered years and a licensee born in an odd-numbered year shall renew his license by the last day of the birth month in odd-numbered years.
2. The clinical nurse specialist shall complete the renewal form and submit it with the required fee. An attestation of current national certification as a clinical nurse specialist, including core

certification or a certification that has been retired, is required unless registered in accordance with an exception.

3. Registration as a clinical nurse specialist shall lapse if the registered nurse license is not renewed or the multistate licensure privilege is lapsed or registration as a clinical nurse specialist is not renewed and may be reinstated within one renewal period upon:

- a. Reinstatement of RN license or multistate licensure privilege, if lapsed;
- b. Payment of ~~reinstatement and~~ current renewal fees and late renewal fees; and
- c. Submission of evidence of continued national certification as a clinical nurse specialist, including core certification or a certification that has been retired, unless registered in accordance with an exception.

C. Reinstatement of registration.

1. A clinical nurse specialist whose registration has lapsed for more than one renewal period may be reinstated by submission of:

- a. A reinstatement application and reinstatement fee;
- b. Evidence of a current RN license or multistate privilege;
- c. Evidence of current national certification as a clinical nurse specialist, including core certification or a certification that has been retired, unless registered in accordance with an exception.

2. A clinical nurse specialist whose registration has been suspended or revoked by the board may apply for reinstatement by:

- a. Filing a reinstatement application;
- b. Fulfilling requirements specified in subsection C 1(c) of this section; and
- c. Paying the fee for reinstatement after suspension or revocation.

The board may request additional evidence that the clinical nurse specialist is prepared to resume practice in a competent manner. A clinical nurse specialist whose registration has been revoked may not apply for reinstatement sooner than three years from entry of the order of revocation.

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions
As of January 27, 2020**

F1

Board		Board of Nursing
Chapter	Action / Stage Information	
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<p><u>Unprofessional conduct - conversion therapy</u> [Action 5430]</p> <p>NOIRA - At Secretary's Office for 53 days</p>
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<p><u>Registration of clinical nurse specialists</u> [Action 5308]</p> <p>Proposed - Register Date: 1/20/20 Comment ends: 3/20/20</p>
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<p><u>Handling fee for returned checks</u> [Action 5385]</p> <p>Fast-Track - Register Date: 12/23/19 Effective: 2/6/20</p>
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<p><u>Implementing Result of Periodic Review</u> [Action 5157]</p> <p>Proposed - At Department of Planning and Budget</p>
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<p><u>Use of simulation</u> [Action 5402]</p> <p>NOIRA - At Governor's Office for 30 days</p>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Unprofessional conduct/conversion therapy</u> [Action 5441]</p> <p>NOIRA - At Secretary's Office for 41 days</p>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Autonomous practice</u> [Action 5132]</p> <p>Proposed - Register Date: 9/30/19 Nursing to adopt final: 1/28/20 Medicine to adopt final: 2/20/20</p>
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Handling fee</u> [Action 5414]</p> <p>Fast-Track - Register Date: 1/20/20 Effective: 3/5/20</p>
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<p><u>Waiver for electronic prescribing</u> [Action 5413]</p> <p>Emergency/NOIRA - Register Date: 1/6/20 Comment on NOIRA ends: 2/5/20 Emergency effective: 12/23/19 to 6/22/21</p>
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<p><u>Elimination of separate license for prescriptive authority</u> [Action 4958]</p> <p>Final - At Governor's Office for 35 days</p>

Agenda Item: Regulatory –Adoption of final regulations for autonomous practice for nurse practitioners

Enclosed are:

F2

Copy of proposed regulations – identical to emergency regulations currently in effect

Notice of Comment period on proposed regulations – closed 11/29/19

Comment on proposed regulation

Staff note:

- Emergency regulation became effective 1/7/19 – remains in effect for 18 months and must be replaced with permanent regulation – expires on 6/6/20
- Board of Medicine will adopt final regulations in February

Board action:

Adoption of final regulations identical to proposed and emergency regulations

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Agency Department of Health Professions

Board Board of Nursing

Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 - 30]

Action: Autonomous practice**Proposed Stage**

Action 5132 / Stage 8578

[Edit Stage](#)
[Withdraw Stage](#)
[Go to RIS Project](#)

Documents

Proposed Text	9/19/2019 8:15 am	Sync Text with RIS
Agency Background Document	3/25/2019	Upload / Replace
Attorney General Certification	5/1/2019	
DPB Economic Impact Analysis	6/4/2019	
Agency Response to EIA	9/5/2019	Upload / Replace
Governor's Review Memo	9/5/2019	
Registrar Transmittal	9/5/2019	

Status

Changes to Text	The proposed text for this stage is identical to the emergency regulation.
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
Attorney General Review	Submitted to OAG: 3/25/2019 Review Completed: 5/1/2019 Result: Certified
DPB Review	Submitted on 5/1/2019 Economist: Oscar Ozfidan Policy Analyst: Cari Corr Review Completed: 6/4/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
Secretary Review	Secretary of Health and Human Resources Review Completed: 8/12/2019
Governor's Review	Review Completed: 9/5/2019 Result: Approved
Virginia Registrar	Submitted on 9/5/2019 The Virginia Register of Regulations Publication Date: 9/30/2019 Volume: 36 Issue: 3
Public Hearings	10/16/2019 9:05 AM

Comment Period	Ended 11/29/2019
	1 comments

Contact Information	
Name / Title:	Jay P. Douglas, R.N. / <i>Executive Director</i>
Address:	9960 Mayland Drive Sutie 300 Richmond, VA 23233-1463
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Telephone:	(804)367-4520 FAX: (804)527-4455 TDD: (-)

This person is the primary contact for this chapter.

This stage was created by Elaine J. Yeatts on 03/25/2019

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Agency Department of Health Professions

Board Board of Nursing

Chapter Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 - 30]

Action Autonomous practiceStage Proposed

Comment Period Ends 11/29/2019

[Back to List of Comments](#)

Commenter: Edward Timmons, Saint Francis University

11/27/19 9:29 am

Change in Regulations Governing the Licensure of Nurse Practitioners and Important First Step

I would like to thank the Virginia Board of Nursing for offering me the opportunity to comment on Regulations Governing the Licensure of Nurse Practitioners [18 VAC 90 ? 30]. I am a professor of economics at Saint Francis University and director of the Knee Center for the Study of Occupational Regulation at Saint Francis University in Loretto, PA. Our academic research center focuses exclusively on the topic of occupational regulation. I am also a Senior Affiliated Scholar with the Mercatus Center at George Mason University. Based on my own research on the effects of permitting nurse practitioners to practice and use the skillsets that they have acquired through their specialized training, I believe that this change represents an important first step to improving access to primary care in the state of Virginia. I would encourage policy makers in the state to consider going further and use other states as a model for future reform.

Like many other states, Virginia is facing challenges providing primary care to patients. National trends continue to suggest a declining population of primary care physicians.^[i] Nurse practitioners can potentially help fill this gap, but is important that the existing law does not tie their hands and prevent them from practicing to the full extent of their specialized training.

On January 7, 2019, a law was temporarily put into effect until June 6, 2020 by Governor Northam and the Committee of the Joint Boards of Nursing and Medicine. The law permits nurse practitioners in the state of Virginia to apply for full practice autonomy after achieving the equivalent of five years of full-time clinical experience. This policy change is similar to one that was permanently enacted in New York State in 2015. It is important to note, however, that the clinical experience requirement in the temporary law in Virginia is more excessive—New York law requires only 3,600 hours of clinical practice. Moreover, the bordering state of Maryland enacted a more expansive law in 2015 that recognizes nurse practitioners as primary care providers in the state and requires 18 months of clinical experience before autonomy can be received. District of Columbia law serves as a model for other states and jurisdictions—permitting nurse practitioners full practice autonomy immediately upon successfully completing the requirements for licensure.

Nurse practitioners are often restricted by state law to apply the skills that they have learned and alleviate challenges that vulnerable populations encounter to receive primary care. Prior to this temporary change, Virginia belonged in this category—requiring nurse practitioners to enter into collaborative practice agreements and work in a team setting managed by a physician. Research consistently shows that these restrictions on nurse practitioner scope of practice result in longer driving times to receive primary care^[ii] and reductions in the volume of care provided by nurse practitioners.^[iii] In addition, researchers consistently find that nurse practitioners are more than capable of providing quality care to patients.^[iv]

In my own research examining how changes to nurse practitioner scope of practice affect Medicaid patients, we find evidence that permitting nurse practitioners to practice autonomously is associated with patients receiving more care without increasing cost.^[v] It should be noted, however, that our research suggests that the positive effects of granting nurse practitioners autonomy are only fully realized when they are granted full practice authority. The change is quite large—we estimate an 8% increase in the amount of care that Medicaid patients receive. There are

no measurable differences observed between states like Virginia and West Virginia where nurse practitioners are required to enter into collaborative practice agreements to write prescriptions. It is only when states move to an environment like Washington DC, or the thirteen other states that have granted nurse practitioners the ability to practice autonomously without experience requirements, that the full benefits of nurse practitioner autonomy can be realized by vulnerable communities.

To conclude, the temporary law change to grant nurse practitioners the ability to practice autonomously after five years in Virginia is an important first step. Policy makers, however, should consider going further and use states and jurisdictions like New Hampshire, Rhode Island, and the District of Columbia as a model for future reform.

Edward Timmons, PhD

Professor of Economics

Director, Kree Center for the Study of Occupational Regulation

Saint Francis University

Senior Affiliated Scholar

Mercatus Center

George Mason University

[i] <http://www.vdh.virginia.gov/content/uploads/sites/76/2016/05/Primary-Care-Needs-Assessment-OHE.pdf>

[ii] Neff DF, Yoon SH, Steiner RL, Bejleri I, Bumbach MD, Everhart D, and Harman JS. The impact of nurse practitioner regulations on population access to care. *Nursing Outlook*. 2018;66(4):379-385.

[iii] Kuo YF, Loresto FL Jr, Rounds LR, Goodwin JS. States with the least restrictive regulations experiences the largest increase in patients seen by nurse practitioners. *Health Affairs*. 2013;32(7):1236-1243.

[iv] Adams EK, Markowitz S. Improving efficiency in the health-care system: Removing anticompetitive barriers for advanced practice registered nurses and physician assistants. The Brookings Institution. Published June 13, 2018. Accessed November 27, 2019.

[v] Poghosyan L, Timmons E, Abraham CM, Martsolf GR. The Economic Impact of the Expansion of Nurse Practitioner Scope of Practice for Medicaid. *Journal of Nursing Regulation*. 2019;10(1): 1-6.

[go back](#) | [open in word](#)**Project 5512 - Proposed****BOARD OF NURSING****Autonomous practice****Part I****General Provisions****18VAC90-30-10. Definitions.**

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

"Approved program" means a nurse practitioner education program that is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools, American College of Nurse Midwives, Commission on Collegiate Nursing Education, or the National League for Nursing Accrediting Commission or is offered by a school of nursing or jointly offered by a school of medicine and a school of nursing that grant a graduate degree in nursing and ~~which~~ that hold a national accreditation acceptable to the boards.

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

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

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

"Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia, and who practices under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement described in § 54.1-2957.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

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

"Consultation" means the communicating of data and information, exchanging of clinical observations and assessments, accessing and assessing of additional resources and expertise, problem solving, and arranging for referrals, testing, or studies.

"Licensed nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as stated in Part II (18VAC90-30-60 et seq.) of this chapter.

"National certifying body" means a national organization that is accredited by an accrediting agency recognized by the U.S. Department of Education or deemed acceptable by the National Council of State Boards of Nursing and has as one of its purposes the certification of nurse anesthetists, nurse midwives, or nurse practitioners, referred to in this chapter as professional certification, and whose certification of such persons by examination is accepted by the committee.

"Patient care team physician" means a person who holds an active, unrestricted license issued by the Virginia Board of Medicine to practice medicine or osteopathic medicine.

"Practice agreement" means a written or electronic statement, jointly developed by the collaborating patient care team ~~physician(s)~~ physician and the licensed nurse ~~practitioner(s)~~ practitioner that describes the procedures to be followed and the acts appropriate to the specialty practice area to be performed by the licensed nurse ~~practitioner(s)~~ practitioner in the care and management of patients. The practice agreement also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

18VAC90-30-20. Delegation of authority.

A. The boards hereby delegate to the executive director of the Virginia Board of Nursing the authority to issue the initial licensure and the biennial renewal of such licensure to those persons who meet the requirements set forth in this chapter, to grant authorization for autonomous practice to those persons who have met the qualifications of 18VAC90-30-86, and to grant extensions or exemptions for compliance with continuing competency requirements as set forth in subsection E of 18VAC90-30-105. Questions of eligibility shall be referred to the Committee of the Joint Boards of Nursing and Medicine.

B. All records and files related to the licensure of nurse practitioners shall be maintained in the office of the Virginia Board of Nursing.

18VAC90-30-50. Fees.

A. Fees required in connection with the licensure of nurse practitioners are:

1. Application	\$125
2. Biennial licensure renewal	\$80
3. Late renewal	\$25
4. Reinstatement of licensure	\$150
5. Verification of licensure to another jurisdiction	\$35
6. Duplicate license	\$15
7. Duplicate wall certificate	\$25
8. Return check charge	\$35
9. Reinstatement of suspended or revoked license	\$200
10. <u>Autonomous practice attestation</u>	<u>\$100</u>

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

Biennial renewal	\$60
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18VAC90-30-85. Qualifications for licensure by endorsement.

A. An applicant for licensure by endorsement as a nurse practitioner shall:

1. Provide verification of licensure as a nurse practitioner or advanced practice nurse in another U.S. United States jurisdiction with a license in good standing, or, if lapsed, eligible for reinstatement;

2. Submit evidence of professional certification that is consistent with the specialty area of the applicant's educational preparation issued by an agency accepted by the boards as identified in 18VAC90-30-90; and

3. Submit the required application and fee as prescribed in 18VAC90-30-50.

B. An applicant shall provide evidence that includes a transcript that shows successful completion of core coursework that prepares the applicant for licensure in the appropriate specialty.

C. An applicant for licensure by endorsement who is also seeking authorization for autonomous practice shall comply with subsection F of 18VAC90-30-86.

18VAC90-30-86. Autonomous practice for nurse practitioners other than certified nurse midwives or certified registered nurse anesthetists.

A. A nurse practitioner with a current, unrestricted license, other than someone licensed in the category of certified nurse midwife or certified registered nurse anesthetist, may qualify for autonomous practice by completion of the equivalent of five years of full-time clinical experience as a nurse practitioner.

1. Five years of full-time clinical experience shall be defined as 1,800 hours per year for a total of 9,000 hours.

2. Clinical experience shall be defined as the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. Qualification for authorization for autonomous practice shall be determined upon submission of a fee as specified in 18VAC90-30-50 and an attestation acceptable to the boards. The attestation shall be signed by the nurse practitioner and the nurse practitioner's patient care team physician stating that:

1. The patient care team physician served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement meeting the requirements of this chapter and §§ 54.1-2957 and 54.1-2957.01 of the Code of Virginia;

2. While a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category, as specified in 18VAC90-30-70, for which the nurse practitioner was certified and licensed; and

3. The period of time and hours of practice during which the patient care team physician practiced with the nurse practitioner under such a practice agreement.

C. The nurse practitioner may submit attestations from more than one patient care team physician with whom the nurse practitioner practiced during the equivalent of five years of practice, but all attestations shall be submitted to the boards at the same time.

D. If a nurse practitioner is licensed and certified in more than one category as specified in 18VAC90-30-70, a separate fee and attestation that meets the requirements of subsection B of this section shall be submitted for each category. If the hours of practice are applicable to the patient population and in practice areas included within each of the categories of licensure and certification, those hours may be counted toward a second attestation.

E. In the event a patient care team physician has died, become disabled, retired, or relocated to another state, or in the event of any other circumstance that inhibits the ability of the nurse practitioner from obtaining an attestation as specified in subsection B of this section, the nurse practitioner may submit other evidence of meeting the qualifications for autonomous practice along with an attestation signed by the nurse practitioner. Other evidence may include employment records, military service, Medicare or Medicaid reimbursement records, or other similar records that verify full-time clinical practice in the role of a nurse practitioner in the category for which the nurse practitioner is licensed and certified. The burden shall be on the nurse practitioner to provide sufficient evidence to support the nurse practitioner's inability to obtain an attestation from a patient care team physician.

F. A nurse practitioner to whom a license is issued by endorsement may engage in autonomous practice if such application includes an attestation acceptable to the boards that the nurse practitioner has completed the equivalent of five years of full-time clinical experience as specified in subsection A of this section and in accordance with the laws of the state in which the nurse practitioner was previously licensed.

G. A nurse practitioner authorized to practice autonomously shall:

1. Only practice within the scope of the nurse practitioner's clinical and professional training and limits of the nurse practitioner's knowledge and experience and consistent with the applicable standards of care:

2. Consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided; and

3. Establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

18VAC90-30-110. Reinstatement of license.

A. A licensed nurse practitioner whose license has lapsed may be reinstated within one renewal period by payment of the current renewal fee and the late renewal fee.

B. An applicant for reinstatement of license lapsed for more than one renewal period shall:

1. File the required application and reinstatement fee;

2. Be currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Provide evidence of current professional competency consisting of:

a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90;

b. Continuing education hours taken during the period in which the license was lapsed, equal to the number required for licensure renewal during that period, not to exceed 120 hours; or

c. If applicable, current, unrestricted licensure or certification in another jurisdiction.

4. If qualified for autonomous practice, provide the required fee and attestation in accordance with 18VAC90-30-86.

C. An applicant for reinstatement of license following suspension or revocation shall:

1. Petition for reinstatement and pay the reinstatement fee;

2. Present evidence that he is currently licensed as a registered nurse in Virginia or hold a current multistate licensure privilege as a registered nurse; and

3. Present evidence that he is competent to resume practice as a licensed nurse practitioner in Virginia to include:

- a. Current professional certification by the appropriate certifying agency identified in 18VAC90-30-90; or
- b. Continuing education hours taken during the period in which the license was suspended or revoked, equal to the number required for licensure renewal during that period, not to exceed 120 hours.

The committee shall act on the petition pursuant to the Administrative Process Act, (§ 2.2-4000 et seq. of the Code of Virginia).

Part III

Practice of Licensed Nurse Practitioners

18VAC90-30-120. Practice of licensed nurse practitioners other than certified registered nurse anesthetists or certified nurse midwives.

A. A nurse practitioner licensed in a category other than certified registered nurse anesthetist or certified nurse midwife shall be authorized to render care in collaboration and consultation with a licensed patient care team physician as part of a patient care team or if determined by the boards to qualify in accordance with 18VAC90-30-86, authorized to practice autonomously without a practice agreement with a patient care team physician.

B. The practice shall be based on specialty education preparation as an advanced practice registered nurse in accordance with standards of the applicable certifying organization, as identified in 18VAC90-30-90.

C. All nurse practitioners licensed in any category other than certified registered nurse anesthetist or certified nurse midwife shall practice in accordance with a written or electronic practice agreement as defined in 18VAC90-30-10 or in accordance with 18VAC90-30-86.

D. The written or electronic practice agreement shall include provisions for:

1. The periodic review of patient charts or electronic patient records by a patient care team physician and may include provisions for visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team;
2. Appropriate physician input in complex clinical cases and patient emergencies and for referrals; and

3. The nurse practitioner's authority for signatures, certifications, stamps, verifications, affidavits, and endorsements provided it is:

- a. In accordance with the specialty license of the nurse practitioner and within the scope of practice of the patient care team physician;
- b. Permitted by § 54.1-2957.02 or applicable sections of the Code of Virginia; and
- c. Not in conflict with federal law or regulation.

E. The practice agreement shall be maintained by the nurse practitioner and provided to the boards upon request. For nurse practitioners providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation of duties and responsibilities; however, the nurse practitioner shall be responsible for providing a copy to the boards upon request.

Part III

Practice Requirements

18VAC90-40-90. Practice agreement.

A. With the ~~exception of~~ exceptions listed in subsection E of this section, a nurse practitioner with prescriptive authority may prescribe only within the scope of the written or electronic practice agreement with a patient care team physician.

B. At any time there are changes in the patient care team physician, authorization to prescribe, or scope of practice, the nurse practitioner shall revise the practice agreement and maintain the revised agreement.

C. The practice agreement shall contain the following:

1. A description of the prescriptive authority of the nurse practitioner within the scope allowed by law and the practice of the nurse practitioner.
2. An authorization for categories of drugs and devices within the requirements of § 54.1-2957.01 of the Code of Virginia.

3. The signature of the patient care team physician who is practicing with the nurse practitioner or a clear statement of the name of the patient care team physician who has entered into the practice agreement.

D. In accordance with § 54.1-2957.01 of the Code of Virginia, a physician shall not serve as a patient care team physician to more than six nurse practitioners with prescriptive authority at any one time.

E. Exceptions.

1. A nurse practitioner licensed in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe in accordance with a written or electronic practice agreement with a consulting physician or may prescribe Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

2. A nurse practitioner who is licensed in a category other than certified nurse midwife or certified registered nurse anesthetist and who has met the qualifications for autonomous practice as set forth in 18VAC90-30-86 may prescribe without a practice agreement with a patient care team physician.

Agenda Item: Petition for rulemaking

F3

Included in your package are:

A copy of the petition received from Zenaida Laxa

Copies of comments on the petition on Townhall

A copy of applicable regulation

Board action:

The Board may reject the petition's request. If rejected, the Board should state their reasons for denying the petition.

OR

The Board may initiate rulemaking by publication of a Notice of Intended Regulatory Action.



COMMONWEALTH OF VIRGINIA

Board of Nursing

9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

(804) 367-4515 (Tel)
(804) 527-4455 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle Initial, Suffix,)

Laxa, Zenaida D.

Street Address

3405 Pasture Lane

Area Code and Telephone Number

757 288-4993

City

Virginia Beach

State

VA

Zip Code

23453

Email Address (optional)

zenaida.d.laxa.civ@mail.mil

Fax (optional)

757 953-0823

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

I am filing a petition for rule-making on behalf of the Philippine Nurses of Virginia to amend regulation 18VAC90-18-130 Section D1 Licensure of applicants from other countries.

Current Regulation

18VAC90-18-130. Licensure of applicants from other countries.

D1. An applicant for licensure as a registered nurse who has met the requirements of subsection A and B of this section may practice for a period not to exceed 90 days from the date of approval of an application submitted to the board when he is working as a non-supervisory staff nurse in a licensed nursing home or certified nursing facility.

1. Applicants who practice nursing as provided in this subsection shall use the designation "foreign nurse graduate" on name tags or when signing official records.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

I am filing a petition for rule-making to amend regulation 18VAC90-18-130 Section D1 to state: Applicants who practice nursing as provided in this subsection shall use the designation "RN, Applicant" on name tags or when signing official records. Internationally educated nurses who practice nursing as provided in this subsection had completed rigorous screening to provide evidence from CGPNS that their secondary education and nursing education are comparable to those required for registered nurses in the Commonwealth. There is no adequate justification for internationally educated nurses to use a different designation from other candidates who practice nursing as provided in regulation 18VAC90-18-130 D1.

We have serious concerns over how the continued use of the term foreign graduate nurse can expose the nurse applicant to undue discriminatory treatment and penalties. In the current era of anti-immigration the term foreign has gained negative notoriety. We are all familiar with many unfortunate stories of people who had been victims of racial profiling and discrimination by simply looking and sounding foreign and different.

Changing the designation from foreign graduate nurse to RN. Applicant decreases risk by not emphasizing the obvious.

Review of literature indicates internationally educated nurses (IENs) experience workplace discrimination as an additional workplace stressor. IENs view this discrimination as an obstacle to career advancement and professional recognition. Consequences of workplace discrimination affect not only the IEN's physical and psychological well-being but also the quality of patient care, and healthcare organizations' costs.

Reprints, M. (August 18, 2016) "Workplace Discrimination: An Additional Stressor for Internationally Educated Nurses" C/IB: The online Journal of Issues in Nursing Vol. 20 No. 2.

Accessed 14 Oct 2019 from <http://onlinelibrary.wiley.com/doi/10.1111/inr.12101>

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

The legal authority for the adoption of regulations by the board is found in 54. 1-2400 of the code of virginia.

Signature: Zenaida D. Laxa

Date: October 18, 2019

Virginia.gov

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VIRGINIA
 REGULATORY TOWN HALL


Secretarial

Health and Human Resources

Agency

Department of Health Professions

Board

Board of Nursing
Edt Petition

Petition 311

Petition Information	
Petition Title	Change requirement for nametag
Date Filed	10/25/2019 [Transmittal Sheet]
Petitioner	Zenaida Laxa
Petitioner's Request	To amend section 130 to change the requirement for an applicant from another country to use the designation of "foreign nurse graduate" on a nametag to the designation of "RN Applicant"
Agency's Plan	<p>In accordance with Virginia law, the petition will be published on November 25, 2019 in the <i>Register of Regulations</i> and also posted on the Virginia Regulatory Townhall at www.townhall.virginia.gov to receive public comment ending December 25, 2019.</p> <p>Following receipt of all comments on the petition to amend regulations, the Board will decide whether to make any changes to the regulatory language. This matter will be on the Board's agenda for its first meeting after the comment period, which is scheduled for January 28, 2020.</p>
Comment Period	Ended 12/25/2019 328 comments
Agency Decision	Pending
Contact Information	
Name / Title:	Jay P. Douglas, R.N. / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, 23233
Email Address:	jay.douglas@dhp.virginia.gov
Telephone:	(804)367-4520 FAX: (804)527-4455 TDD: (-)

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 REGULATORY TOWN HALL


Agency

Department of Health Professions

Board

Board of Nursing

Chapter

Regulations Governing the Practice of Nursing [18 VAC 90 - 19]

328 comments

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)

Commenter: Carmina Bautista

11/26/19 12:02 am

Change requirement for nametag

I support the petition for rule-making to amend the regulation to change the requirement for an applicant from another country to use the designation of "foreign graduate nurse" to the designation of "RN Applicant" on nametags or when signing official records.

Internationally educated nurses (IENs) who practice nursing as provided under this regulation had completed rigorous screening to provide evidence from the CGFNS that their secondary education and nursing education is comparable to those required for registered nurses in the commonwealth. There is no justifications for internationally educated nurses to use a different designation from other candidates. The continued use of foreign graduate nurse can unnecessarily expose the nurse applicant to undue discriminatory treatment and practice which can negatively impact not only the IEN's physical and psychological well being but the quality of patient care and healthcare organizational cost.

Commenter: Zenaida D. Laxa

11/26/19 8:44 am

Changing the designation from foreign graduate nurse to RN applicant in name tags

I am a Bachelor of Arts in Economics graduate from Saint Louis University, Baguio City, Philippines and graduated BSN at Hampton University. I currently work as a Clinical Nurse Specialist at Naval Medical Center Portsmouth VA.

I was stunned when I read the VBON Regulations (updated 2017). We failed to familiarized with the current nursing regulations and failed to act accordingly.

Filed a petition for rule-making to amend regulation 18 VAC.90-19-130 Section D1 because the word foreign graduate nurse in name tags while waiting for NCLEX exam is discriminatory. It is condescending to be labeled and identified as foreign graduate nurses while under training. Nurses graduated from the Philippines had a very extensive training based on theories and clinical expertise. All qualifications meets the standards, competence validated prior to NCLEX exam. Drop the foreign graduate nurse and use RN Applicant in name tags please.

Commenter: Joan Pascua-Colasito

11/26/19 10:53 am

Change requirement for Nametags for Foreign Nurses

I support the petition to amend the requirement for international nurses to use the designation of "RN applicant" instead of "Foreign Graduate Nurse."

There is no justification for internationally educated nurses to use a different designation from other candidates that are waiting to take their NCLEX exam. I fear the use of "Foreign Graduate Nurse" will subject the nurse to undue discriminatory treatment and practices which can negatively impact the physical and psychological well-being of the Rn-applicant.

Any consideration given is highly appreciated.

Joanna Pascua-Colasito RN, BSN, CCRN

Commenter: Merla Marcelo

11/26/19 9:57 pm

petition for rule making to ammend regulation 18VAC90-19-130 sect D1

Applicants who practice nursing shall use designation "RN applicant on nametag or when signing official record.

Commenter: Rosa Blanco Filipino Women's Club of Tidewater VA

11/26/19 11:28 pm

Foreign Nurse Grad

I am not a nurse but I support the PNAVA in its efforts. None of the "Foreign Nurse Grad" label. Thankful that I was not designated "Foreign Teacher Grad" when I was hired as a math & physics educator here in VA.

Commenter: Sonia Morit

11/27/19 12:53 am

Regulation 18 VA C90-19-130 Section D1

Using name tags of foreign graduate nurse is prejudicial and discriminatory please use RN Applicant instead. Thank you.

Commenter: Mary Joy Garcia-Dia

11/29/19 4:13 pm

Support the Petition to use RN Applicant as Signatory versus Foreign Graduate Nurse

I support this petition to amend the regulation 18VAC90-19-130 Section D1 in using the designation foreign graduate nurse on name tags or when signing official records from the date of an approval when working as a non supervisory staff nurse in a licensed nursing home or certified nursing facility and replace this with RN applicant. First, the foreign educated nurse (FEN) has rightfully earned the title RN upon passing the board exam from her/his country of origin. Second, the FEN undergoes a pre-visa screening by CGFNS who officially screens the RNs credentials prior to admission and employment in the US. The designation of Foreign Graduate Nurse instead of RN applicant creates a layer of differentiation that is unnecessary where they should already be in equal footing with their colleagues and have the general public's trust and confidence in their professional skills and competency as a registered nurse from day 1.

Commenter: John A. Watters, Jr., MD Retired Ophthalmologist, private and USAF practic

11/29/19 5:16 pm

Support for NOT requiring derogatory title - "Foreign Nursing Graduate"

I am a retired physician with both private and USAF experience. I have been a medical director of medical centers and commanded USAF hospitals. I have had a great experience with all kinds of medical personnel. I feel strongly that once the US qualifications have been met for both training and licensure that to required "foreign" in a title is absolutely derogatory in many ways. I have seen many better "foreign-trained" nurses than many trained in the US. Just when the US is trying to be seen as non-discriminatory in race, age, gender and sex we do not need another category of "foreign".

Commenter: Mia Padua Malasa

12/1/19 1:15 pm

Petition to Ammend Regulation 18VAC90-19-130

I support the petition for rule-making to amend regulation 18VAC90-19-130 Section D1 to change the requirement for an applicant from another country to use the designation of "foreign graduate nurse" to the designation of "RN Applicant on nametags or when signing official records.

Internationally educated nurses(IENs) who practice nursing as provided in this regulation had completed rigorous screening to provide evidence from the Commission on Graduates of Foreign Nursing Schools(CGFNS) that their secondary education and nursing education are comparable to those required for registered nurses in the Commonwealth. There is no justification for internationally educated nurses to use a different designation from other candidates.

The continued use of the term foreign graduate nurse can expose the nurse applicant to undue discriminatory treatment and practice. Consequences of workplace discrimination affect not only the IENs' physical and psychological well being but also the quality of patient care, and healthcare organizational costs. With the current problem with nursing shortage, minimizing workplace discrimination will not only benefit nurses, but also patients, and healthcare organizations.

Commenter: Philippine Nurses Association of Virginia

12/2/19 10:02 am

Petition to change requirement name tags of foreign nurses

I have been practicing as RN in US for almost 30 years now and I have been more than proud to carry my title in my badge as well as signing official documents. Thus, requiring to change the foreign name label will give a negative impact to the new applicants as well as to people around. This will just create an unhealthy prejudicial distinction in the workplace.

Commenter: Jeanette Ramilo

12/2/19 10:17 am

Petition to change requirement name tags of foreign nurses

I have been practicing as RN in US for almost 30 years now and I have been more than proud to carry my title in my badge as well as signing documents . Thus requiring to change the foreign name label will give a negative impact to the new applicant as well as to people around. This will just create an unhealthy prejudicial distinction in the workplace.

12/3/19 12:25 am

Commenter: Amel Espiritu Rodriguez, Maryview Medical Center, Portsmouth, VA

In support for petition to amend regulation 18 VAC 90-19-130 Section D1

It is absolutely wrong to use the designation as "foreign graduate nurse" on name tags and when signing official medical records. It is discriminatory.

Nurses who came from different countries would not be able to pass NCLEX and practice nursing in the U.S. if they did not meet the necessary requirements for nursing education and training. I am a practicing nurse since 1981 and have worked side by side with many nurses who came from the Philippines, China, Japan, Vietnam, Haiti, Caribbean Islands, Panama, India and from many other countries. The nurses came from different cultures but followed the same Standards of Nursing Practice when delivering care to our patients.

Using the designation as an "RN Applicant" is non discriminatory and sufficient to indicate those who are preparing to take the NCLEX.

Commenter: Catherine Paler, Phillippine Nurses Association of Virginia, Inc

12/3/19 1:34 pm

Support Petition to amend section 130

I support the petition To amend section 130 to change the requirement for an applicant from another country to use the designation of "foreign nurse graduate" on a nametag to the designation of "RN Applicant"

Commenter: PNAVA

12/4/19 8:13 pm

Change requirement for name tag from foreign nurse graduate to RN Applicant

I do not see any good reason why an international graduate nurse should be designated as "foreign nurse graduate" on their name tags when he/she has met all the same requirements, education and clinical training as a US graduate nurse. As a Phillipine educated nurse, I had to pass the TOEFL exam also prior to taking the NCLEX. RNA should be sufficient. Thank you.

Commenter: Marilyn Rodriguez RN, PNAVA

12/4/19 8:30 pm

Petition to amend foreign nurse graduate designation

Please add my name to previous comment. Thank you.

Commenter: Ty Rodriguez

12/4/19 8:41 pm

Support to Amend Section 130 - Change "Foreign Nurse Graduate" on name tag

There is no sound reason for an international nurse to have "foreign nurse graduate" printed on their name badge when waiting to take the boards. It is racist and discriminatory, and no different than the Jewish armbands worn during the Holocaust.

If it is a concern regarding English proficiency, the Commission of Graduates of Foreign Nursing Schools (CGFNS) is required to review applicant credentials to ensure this qualification is met. The CGFNS also ensures all educational and clinical requirements are verified, minimizing the licensure of less competent applicants.

"RN Applicant" or "RNA" is sufficient.

Regards,

Ty Rodriguez

Commenter: Teresa Ignacio Gonzalvo, RN, Access Partnership, Board Member 12/6/19 5:58 pm

The use of Foreign Nurse Graduate versus RN Applicant

The consistent use of the terminology of RN Applicant needs to be applied across the board. In the current world of our evolving healthcare environment, staffing and nursing shortages continue to be opportunities for improvement. Approximately 8% of nurses across the country are foreign graduates. The stringent requirements of CGFNS have standardized the competencies of our RNs. I would like to clarify the board's proposal to segregate the foreign nurse graduates from the domestic nurse graduates. Why the difference? Is the goal to provide more diversity and culture exposure, provide more clinical orientation hours, increase communication and speech training? Has consideration been given to the foreign nurse graduates experience relative to interviews or interrogations from physicians, colleagues, patients and their family? What will the potential impact be to patient care and the work environment? What is the logic behind the separate branding? In this day and age of perceived anti immigration rhetoric, why add fuel to the fire? Let's not eat our young! That happens more often with our new graduates. Thank you for your consideration. From a foreign nurse graduate with over 45 years of clinical and leadership experience, rising through the ranks of management, a military spouse, making a difference in our patient's lives and communities, without any regard to race, creed, color or religion. I respectfully request the board to render the same fairness and respect to my foreign nurse graduate colleagues. The use of the RN applicant across all graduates, will be respecting the ideals of Florence Nightingale and her Notes On Nursing. Not being consistent may leave a negative reminder of our nursing history in our Commonwealth. Thank you.

Commenter: Erlinda C. Paguio

12/7/19 1:21 pm

Support to amend Sec 130 "Foreign Nurse Grad" name tag designation

I propose that all nurse RN applicants regardless of where they obtained their nursing education (here or abroad) must only have one identification after their names which is "RN applicant". This will eliminate potential prejudice, bias, confusion, etc from patients and fellow health care professionals. Foreign graduate nurses (FGN) have met all the rigorous evaluation by passing the CGFNS requirements which evaluates the FGN's credentials not only in nursing education and licensure but also the secondary education and English proficiency when appropriate. I do not see any value in identifying a FGN RN applicant who provides the same patient care as US educated RN applicant. At worse, this can only create acrimonious relationship amongst entry level nurse workers and patients instead of building a healthy relationship of trust, respect and teamwork.

Commenter: Florence Ferrera PNAVA

12/7/19 9:50 pm

I agree with the petition. RN

12/7/19 9:56 pm

Commenter: PNAVA

I agree with the petition

Commenter: Isabelo D FERRERA PNAVA

12/7/19 10:04 pm

I agree with the petition RN

Commenter: Isabelita M. Paler, Philippine Nurses Association of Virginia

12/8/19 2:17 pm

Amendment to Regulation 18Vac90-19-130 Section DI

Foreign graduate nurses must not be treated differently in the Commonwealth of Virginia. Use of "Foreign nurse graduate applicant on name tags and signatures on official records will be confusing to some patients and may be perceived by the patients as incompetent nurses. Such perception may impede a good nurse patient relationship and trust.

I respectfully ask the Board of Nursing to change the designation to "RN Applicant".

Thank you.

Commenter: Bella D Nocon Philippines Nurses Association of Virginia

12/8/19 4:45 pm

Petition to Amend regulation RG 18 VA C90-130 Section D1

Commenter: Bella D Nocon Philippines Nurses of Virginia

12/8/19 5:03 pm

Petition to Amend REG 18 VA C 90-130- Section D1

I am asking the Board to change the regulation of the title "Foreign Nurse Graduate" to "Registered Nurse Applicant."

Thank you for your support.

Commenter: sol Aguinaldo PNAVA

12/8/19 6:18 pm

Petition to change nametag from Foreign Nurse Graduate to Registered Nurse Applicant. As a foreign n

As a foreign nurse graduate myself, I have experienced how a simple nametag can affect anyone else. This is a form of labeling which will escalate to bullying, under appreciation and discrimination. Discrimination is illegal as it is mostly the reason for rejection, denial of promotions and preventing any individual to better themselves. Therefore, I vote to have the nametag changed to "Registered Nurse Applicant" to give credit to the nurses entering our profession and helping to improve it.

Commenter: Estelito Bautista

12/8/19 8:00 pm

Change in name tag label

I Support the change in name tag label from foreign graduate nurse to RN Applicant. Foreign graduate nurses undergo rigorous evaluation to prove that their secondary and college education is equal to their American counterparts. Requiring them to use a different label is discriminatory

Commenter: Antonio Inocencio

12/8/19 8:52 pm

Petition to change from Foreign Nurse Graduate to Registered Nurse Applicant

Commenter: Jocelyn F Sandan

12/8/19 9:06 pm

I support the petition to change "foreign" to Registered Nurse Applicant

Commenter: Joselito Sandan

12/8/19 9:07 pm

I support the petition to change foreign nurse graduate to Registered Nurse Applicant

Commenter: Ruvic Inocencio - Philippine Nurses Association of Virginia

12/8/19 9:09 pm

I support the petition to change from Foreign Graduate Nurse to Registered Nurse

Commenter: Justine Reyes-Ford, Philippine Nurses Association of Virginia

12/8/19 9:10 pm

To Amend Regulation 18 VAC 90-190-130

Commenter: MADELYN YU, PHILIPPINE NURSES ASSOCIATION OF AMERICA

12/8/19 10:12 pm

I support the petition to change from Foreign Graduate Nurse to Graduate Nurse or RN Applicant

The Philippine Nurses Association of America supports the change of designation from Foreign Graduate Nurse to Registered Nurse Applicant or Graduate Nurse as it is exactly who they are without subjecting the nurse to undue discrimination from others. In our decades of being part of the healthcare team in the USA, Graduate Nurses from the Philippines have shown dedication, loyalty, excellence in clinical skills, professionalism, leadership, advocacy for their patients, colleagues and community. These nurses have already been screened many times over before they come to the United States, and they take the same qualifying NCLEX examination as their

local counterpart. To label them Foreign on their ID on a daily basis is to expose them to unnecessary scrutiny and possible discrimination.

Madelyn Yu MSN, RN
President, Philippine Nurses Association of America

Commenter: Amebille J. Gilay

12/8/19 10:54 pm

I support this petition for the foreign nurses.

Commenter: Philippine Nurses Association of Virginia

12/8/19 10:55 pm

I agree with the petition to change from FGN to RN applicant.

Commenter: Alma de Guzman, Philippine Nurses Association of Virginia

12/8/19 10:59 pm

I support the petition to change FGN to RN applicant

Commenter: Angel de Guzman, Philippine Nurses Association of Virginia

12/8/19 11:03 pm

I support the petition to change the title from FGN to RN applicant.

Commenter: Marilou Frederick

12/8/19 11:19 pm

Petition for a change

I support the petition to change it to RN applicant.

Commenter: RuvI Inocencio

12/8/19 11:27 pm

I'm supporting the petition...

I support the petition because the ruling to me is like labelling or dividing the nurses into two groups. We nurses are united as one in caring and advocating for every single patient in our

watch, and we should therefore have to be called the same...Registered Nurses regardless of where we come or graduated from.

Commenter: Gealdina Irvine, PNA TAMPA

12/9/19 12:40 am

I support this petition

i support this petition because putting foreign graduate nurse in their IDs sounds very discriminatory and condescending. We are all part of the healthcare team regardless of race, color or nationality. Please approve this petition. Thank you.

Commenter: Veronica Biala , Philippine Nurses Association of Virginia

12/9/19 12:52 am

I support the petition to change from foreign Graduate Nurse to Registered Nurse.

I support the petition to change from Foreign Graduate Nurse to Registered Nurse.

Commenter: Norma Williams RN PNAVA

12/9/19 2:36 am

Change requirement for nametag

I support the petition to amend section 130.

Commenter: Ma. Lynin Lazaga

12/9/19 3:26 am

I support the petition

Commenter: Iluminada Jurado - Philippine Nurses Association of America

12/9/19 8:47 am

I fully support this petition.

Commenter: Dr. Melody Agbisit, PhD

12/9/19 8:56 am

I support using RN Applicant Instead of FNG.

Commenter: James E. Fitzgibbons, Virginia Citizen

12/9/19 9:06 am

I support the petition for rule-making to amend regulation 18VAC90-19-130 Section D1

Internationally educated nurses (IENs) who practice nursing as provided in this regulation have completed rigorous screening to provide evidence from the Commission on Graduates of Foreign Nursing Schools (CGFNS) that their secondary education and nursing education are comparable to those required for Registered Nurses in the Commonwealth. There is no justification for internationally educated nurses to use a different designation from other candidates. This is

discriminatory. It is also saying that the Commonwealth of Virginia has a double-standard in the vetting process of Registered Nurses.

Commenter: Hilna Chan

12/9/19 9:16 am

I support the petition . RN

Commenter: Sogand Karimian, VCU School of Nursing

12/9/19 9:35 am

I support the petition - do not discriminate against education!

I believe that even foreign-educated nurses should be labeled as RN graduates, NOT specifically foreign graduates.

Commenter: Christian Santos, VCU School of Nursing

12/9/19 9:37 am

I support this petition, discrimination against our immigrant workers will NOT be tolerated

Commenter: Meghan Taylor RN MSN

12/9/19 10:00 am

I support this petition. Name tags should display as RNA.

Commenter: Julianna Guilfoy, VCU School of Nursing

12/9/19 10:29 am

I wholeheartedly support this petition

I wholeheartedly support this petition

Commenter: Jeany V Murphy, Director/owner Caring Family Home, LLC

12/9/19 12:59 pm

I fully support the petition to change the title of foreign graduates to RN applicant

Commenter: Sarah Baron

12/9/19 1:20 pm

Name Tags

I support this petition to change the name tag regulations for foreign nurses. I am not in the nursing field but as someone who could be a potential patient I see no reason for this distinction to be

made among nurses. I don't know the history of this distinction but I can't see a practical use to keep it.

Commenter: Maria McDonald

12/9/19 1:28 pm

I support this petition

Commenter: Erlinda Gonzalez, PNAA

12/9/19 1:44 pm

I support this petition.

Commenter: Norma Bariso / Philippine Nurses Association of Virginia

12/9/19 2:08 pm

I support the petition for rule-making to amend regulation 19VAc90-19-130Section D1.

I support the above petition for rule-making to change the requirement for an applicant from another country to use the designation of "foreign graduate nurse" to the designation of "RN Applicant on nametags or when signing official records. I feel it is discriminatory, in that, the continued use of foreign graduate nurse to undue discriminatory treatment and practice. We should be moving forward and the equality in the nursing profession should be maintained.

Commenter: Jaime A. Gonzalvo

12/9/19 2:11 pm

RN Identification tag

I support this petition.

Commenter: Ren Capucao, University of Virginia School of Nursing

12/9/19 3:12 pm

We must be more aware and more mindful in addressing the diversity of our profession.

To the members of the Virginia Board of Nursing,

I am a nurse historian affiliated with the Bjoring Center for Nursing Historical Inquiry at the University of Virginia. This idea of "foreignness" has permeated the histories of immigration and Asian Americans, and I have witnessed this concept and feeling countless times through my research examining the diaspora of Filipino nurses throughout the 20th century, which includes myself.

The use of the word "foreign" to describe another person signifies a difference and a sense of not belonging. Thus, the language itself is outdated, ostracizing, and xenophobic, especially in today's sociopolitical climate. Presently, the majority of internationally educated nurses arriving to the US are from the Philippines, India, Nigeria, China, and South Korea. The diversity they bring to the workforce and the indiscriminate care they provide to our loved ones should be celebrated.

I am tired of history's repetition, and I want to make strides toward a culture where we all belong. So please consider amending the policy to make a more inclusive environment for all our nurses.

Commenter: Lexi Denny

12/9/19 7:17 pm

I support this petition

I support this petition to eliminate the requirement for an applicant from another country to use the designation of "foreign nurse graduate" on a nametag to the designation of "RN Applicant". I think it is unnecessary to force applicants to state they are from another country. This can also cause a bias against foreign applicants and can lead to discrimination.

Commenter: Anunciacion (Nancy) Hoff

12/9/19 7:55 pm

Change of nametag for Graduates of

Commenter: Hunter Anderson, Virginia Tech CPAP

12/9/19 7:56 pm

I support the petition

The need for the change of what is displayed on the nametag is seemingly evident in the xenophobic connotations that the different nametags imply. The nametag is currently designed to point out that a nurse is simply from another country. There is no evidence that there is a difference between a foreign nurse or American born nurse in terms of quality of care to the point that would require a need for the differentiation. This leads to the obvious need for the designation to change to "RN Applicant."

Commenter: Nancy Hoff

12/9/19 8:00 pm

I support the petition

Commenter: Jillian Capucao, MPH

12/9/19 8:11 pm

I support the petition

Commenter: Virginia Magpantay

12/9/19 10:04 pm

I support this petition.

Commenter: Barbra Wall

12/9/19 10:07 pm

I support this petition. . It is time!

12/9/19 11:13 pm

Commenter: Karen Michelle M. Cendaña PNAA

Supporting the Petition

I am fully supporting the petition presented. I do agree with the petitioner's rationale. We should not discriminate.

Commenter: Dr. Lobel Lurie

12/10/19 7:18 am

I strongly support the petition.

Thank you for the attention to this matter.

Commenter: Peggy Braun

12/10/19 7:49 am

I support the requested change .

Commenter: Dennis Dizon

12/10/19 8:33 am

I strongly support the amendment to identify the person as R.N. Applicant.

Commenter: Mayflor N. Chokshi - PHILIPPINE Nurses Association of Georgia , 12/10/19 8:45 am

Change the designation of foreign graduate Nurse to RN applicant.

Commenter: Philippine Nurses Association of America

12/10/19 9:08 am

18VAC90-19-130. Licensure of applicants from other countries

This is in reference to regulation 18VAC90-19-130 Section D1 to change the designation of "foreign graduate nurse" to "RN Applicant " on name tags or when signing official records just like their American counterparts.

Foreign graduate nurses go through a rigorous process when applying for work in the US. Our nursing academic records are reviewed by CGFNS and we also take the CGFNS exam before taking the NCLEX. We also take the nursing licensure exam from our own country. So, in reality, we are taking three nursing exams before we are awarded our US nursing license. Aside from this we also take English exams to demonstrate our proficiency in the English language. On top of this, when I applied for my US resident green card, I still had to apply for a Visa Grant wherein CGFNS had to review my records again and had me take another English proficiency exam. Therefore, it is discriminatory to put "foreign graduate nurse" on name tags as foreign nurse are as qualified to work in the US healthcare system as our counter parts who graduated in the US.

I respectfully request to amend this ruling.

~ Jennifer

Commenter: Celeste Casis

12/10/19 9:44 am

I support this petition

Commenter: Agnes Kirton Philippine Nurses Association of Richmond, VA

12/10/19 9:49 am

I support the petition for rule-making to amend regulation 18VAC90-19-130 Section D1

I support the designation of Registered Nurse Applicant instead of foreign graduate nurse.

Commenter: Barbara A Mace. Tidewater Central Church

12/10/19 10:16 am

I support the recommended change.

Commenter: rosalia ponce korapati

12/10/19 11:26 am

I support the petition

Commenter: PNAA member PNA-New England

12/10/19 1:05 pm

I support the present petition

Type over this text and enter your comments here. You are limited to approximately 3000 words . I support the present petition to use RN applicant

Commenter: Annika Rhinehart, ANA, VNA

12/10/19 5:16 pm

I support this petition.

Commenter: Ramon Sumibcay, PNAA WR RVP

12/10/19 5:52 pm

18VAC90-19-130 Licensure application Amendment

As a Filipino, I was proud to have earned my BSN from Norfolk State University. I don't really understand the rationale for designation of "foreign nurse graduate". In the United States, Filipinos have earned the reputation as the most compassionate nurses ever. There are many Filipino nurses who were educated in the Philippines but have furthered their education to the highest levels, and have accomplished the highest positions a nurse could ever imagined. Did it matter if they were "foreign educated nurses?"

That phrase "foreign educated nurse" has a discriminatory connotation. For instance, because of the color of my skin, I could be wrongfully identified as foreign graduate nurse. I am a proud

Spartan, Norfolk State University graduate. Those days of labeling people by virtue of their places of origin have been long gone. Let's not bring back the poignant memories of racial discrimination.

I am a proud Filipino nurse. I am proud of my 5-thousand + colleagues in the Philippine Nurses Association of America. We are proud to have become an important and major players in the United States healthcare system.

Commenter: Marge Agbisit, PNAVA

12/10/19 6:12 pm

I agree with this petition. Labeling nurses as foreign graduates is a form of discrimination.

Commenter: Lindsey Grizzard, BSN, RN; UVA DNP Student

12/10/19 6:14 pm

This is racist and xenophobic- I DO NOT support this change. This is shameful for our profession

Commenter: Gail Gonzalvo

12/10/19 10:02 pm

I support this petition.

Commenter: Jennifer Hodge

12/10/19 10:19 pm

I support this petition

i support this petition

Commenter: Robert Hale

12/11/19 1:22 am

I support the petition

Commenter: Janice Evans Hawkins

12/11/19 6:02 am

Change of Name Tag

I support this petition to change the nametags from FNG to RN Applicant.

Commenter: Peregrin C. Francisco, RN, PNA, PNAVA

12/11/19 8:29 am

I support the petition to amend regulation 18VAC90-19-130 Section D1.

Commenter: Rey M. Francisco, MD, Retired Ophthalmology

12/11/19 10:24 am

I support the petition to amend regulation 18VAC90-19-130 Section D1.

Commenter: owen arrieta

12/11/19 1:28 pm

retired RN Vancouver. BC, Canada

I support the petition.

Commenter: Lorelei Belardo, RN, MSN, PNANY, Immediate Past VP, Comm Outreach Chair

12/11/19 2:13 pm

Petition to amend Foreign Graduate Nurse title to Nurse Applicant

I agree to the petition to amend the said article as it is discriminatory to the foreign graduate nurse and may potentially raise questions to the consumers her qualifications to be registered in the US. We are aware and have experienced it firsthand what we underwent to get registered but the common public may not be as educated.

In conclusion, i agree to the petition.

Commenter: Marie Ortaliz

12/11/19 2:48 pm

Change Requirement for Nametag

I support the use of "RN Applicant" rather than "Foreign Nurse Graduate" in the nametag.

Commenter: Eusebio jr inocencio

12/11/19 2:51 pm

Petition for all US based RNs

No to segregation. Yes to inclusion

Commenter: Mila Aguilar, PNARVA

12/11/19 8:46 pm

I strongly support the petition.

Commenter: Nora L Cabero. /PNAVA

12/12/19 2:59 am

I agree to the change from a foreign graduate nurse to RN graduate.

12/12/19 4:35 pm

Commenter: Rachel Bennett, MSN, RN

Change name tags

I support the petition to remove the indicator "Foreign Educated Nurse" and replace it with "Nurse Applicant". The language "Foreign Educated Nurse" is stigmatizing and discriminatory.

Commenter: Fe Thomas, retired RN Good Samaritan Hosp-Premier health partner

12/12/19 10:36 pm

I agree with the RN petition. Fe Thomas RN, MSN

Commenter: Maria Alburo

12/13/19 7:05 am

I support this petition.

Commenter: Allen Cudiamat, RN

12/13/19 9:10 am

I support the petition to standardize the use of RN

Commenter: Bernardo Oliber A. Arde, Jr, RN

12/13/19 9:15 am

I strongly support the petition of the standard use of RN

Commenter: Francis Don Nero

12/13/19 9:30 am

I support the standard use of RN

Commenter: College of Health Sciences, University of Northern Philippines

12/13/19 9:35 am

Petition

- I support the said petition!

Commenter: Mark Oliver Espiritu

12/13/19 10:05 am

I support the petition.

12/13/19 10:55 am

Commenter: Krishna Bautista

I am in full support of this petition!

Commenter: Good Samaritan Hospital, Wa

12/13/19 11:10 am

Petition

I support this petition

Commenter: Diana Retuerne, Good Samaritan Hospital

12/13/19 11:11 am

I support this petition

Commenter: Lydia V. Reyes

12/13/19 2:41 pm

I support this petition

Commenter: Judith Dizon

12/13/19 3:12 pm

I fully support this petition

Commenter: Cely Bravo

12/13/19 3:16 pm

I strongly support this petition

Commenter: Leda V San Luis

12/13/19 3:17 pm

I support this petition

Commenter: Mila Almojuela, Chesapeake Regional Hospital

12/13/19 3:58 pm

I support the petition

I really think the Foreign Graduate Nurse tag will promote discrimination and is therefore not necessary.

12/13/19 4:02 pm

Commenter: Danielle Marie Hufano

I support the petition

The tag is totally unnecessary. Nurses are all the same regardless of where they graduated.

Commenter: Janela Caballes

12/13/19 7:02 pm

Yes

Commenter: Eric Paler

12/13/19 9:21 pm

I support the petition

Labeling someone as a foreigner is discriminatory and may only serve to create a negative environment for the nurses and the patients.

Commenter: Jen Kiggans, RN, AGNP-BC

12/13/19 10:34 pm

I support the petition.

I support the petition.

Commenter: Nathalie Azurin

12/13/19 11:03 pm

I support the petition

Commenter: Abella, Jevie A., UNPCN

12/14/19 2:40 am

I support the petition

Commenter: Lewis Paul Sablay, Pira Hospital Inc.

12/14/19 8:28 am

I support the petition

Commenter: Vivian C. Dulce, BSN, RN

12/14/19 1:44 pm

petition for rule-making to amend regulation 18VAC90-19-130 Section D1

I support this petition because:

1. This will create undue stress and is discrimination against our foreign nurses. As this would also be a form of segregation.

<http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-20-2015/No3-Sept-2015/Articles-Previous-Topics/Workplace-Discrimination-for-Internationally-Educated-Nurses.html>

2. I believe work environments should be all inclusive and culturally diverse. There should be no differentiation between Foreign Nurse Graduate and Registered Nurse Applicant because all nurses owe the same duties to self and others. This petition goes against so many portions of the ANA (Code of Ethics). e.g. the dignity of our foreign nurses, human rights, and discrimination, etc.

<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

Just my 2 cents....

Thank you

V/R

Vivian C. Dulce BSN, RN

Commenter: Girlyn A. Cachaper, PhD

12/15/19 12:24 pm

I support the designation of Registered Nurse Applicant instead of Foreign Graduate Nurse.

Commenter: Rosemarie Rosales

12/15/19 12:30 pm

I support the petition

Commenter: Joselyn Rosales, BSN, RN

12/15/19 1:08 pm

I support the petition

Commenter: Olivia Angeles, PNAVA

12/15/19 4:13 pm

I support the petition to change the name tag to RN.

Commenter: Virlița Ramos DeLima

12/15/19 4:34 pm

I support the change to "RN Applicant" title.

The foreign educated nurses who qualified working in Virginia already undergone strict and thorough screening before they could come to the United States of America. Their education, skills and knowledge are comparable to the nurse graduates in Virginia. They also use the same textbooks and their clinical experience are even more "hands-on" in compared to the ones here.

Furthermore with this times climate "Foreign Educated" nurses might experience discrimination.

So for these reasons I am giving my support to change the title to "RN Applicant" instead of "Foreign Educated".

Commenter: Mary Lou Arocena PNA Pennsylvania

12/16/19 8:31 am

18vav90-19-130 licensure of applicants from other countries

I support the petition

Commenter: Giovanni Azurin - University of Northern Philippines

12/16/19 9:14 pm

Standardize use of RN Applicant

I support the petition

Commenter: Marlene Quinto Sacred Heart College

12/16/19 9:17 pm

Standardize use of RN Applicant

I support the petition

Commenter: Girlie Lactaen

12/17/19 9:34 am

I am in full support of this petition

Commenter: Nenita Guarin, Philippine Nurses of Virginia

12/18/19 7:05 am

change requirements for nametags

I support the petition of Ms. Zenaida D. Laxa for rule making to amend regulation 18VAC90-19-130 Section D1 to use the word RN Applicant.

Commenter: Florescita Pascual, Philippine Nurses of Virginia

12/18/19 7:09 am

Change requirements for nametags

I support the petition for rule making to amend regulation and use RN applicant on name tags.

Commenter: Milagros G. Tendilla, Southeastern Virginia Filipino American Lions Club

12/18/19 7:12 am

change requirements on nametags

I support Zenaida laxa's petition to amend regulations and changed the condescending word Foreign Graduate Nurse to RN Appicant.

Commenter: Maria Coons, Southeastern Virginia Filipino American Lions Club 12/18/19 7:15 am

Change requirements on nametags.

I support the petition to amend regulation to use RN Applicant on name tags.

Commenter: Angela Garcia

12/18/19 7:33 am

I support this change

Commenter: Gloria de la Cruz, Southeastern Virginia Fillpino American Lions Club 12/19/19 9:35 pm

Use RN Applicant on name tags

I Support Zenaida Laxa petition to amend regulations

Commenter: Danniell B Ruiz, Southeastern Virginia Filipino American Lions Club 12/19/19 9:39 pm

Change name tags

I Support Zenaida Laxa petition to amend regulations to change name tags to RN Applicant.

Commenter: Mario Espinosa Southeastern Virginia Filipino American Lions Club 12/19/19 9:42 pm

Change name tags

I Support The petition to amend regulations to change name tags to RN Applicant.

Commenter: Bert Dayao, Southeastern Virginia Filipino American Lions Club 12/19/19 9:44 pm

Change nametags

I Support Zenaida Laxa petition to amend regulations to change name tags to RN Applicant.

Commenter: Benjamin Tendilla, southeastern Virginia Filipino American Lions Club 12/19/19 9:47 pm

Change on name tags

I Support Zenaida Laxa petition to amend regulations to change name tags to RN Applicant.

Commenter: William de la Cruz, Southeastern Virginia Filipino American Lions club 12/19/19 9:49 pm

Change nametags

I Support Zenaida Laxa petition to amend regulations to change name tags to RN Applicant.

Commenter: Regina Sibal, Southeastern Virginia filipino American Lions Club 12/20/19 7:00 am

change nametags

I support the petition of Zenaida Laxa to amend regulation to use RN Applicant in name tags.

Commenter: Alwx Sibal, Southeastern Virginia Filipino American Lions Club 12/20/19 7:03 am

change on nametags

I support the petition to amend regulation to change nametags to RN Applicant

Commenter: Carmen Roaquin, Southeastern Virginia Filipino American Lions Club 12/20/19 7:06 am

Change nametags

I support Zenaida Laxa's petition to amend regulation to change nametags and use RN Applicant.

Commenter: Primo Roaquin, Southeastern virginia Filipino american lions Club 12/20/19 7:07 am

Change nametags

I support the petition of Zenaida to change to RN Applicant on name tags.

Commenter: Elena Ignacio, Southeastern Virginia Filipino American Lions Club 12/20/19 7:11 am

change nametags

I support the petition to change nametags to RN Applicant.

Commenter: Vianmar G. Pascual, southeastern Virginia Filipino American Lions Club 12/20/19 7:13 am

Change Nametags

I support the petition to amend regulation and change to RN Applicant.

Commenter: Eloisa Sodusta

12/20/19 11:10 pm

I SUPPORT THE CHANGE FROM FOREIGN NURSE GRADUATE To RN APPLICANT

Commenter: Melissa Cunanan/ PNA North Texas Dallas

12/21/19 9:34 am

I support this petition.

Commenter: Reynaldo R Rivera

12/21/19 10:42 am

I support the petition to amend regulation 18VAC90-19-130 Section D1.

I support the petition to amend regulation 18VAC90-19-130 Section D1; changing the designation of "foreign graduate nurse" to "RN Applicant " on nametags.

Commenter: Elizabeth Sodusta

12/21/19 4:40 pm

I support the change from foreign nurse graduate to RN graduate

Commenter: Anna Baylosis, BSMT (ASCP) Children's Hospital of the King's Daughters

12/21/19 10:21 pm

I support the petition

Commenter: Maureen Manuel

12/22/19 1:15 am

I support the petition to change the designation of "Foreign Graduate Nurse" to "RN Applicant"

I fully support the petition to amend the regulation to change the designation of "Foreign Graduate Nurse" to "RN Applicant" on name tags or when signing official records just like their American counterparts.

Marking individuals as "Foreign Graduate Nurse" increases their potential of becoming a target of unwarranted discrimination from employers, co-workers, and patients. Discrimination, as defined in the dictionary, is: "the practice of unfairly treating a person or group of people differently from other people or groups of people." Labeling RN Applicants based on their nationality (i.e. Foreign Graduate Nurse) can be construed as discriminatory. Foreign educated nurses in the U.S. are already subjected to various stressors – getting used to a different language, adapting to an unfamiliar culture, and being a long way from home. Adding an extremely adverse element –

discrimination, can negatively impact their work performance and they may exhibit poorer physical and psychological health.

The significance of a non-discriminatory stance regarding RN Applicants, both foreign and domestic, is paramount in creating inclusiveness.

Maureen Manuel

Commenter: Richard Manuel

12/22/19 1:18 am

I support the petition to change the designation of "Foreign Graduate Nurse" to "RN Applicant"

I support the petition to change the designation of "Foreign Graduate Nurse" to "RN Applicant".

Commenter: Thomas F. Williams

12/22/19 10:53 pm

Change requirement for nametag

I support the petition to amend regulation 18VAC90-19-130 Section D1.

Commenter: Dr. Leo-Felix M. Jurado, Executive Director, PNA America

12/22/19 11:47 pm

Requesting to amend 18VAC90-19-130 Section D1

I strongly support the rule-making to amend regulation 18VAC90-19-130 Section D1 to change the designation of "foreign graduate nurse" to "RN Applicant" on name tags or when signing official records just like their American counterparts.

The existing regulation creates unnecessary professional stigma for foreign nursing graduates which may cause disparate treatment or racial prejudice against the foreign nursing graduates while providing care to patients.

Commenter: Amelita D. Tutica, Southeastern Virginia Filipino American Lions Club

12/23/19 6:55 am

Change requirements on name tags.

I fully support Zenaida Laxa's petition to amend regulations on name tags and change to RN Applicant.

12/23/19 6:58 am

Commenter: Georgiennen De La cruz, Southeastern Virginia Filipino American Lions Club

Change name tags to RN Applicant

I support Zenaida Laxa's petition to amend regulation and change name tags to RN Applicant

Commenter: Ruby Espino, Southeastern Virginia Filipino American Lions Club

12/23/19 7:00 am

Change name tags to RN Applicant

I support Zenaida Laxa's petition to amend regulation, change name tags to RN Applicant.

Commenter: David Espino, Southeastern Virginia Filipino American Lions Club

12/23/19 7:02 am

Change name tags to RN Applicant

I support Zenaida Laxa's petition to amend regulation. Use RN Applicant on nametags.

Commenter: Daisy t. Hepp, Southeastern Virginia Filipino American Lions Club

12/23/19 7:04 am

Change name tags to RN Applicant.

I support Zenaida Laxa's petition to amend petition on regulations and change name tags to RN Applicant.

Commenter: Julie Paler RN

12/23/19 7:05 am

I support the petition

Commenter: Norrie Hoff, Southeastern Virginia Filipino American Lions Club

12/23/19 7:06 am

change name tags

I support Zenaida Laxa's petition to amend regulation to change nametags to RN Applicant..

Commenter: Yolanda Lopez, Southeastern Virginia Filipino American Lions Club

12/23/19 7:08 am

change nametags to RN Applicant.

I support the petition of Zenaida Laxa's petition to amend regulations and use RN Applicant on name tags.

Commenter: Ed Lopez, Southeastern Virginia Filipino American Lions Club

12/23/19 7:12 am

Change name tags to RN Applicant.

I support Zenaida Laxa's petition to amend regulation to change to RN Applicant on name tags.

Commenter: Remedios Dayao, Southeastern Virginia Filipino American Lions Club

12/23/19 7:14 am

Change name tags to RN Applicant

I support Zenaida Laxa's petition to amend regulation to change nametags to RN Applicant..

Commenter: Alberto Dayao, Southeastern Virginia Filipino American Lions Club

12/23/19 7:16 am

Change Nametags to RN Applicant

I support Zenaida Laxa's petition to amend regulation to change nametags to RN Applicant..

Commenter: Vincent Medina, Southeastern Virginia Filipino American Lions Club

12/23/19 7:30 am

Change Nametags to RN Applicant

I support Zenaida Laxa's petition to amend regulation and use RN Applicant on nametags.

Commenter: Magdalena Medina, Southeastern Virginia Filipino American Lions Club

12/23/19 7:32 am

Change Nametags to RN Applicants

I support Zenaida Laxa's petition to amend regulation and use RN Applicant on name tags.

Commenter: Marites Mariano, Pink Heels Line Dancers

12/23/19 7:45 am

Change nametags to RN Applicant

I support the petition to amend regulation and change name tags to RN Applicant

Commenter: Ninfa Sodusta Funka, Pink Heels Line Dancers

12/23/19 7:48 am

change name tags to RN Applicant.

I support our line dancer friend petition to amend regulation to change nametags to RN Applicant.

Commenter: Michael A. Funka, Pink Heels Line Dancers

12/23/19 7:50 am

Change Nametags to RN Applicant

I support our Line dancer friend petition to amend the VBON Regulation and change nametags to RN Applicant..

Commenter: Janet Ricket, Pink Heels Line Dancers

12/23/19 7:53 am

Change Nametags to RN Applicant

I support our Line dancer friend's petition to amend regulation to change nametags to RN Applicant.

Commenter: Gelene Montalban, Pink Heels Line Dancers

12/23/19 7:55 am

Change Nametags to RN Applicant

I support our Line dander friend, Zenaida Laxa's petition to amend regulation and change nametags to RN Applicant.

Commenter: Amado Laxa, Laxa Dental Laboratory

12/23/19 8:21 am

Change Nametags to RN Applicant

I fully support my wife Zenaida Laxa's petition to amend regulation to change nametags to RN Applicant.

Commenter: Dr. Juan Montero, Southeastern Virginia Fillpino American Lions Club

12/23/19 8:35 am

Change nametags

I support the Zenaida Laxa's petition to amend the regulation on using Foreign Graduate Nurse on Nametags. This was also the label used for Doctors, "Foreign Graduate Doctors" but went through the same process to amend the regulation. , Now, "International Graduate Doctor" is being in used.

Please refrain using Foreign Graduate nurse and utilize RN Applicant or International Graduate Nurse.

Commenter: Patrice Barnes RN, BSN

12/23/19 1:37 pm

Support this petition not to label foreign nurses differently

By labeling foreign nurses differently as their counterparts is disclrimination.

12/23/19 4:59 pm

Commenter: Elisa Green, DNP, APN-BC, CME

I completely support this petition

We have to move forward instead of encouraging inequality by putting name tags/titles that can provoke discrimination. Foreign graduate nurses are highly skilled professionals who have undergone rigorous training before obtaining their degree. The curriculum is highly compatible with the US counterparts. I fully support this petition.

Commenter: Caryll S. ,PNAA

12/23/19 7:56 pm

Change name tag

Commenter: Stephen Ojeda PNA Philadelphia

12/23/19 8:03 pm

change the name tag to RN

Commenter: Armani Scott, RN

12/23/19 8:07 pm

Re: Petition

I support this petition. Subjecting certified nurses to this type of discrimination is uncalled for.

Commenter: Mayra Tuba, RN BSN CEN

12/23/19 8:14 pm

Re: Petition

I'm in favor of this petition.

Commenter: Joelle Marsano, RN

12/23/19 8:19 pm

Re:Petition

Commenter: Albert

12/23/19 8:22 pm

Name Tag

These nurses studied and work hard to get where they are. Long unappreciative hours are put in and a dedication to the well-being of us American patients, yet we feel the need to emphasize that they're foreign? Change name tag to RN applicant And please grow up.

Commenter: Marianne Mangalill

12/23/19 8:26 pm

I fully support this petition.

Commenter: Jason A.

12/23/19 8:38 pm

Support

I support this petition.

Commenter: Malou E.

12/23/19 8:52 pm

I support the petition.

Commenter: Roberta Bernardini

12/23/19 9:07 pm

I support the petition/ MSN, RN

I have been a Director of Nursing and Nursing Supervisor as well as a staff nurse with RNA's. Registered Nurse Applicant should apply to any person who is waiting for an RN license in the US. Patients have asked what this means. To add Foreign Nurse is going to add to questions and insecurity from patients. As long as the State Board of Nursing has verified the school and curriculum of the RN Applicant there is no need to add "foreign nurse".

Commenter: Katrina Aquino, RN

12/23/19 9:18 pm

I strongly agree for this petition

Commenter: Leila Z. Busch

12/23/19 9:32 pm

RN applicant

I support this petition. The name tag should just say "RN applicant".

Commenter: paz monje

12/23/19 9:32 pm

I agree foreign nurse to be graduate nurse that was me when I came here 1989

Commenter: Tara Pettiway

12/23/19 9:33 pm

Name Tag

Commenter: Elaine Knowles

12/23/19 9:34 pm

Nametag

Commenter: Jasmyne Knowles

12/23/19 9:40 pm

Nametag

Commenter: Jenny Lindo

12/23/19 9:40 pm

I support this change 100%.

Commenter: Joan Florczyk

12/23/19 9:42 pm

Change Name tag to RN applicant, I support this change.

Commenter: Ashley Ro

12/23/19 10:09 pm

In support of this petition.

Commenter: Brian J. Levy

12/23/19 10:11 pm

Change Name tag to RN applicant, I support this change.

I support this change.

Commenter: Ashley Yoon

12/23/19 10:15 pm

In support of this petition

Whether the nurse is from another country or from the US, the care we provide is the same. No discrimination should exist by labeling the nurse a "foreign nurse"

Commenter: Angel Henry

12/23/19 10:15 pm

Petition

12/23/19 10:17 pm

Commenter: Shaine De Chavez

Petition to change from Foreign Nurse Graduate to Registered Nurse Applicant

Commenter: Shivani

12/23/19 10:28 pm

I support this petition!

Commenter: Keith Shum

12/23/19 10:48 pm

I support this petition!

Commenter: Keith Shum

12/23/19 10:49 pm

Petition to change from Foreign Nurse Graduate to Registered Nurse Applicant

Commenter: marilou j dangalan

12/23/19 10:56 pm

FGN

Commenter: marilou j dangalan

12/23/19 10:58 pm

Foreign graduate nurse title change to RN Applicant

I support petition to change the title of Foreign graduate nurse to RN applicant..

Commenter: Brian Pham

12/23/19 11:02 pm

Can't believe this stuff still exists

Commenter: C.Magcalas

12/23/19 11:04 pm

Change name tag to RN applicant, I support this change

Commenter: Mariquita U.Gregorio

12/23/19 11:09 pm

Good day! I support the petition to change foreign nurse graduate to Registered Nurse Applicant

Commenter: Chelsea U. Gregorio, RN

12/23/19 11:11 pm

I SUPPORT!!

I support the petition to change foreign nurse graduate to Registered Nurse Applicant

Commenter: Imelda Baciles

12/23/19 11:14 pm

Support

I support this petition

Commenter: Pauline Roque

12/23/19 11:15 pm

Change the name tag requirements!

Commenter: Tracy Mamuric, RN

12/23/19 11:18 pm

Change Name Tags to RN Applicant or Graduate Nurse

I am in full support of the change of designation from Foreign Graduate Nurse to Registered Nurse Applicant or Graduate Nurse.

To be a foreign nurse graduate has no bearing whatsoever on his/ her ability to provide compassionate, high- quality care to the patients he/ she serves. Some of the strongest nurses I have worked alongside are those who have graduated overseas & they have taught me lessons throughout my nursing career that have not only helped me to become a stronger nurse- but a better leader. As stated by our PNAA President Ms. Madelyn Yu, these nurses have already been screened many times over before they come to the United States, and they take the same qualifying NCLEX examination as their local counterpart.

Graduate of the US or of the Philippines- we are NURSES!

Commenter: Fernando B. Gregorio

12/23/19 11:19 pm

I support whole heartedly

I support this change it will benefit more people.

Commenter: Jillian Bustos

12/23/19 11:21 pm

Change name tag to RN applicant or graduate nurse

Commenter: Courtney McDowell, RN

12/23/19 11:22 pm

Petition

I am in favor of this petition.

Commenter: Stacy Canete

12/23/19 11:26 pm

Petition to change from Foreign Nurse Graduate to Registered Nurse Applicant

Commenter: Honey Nettle

12/23/19 11:28 pm

I Support the Petition to Amend Regulation 18VAC90-19-130 Section D1

I support to amend regulation 18VAC90-19-130 Section D1 to change the designation of "foreign graduate nurse" to "RN Applicant " on name tags or when signing official records.

Commenter: Philippine nurses Association of Metro D.C.

12/23/19 11:29 pm

Change Name tags to RN Applicant

I support the changing of Nursing name tag to reflect RN applicant instead of Foreign Nurse.... as I view this as discriminatory. Whether you attended school of Nursing in USA or other countries and graduated, you are a nurse. In submitting an application to take the licensure exam, the person is the same, a Graduate nurse. Thank you.

Commenter: Jennifer Aying

12/23/19 11:31 pm

I am 100% In support of the petition!

I am an RN working in one of the hospitals of the United States of America, a beautiful united country. I have been here for a long time, but if I am a newly arrived nurse, I wish to be designated as is, not a "Foreign Graduate Nurse" this is discriminatory. I am a RN!

Commenter: Marissa Usman, RN PNAMDC

12/23/19 11:33 pm

RN Name Tags. I support the petition to remove Foreign Graduate Nurse in name tags.

the Title RN Graduate to appear in name tags are sufficient enough. Thank you.

Commenter: Jennifer M Ompod

12/23/19 11:35 pm

I support.

Commenter: Charisse Ompod, RN

12/23/19 11:37 pm

Public Petition for Rulemaking: Change requirement for nametag

I SUPPORT! <3

Commenter: Jonnah Jane Pasay, RN

12/23/19 11:44 pm

I support this petition

Commenter: AMOR S. COLLERA, MAN RN, PNAVA

12/23/19 11:49 pm

Petition to Change requirement for Name Tag

I believed my name tag when I started in Detroit in 1987 as an RN Applicant was "Graduate Nurse" or GN. I have worked in 4 other States after that and I have never seen a foreign graduate RN applicant's name tag as Foreign Graduate Nurse. For sure, it would have raised some eyebrows. For Virginia to start that trend would be un-American. We are so inundated nowadays with diversity there, inclusivity here stuff and this name tagging or designating a person as "foreign graduate" even though it's already obvious anyway in many ways, would go against these diversity/inclusivity policy. I'm not sure why the change but it's just not right for a lot of reasons given by the petitioner. So as a naturalized American citizen RN, who has enjoyed the benefits and privileges of being such, and immensely grateful for them, I strongly support this petition. Thank you very much for allowing us to participate in this democratic process. Merry Christmas to all and a bountiful 2020!

Commenter: Michael T Tricoli, Esq

12/23/19 11:59 pm

I support this petition

Commenter: Liza M. Coder RN

12/24/19 12:01 am

I SUPPORT!!!

Commenter: Gloria L Beriones

12/24/19 12:09 am

Amend Section 130

I support the petition to change the Foreign Nurse Graduate on the name tag to RN Applicant.

Commenter: Kristie Navarro

12/24/19 12:13 am

I support the petition

I support the petition to change the name tag to RN Applicant.

Commenter: Dr Shaaban

12/24/19 12:16 am

I support this petition.

This is the 21st century and this is America.

Commenter: Robert Sodusta

12/24/19 12:17 am

Remove the name tag foreign nurse graduate to RN applicant

Commenter: Ying StCerny

12/24/19 12:46 am

I support this petition. It is unjust to identify qualification based on foreign origin.

Commenter: Daniel Manansala

12/24/19 1:00 am

Change Name Tags to RN Applicant or Graduate Nurse

Commenter: Natasha Kristyn Benosa

12/24/19 1:14 am

I strongly support this petition. All foreign nurses should have the name tag RN Applicant.

Commenter: Marcia Manansala

12/24/19 1:34 am

I strongly support this petition. All foreign nurses should have the name tag RN Applicant.

Commenter: Dante Manansala

12/24/19 2:19 am

Change Name Tags to RN Applicant or Graduate Nurse

Commenter: K.Limpin

12/24/19 6:34 am

I strongly support this petition.

Commenter: Kaylane Oballo

12/24/19 7:16 am

Support the petition

I totally support this petition. The stigma will definitely affect and can cause bullying as well. I have seen that happened to my classmate when we we're new here in the United State

Commenter: Gerald "Jing" Mamuric

12/24/19 9:10 am

I support the petition

I couldn't think of any reason why this even matters! This is clearly profiling which is absurd and will only do nothing but promote segregation. End this none sense unless you want to exercise this across all professions!

Commenter: Katrina Cam, Memorial Sloan Kettering

12/24/19 9:31 am

I support this petition

Commenter: Maria V. McIntyre, RN

12/24/19 9:35 am

We are all nurses

I have practiced nursing in my country (USA) for almost 30 years. I give superior care in the Medical ICU for critical patients and I train new nurses to do the same. I'm educated in a foreign country. There is no adequate justification for internationally educated nurses to use a different designation from other candidates who practice nursing.

Commenter: Philippine Nurses Association of Northwest Indiana

12/24/19 9:59 am

Petition for Rulemaking. To amend regulation 18VAC90-19-130 Section D1

I strongly support this petition. Fundamentals in Nursing are the same whether one is graduate in the United States or abroad and we all take the same oath.

Commenter: Marites Welch, RN

12/24/19 10:14 am

Public Petition for Rulemaking: Change requirement for nametag

I strongly support this petition.

Commenter: Pat Trinidad

12/24/19 10:37 am

I support this petition

Commenter: , AORN of CENTRAL OHIO

12/24/19 10:51 am

I support this petition wholeheartedly.

My Nursing Education is definitely equal even better clinically. I concur that Foreign Education description as a form of stereo typing and an Invitation for discrimination. Let us not put the Nursing Profession into this form of characterization. It is one of the most respected profession after all.

Commenter: Roseminda Santee, Philippine Nurses Association of America

12/24/19 11:56 am

Petition to use RN applicant Instead of Foreign Nurse Graduate as designation on work tag

I support the petition to use "nurse applicant" and not "foreign nurse graduate" for nurses who wish to practice in the US after passing the licensing requirements and examination. The use of the tag of Foreign Nurse Graduate has no purpose but to subject the nurse to questions and doubts about the educational preparation of the nurse by his/her country of origin. Nurse graduates of nursing schools in the Philippines undergo the same rigorous screening for graduation and practice as RN's. Additional screening and requirement are done by the CGFNS and individual state before the nurse graduate can sit for examination given by the National Council of State Boards of Nursing (NCSBN). There is a move by US nursing education accreditation boards to accredit foreign nursing schools using the same standards as that of schools in the US. This shows that educational preparation of foreign nursing schools are recognized as comparable to that of the US. Thank you.

Roseminda Santee, DNP, MA, RN, NEA-BC, CNE, ANEF

Commenter: Ma. Arlene Azores PNANJ Somerset County Subchapter

12/24/19 12:07 pm

Peltion to change name tag

I support the petition to change the name tag to "RN applicant". Thank you.

Commenter: Adenike Gbádamosi, RN MSN CNL

12/24/19 12:13 pm

Change name tags

Commenter: Asetet Craffey, Philippine Nurses Association of America

12/24/19 12:16 pm

I support this petition

Commenter: Melissa Ibarra Thomas

12/24/19 12:30 pm

I support the petition

Commenter: Marilou Carriedo RN, PNANJ sub chapter

12/24/19 12:51 pm

change of designation

I am in agreement in eliminating the description "Foreign Graduate Nurse" from the nurse licensure of applicants from other countries. This terminology is highly offensive and lacks the decorum of the profession. PNA Virginia, you have my support.

Commenter: AGNES E. GUZMAN

12/24/19 12:56 pm

Change the title to RN applicant.

I completely support the petition to amend the requirement for international nurses to use the designation of "RN applicant" instead of "Foreign Graduate Nurse". After all, nurses earned their title in their own country and have been practicing their profession methodically.

Commenter: Toby Butler RN Kaiser Permanente

12/24/19 1:03 pm

Name tag

As someone who is an immigrant to this country, I know firsthand that the word foreign can be used ambiguously in this country. It can be used to state as simple fact, or it can be used as a slur for those closed minded individuals. Why can't the term "international student" be used instead? In the minds of some Americans the word foreign carries connotations relating to inferiority. No international nurse should be subject to this judgment. Some of the best nurses I work with are foreign. I would argue that many of the best nurses I know are for and nurses trained abroad. We should be celebrating that fact that our nursing labor force is so diverse, not using antiquated and loaded terminology to refer to our professionals that will some day be taking care of us. Please listen and try to understand why this seemingly small issue is offensive to our international nurses.

Commenter: Philippine Nurses Association of America

12/24/19 1:07 pm

Amend Section 130 name tag requirement

To amend section 130 to change the requirement for an applicant from another country to use the designation of "foreign nurse graduate" on a nametag to the designation of "RN Applicant" over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Sarita Saju

12/24/19 1:34 pm

Support nurses

Commenter: Audrey Urmaza

12/24/19 1:49 pm

change title to graduate nurse/nurse applicant

Commenter: Nova Urmaza

12/24/19 1:49 pm

change title to nurse applicant.

Commenter: Mary Grace McIntyre

12/24/19 1:52 pm

This is NOT fair

These nurses have already taken the test to become a nurse in the USA, and have worked hard to get where they are at. This is just another layer of discrimination against people of color and foreigners.

Commenter: Chris Reynolds

12/24/19 1:54 pm

Nursing is taking care of others, it doesn't matter where you are born

Just as the title says, these people are qualified by the US standards to become a nurse in this country. It doesn't matter where they were born. This is DISCRIMINATION!

Commenter: Edwin Andrade JR.

12/24/19 1:54 pm

I Support this Petition

Commenter: Raizza Montemayor, RN

12/24/19 2:14 pm

I support this petition to remove the name tag foreign graduate nurse to RN Applicant

Commenter: Rochelle Montemayor, RN

12/24/19 2:15 pm

I strongly support this petition

Commenter: Cara Reyes Parra, RN

12/24/19 2:29 pm

I support this petition!

Commenter: Dennis

12/24/19 2:34 pm

unjust and misrepresenting

To the concerned,

I believe nurses should not be allowed to be subjected to any form degradation and humiliation. these are professionals that united states are fortunate to enough to hire and we all know they went through rigorous screening and training just to get to that point and fair treatment is what they deserve. please be kind to the foreign hires. its easy to assume they are getting incentives living in the US. but we should also understand that these individuals decided to come here to work and not be prejudiced.

we easily forget how to difficult it is to be in a foreign land.

Commenter: Natia Gagua

12/24/19 3:04 pm

I support this petition

Commenter: Fantasia Dawson

12/24/19 3:08 pm

I support this petition

Commenter: Teresa Margate

12/24/19 3:29 pm

I support this petition. Change to RN applicant.

Commenter: Sherry Sheppard

12/24/19 3:35 pm

MD, MBA

FMG Interns and Residents are not singled out and labeled as "different", so Nurses should not be either. To label them would be divisive and there's no room for such in a profession where teamwork, compassion and inclusiveness are crucial.

Commenter: Ashley Vellucci, RN

12/24/19 4:30 pm

I show my full support for this petition!

Commenter: Bertie Serano

12/24/19 4:33 pm

I Support the name change

Commenter: Daniel Misa, RN

12/24/19 4:40 pm

In favor of petition

Commenter: Edna Lumahan, Deborah Heart & Lung Center

12/24/19 5:36 pm

Petition Support!

I completely and strorigly support this petition.

Commenter: Maria Jamil RN

12/24/19 6:57 pm

I support

It is discriminatory to label an RN applicant as "foreign graduate". We all went thru the same standard of education and we are all expected to follow the same standard of practice. Therefore, all applicants should just be called "RN applicants"

Commenter: Edna Jison, Duke University Health System

12/24/19 7:05 pm

Change requirement for name tag

I support this petition

Commenter: Gudelia Abao

12/24/19 7:09 pm

This is In agreeing to your fighting for Rn title over foreign nurse , count me in.

Commenter: Gudelia Abao

12/24/19 7:12 pm

Agreeing to the petition

Commenter: Rino Alcantara, Philippine Nurse's Association of America

12/24/19 7:31 pm

I agree and support this petition

Commenter: Jonathan Gapillango PNANJ

12/24/19 7:40 pm

I support this petition!

Commenter: Marley A. Nicolas

12/24/19 7:49 pm

I support amending regulation, change designation of "foreign graduate nurse" to RN applicant. Thank

Commenter: Regina O'Donnell RN 12/24/19 8:22 pm
Petition
I support this petition.

Commenter: Jennifer O'Donnell RN 12/24/19 8:25 pm
I support this petition

Commenter: Jackie Baras, RN 12/24/19 8:29 pm
My full support to this petition

Commenter: Alice fereno.PNANJ Ocean subchapter President 12/24/19 8:43 pm
I fully support the petition and 100% support!

Commenter: Susan G. Castor 12/24/19 9:00 pm
I support this petition.

Commenter: Lilibeth Witner 12/24/19 9:13 pm
I support this petition

Commenter: Lilibeth Witner RN 12/24/19 9:15 pm
I support this petition

Commenter: Jojo U Mamuric 12/24/19 9:23 pm
Change the name tag

Commenter: Amelia Mamuric 12/24/19 9:26 pm
Remove the word "foreign" from the name tag

nurses are nurses !

Commenter: Roman Paolo Nolasco

12/24/19 9:32 pm

I support this petition!

Commenter: John Samonte

12/24/19 9:33 pm

I strongly support this position!

Commenter: John Samonte

12/24/19 9:34 pm

I support this

Commenter: Anna samonte

12/24/19 9:35 pm

Change the name tag. I support

Commenter: Ethan Mamuric

12/24/19 9:38 pm

Change the name tag

I am in full support of this position! nurses are nurses. Branding them "foreign" goes against what the nursing profession stands for. This opens the doors to discrimination!

Commenter: Cecili Monje

12/24/19 9:44 pm

I strongly support this petition!

Commenter: Dominic Gabriel A. Sabido

12/24/19 9:48 pm

I strongly support this petition

Commenter: Danna Gerell A. Sabido

12/24/19 9:51 pm

I strongly agree to this petition!

Commenter: Marlene Sacop

12/24/19 9:51 pm

Change the name tag

I am in full support of this petition! nurses are nurses. Branding them "foreign" goes against what the nursing profession stands for. This opens the doors to discrimination!

Commenter: Lauryn Lienhard

12/24/19 9:53 pm

I strongly support this petition!

Commenter: Gemma Bustos

12/24/19 9:59 pm

Change the name tag

i am in full support of this petition!

Commenter: Marilou Sabido

12/24/19 10:03 pm

Change the name tag

I am in full support of this petition

Commenter: Charles Urmaza

12/24/19 10:07 pm

Change the name tag

I support this petition!

Commenter: Ross St Cerny

12/24/19 10:12 pm

Change the name tag

Commenter: Rachel Baldomar PNANJ

12/24/19 10:19 pm

18 VAC 90-19

I strongly support this petition.

Commenter: Bartolome Monje Jr.

12/24/19 10:30 pm

I support this petition!

Commenter: Grace Vickerle

12/24/19 10:43 pm

My full support to this Petition

i support amending regulation to change designation to foreign graduate Nurse to RN applicant
thank you

Commenter: Rafael Urmaza

12/24/19 11:05 pm

Change Name Tag

i support this petition I

Commenter: Amelia Guzman

12/24/19 11:06 pm

Change the name tag from Foreign Graduate to New Applicant

All nurses require the same treatment regardless of their country of origin, the fact that they met the set standards is reason enough to do so. I do not see any good reason for using the word foreign in a name tag. If you see a Mercedes Benz , everyone knows it's foreign made. You don't hear anyone calling it a foreign car.

Commenter: Angela Montes

12/24/19 11:10 pm

I support the petition to change name tag from foreign nurse graduate to RN applicant

Commenter: Kacie Kochka

12/25/19 12:08 am

We are all equally nurses

Commenter: Guia L Caliwagan

12/25/19 12:47 am

Change of name tag

I support the change of name tag to prevent adverse effect on nurses who graduate from schools outside the USA since they pass the same licensure exam that graduates of schools in US take. Public safety is ensured by such license.

Commenter: Kristine Demagajes

12/25/19 1:03 am

Change the name tag

Commenter: Joy Martinito

12/25/19 6:31 am

I am supporting the Petition to change the name tag

Commenter: Frank Martinito

12/25/19 6:46 am

I support the Petition

Commenter: Maria Rofel Martinito

12/25/19 6:47 am

I support the Petition

Commenter: PNANJ

12/25/19 9:53 am

18 VAC90-19-130 Section D1

I support the petition.

Commenter: Cecilia Alvarez, PNANJ BERGEN PASSAIC Subchapter

12/25/19 9:57 am

18 VAC 90-19-130 Section D1

I support the petition.

Commenter: PNANJ

12/25/19 11:05 am

Support the petition

Commenter: SUZETTE CORNELIO

12/25/19 11:18 am

Support the petition full speed!

12/25/19 12:15 pm

Commenter: Emma Lapena RN

I strongly support the petition. ZERO tolerance to descrimination.

Commenter: Grace Campos, MSN, RN CNOR PNA-Metro Houston

12/25/19 1:27 pm

RN Applicant is the most appropriate choice

In 1986 when I first came, it was RNLP in Illinois (License Pending). We were given just one chance to take & pass the Nursing boards to continue our employment. The hospital provided us with everything. Airfare to the US, free accommodation for a month, review classes & transportation.

The least these hospitals can provide is to recognize the fact that Philippine nurses are work ready when they graduate. Our curriculum has an intensive clinical rotations that prepare us to the real life settings. Please approve the RN Applicant as their title and not the Foreign Graduate which sounds derogatory

Commenter: Fracel Solar, PNANE

12/25/19 1:30 pm

Change requirement name tag

I support this petition

Sincerely,
Fracel Solar

Commenter: Espiranza D. Dumulo DDS

12/25/19 2:03 pm

Petition

I strongly support this petition. ZERO tolerance to discrimination.

Commenter: Espranza D. Dumulo DDS

12/25/19 2:06 pm

I strongly support this petition.

Commenter: Emma Lapena RN

12/25/19 2:07 pm

I strongly support the petition. ZERO tolerance to discrimation.

12/25/19 3:14 pm

Commenter: Maria Alvarado, RN, CRCST- Mountain Surgery Center

Petition to remove "foreign grad tag"

The definition of the word nurse is "a person trained to care for the sick or infirm". There are many attributes a nurse must possess. Among them are: empathy, attention to detail, good communication skills, attention to detail, physical endurance, problem solving skills and many others. Nowhere in the literature "foreign nurse" is attached to nurse's qualification or a definition. Nurses are the most dedicated professionals in the healthcare field. We don't differentiate between race, age, gender or ethnicity.. we see people are human beings in need of care. Once you become a nurse whether you are from the US or any other country or planet... nurses are committed to their profession. It is disappointing and honestly disrespectful to the profession making nurses wear a tag stating "foreign nurse"... she is going to save someone's life whether she is from this country or any other country in the world.

Commenter: Kevin Hernan Romero

12/25/19 3:40 pm

I support this petition

Commenter: Majuvy Sulse PNAANJ

12/25/19 6:45 pm

Petition to change name tag

I support the petition to the fullest!

Commenter: Bernadette Jiji Radam RN

12/25/19 8:52 pm

I support this petition

Commenter: Philippine Nurses Association of America, Inc.

12/25/19 9:03 pm

Change requirement nametag

Commenter: Leticia Hermosa

12/25/19 9:11 pm

Change name on nametag

I support this petition

Commenter: PNANJ

12/25/19 10:36 pm

Change name on name tag

Commenter: Joy Espejoj

12/25/19 10:40 pm

Change the name tag

Commenter: Janet Del Prado AORN

12/25/19 10:56 pm

I strongly support the petition.

Commenter: HR -PNANJ

12/25/19 11:42 pm

I support this petition.



Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Re: Amend section 130

1 message

Douglas, Jay <jay.douglas@dhp.virginia.gov>
To: Manuela Stone <bestmom-3@comcast.net>
Bcc: elaine.yeatts@dhp.virginia.gov

Fri, Dec 27, 2019 at 11:04 AM

Thank you for your comments, they will be provided to the Board

On Tue, Dec 24, 2019 at 9:21 PM Manuela Stone <bestmom-3@comcast.net> wrote:

We are foreign nurses from Philippines but we should not be labeled on our name tags as foreign nurses. We are nurses who delivers care to all sick mankind whoever and whatever illness maybe.

Sent from my iPhone

Jay Patricia Douglas
Executive Director
Virginia Board of Nursing
Perimeter Center
9960 Mayland Drive , Suite 300
Henrico , Virginia 23233
804 367 4623

Jay.Douglas@dhp.virginia.gov
www.dhp.virginia.gov/nursing

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Under no circumstances shall VBON, its members, officers , agents , or employees be liable for any actions taken or omissions made in reliance on any information contained in this e mail.

18VAC90-19-130. Licensure of Applicants from Other Countries.

A. With the exception of applicants from Canada who are eligible to be licensed by endorsement, applicants whose basic nursing education was received in another country shall be scheduled to take the licensing examination provided they meet the statutory qualifications for licensure. Verification of qualification shall be based on documents submitted as required in subsection B or C of this section.

B. Such applicants for registered nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for registered nurses in the Commonwealth;
2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and
3. Submit the required application and fee for licensure by examination.

C. Such applicants for practical nurse licensure shall:

1. Submit evidence from the CGFNS that the secondary education and nursing education are comparable to those required for practical nurses in the Commonwealth;
2. Submit evidence of passage of an English language proficiency examination approved by the CGFNS, unless the applicant meets the CGFNS criteria for an exemption from the requirement; and
3. Submit the required application and fee for licensure by examination.

D. An applicant for licensure as a registered nurse who has met the requirements of subsections A and B of this section may practice for a period not to exceed 90 days from the date of approval of an application submitted to the board when he is working as a nonsupervisory staff nurse in a licensed nursing home or certified nursing facility.

1. Applicants who practice nursing as provided in this subsection shall use the designation "foreign nurse graduate" on nametags or when signing official records.
2. During the 90-day period, the applicant shall take and pass the licensing examination in order to remain eligible to practice nursing in Virginia.
3. Any person practicing nursing under this exemption who fails to pass the licensure examination within the 90-day period may not thereafter practice nursing until he passes the licensing examination.

E. In addition to CGFNS, the board may accept credentials from other recognized agencies that review credentials of foreign-educated nurses if such agencies have been approved by the board.

Board of Nursing
Report of the General Assembly

HB 42 Health care providers; screening of patients for prenatal and postpartum depression, training.

Chief patron: Samirah

Summary as introduced:

Health care providers; screening of patients for prenatal and postpartum depression; training. Directs the Boards of Medicine and Nursing to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to complete a training program on prenatal and postnatal depression in women. Such training program shall include information on risk factors for and signs and symptoms of prenatal and postnatal depression, resources for the treatment and management of prenatal and postnatal depression, and steps the practitioner can take to link patients to such resources. The bill also requires the Board of Medicine to adopt regulations requiring licensees who provide primary, maternity, obstetrical, or gynecological health care services to screen all patients who are pregnant or who have been pregnant within the previous five years for prenatal or postnatal depression or other depression, as appropriate.

11/19/19 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions

HB 115 Health care providers, certain; programs to address career fatigue and wellness, civil immunity.

Chief patron: Hope

Summary as introduced:

Programs to address career fatigue and wellness in certain health care providers; civil immunity. Expands civil immunity for health care professionals serving as members of or consultants to entities that function primarily to review, evaluate, or make recommendations related to health care services to include health care professionals serving as members of or consultants to entities that function primarily to address issues related to career fatigue and wellness in health care professionals licensed to practice medicine or osteopathic medicine or licensed as a physician assistant. The bill also clarifies that, absent evidence indicating a reasonable probability that a health care professional who is a participant in a professional program to address issues related to career fatigue or wellness is not competent to continue in practice or is a danger to himself, his patients, or the public, participation in such a professional program does not trigger the requirement that the health care professional be reported to the Department of Health Professions. The bill contains an emergency clause.

EMERGENCY

01/16/20 House: Subcommittee recommends reporting (6-Y 0-N)

01/21/20 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

01/23/20 House: Read first time

01/24/20 House: Read second time and engrossed
01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

HB 188 Health care services; payment estimates.

Chief patron: Levine

Summary as introduced:

Health care services; payment estimates. Requires hospitals and practitioners licensed by the Board of Medicine to provide a patient or the representative of a patient scheduled to receive a nonemergency procedure, test, or service to be performed by the hospital or practitioner with an estimate of the payment amount for which the patient will be responsible no later than one week after the scheduling of such procedure, test, or service. Currently, only hospitals are required to provide such estimate, and such estimate is required only (i) for elective procedures, tests, or services; (ii) within three days of the procedure, test, or service; and (iii) upon request of the patient or his representative.

12/26/19 House: Prefiled and ordered printed; offered 01/08/20 20100999D
12/26/19 House: Referred to Committee on Health, Welfare and Institutions
01/22/20 House: Assigned HWI sub: Health Professions
01/22/20 House: Impact statement from DPB (HB188)

HB 299 Fluoride varnish; possession and administration by medical assistants, etc.

Chief patron: Sickles

Summary as introduced:

Medical assistants; administration of fluoride varnish. Allows a medical assistant to possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

01/24/20 House: Read second time
01/24/20 House: Committee amendments agreed to
01/24/20 House: Engrossed by House as amended HB299E
01/24/20 House: Printed as engrossed 20103995D-E
01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

HB 362 Physician assistant; capacity determinations.

Chief patron: Rasoul

Summary as introduced:

Capacity determinations; physician assistant. Expands the class of health care practitioners who can make the determination that a patient is incapable of making informed decisions to include a licensed physician assistant. The bill provides that such determination shall be made in writing following an in-person examination of the person and certified by the physician assistant.

01/02/20 House: Referred to Committee on Health, Welfare and Institutions
01/13/20 House: Impact statement from DPB (HB362)
01/17/20 House: Assigned HWI sub: Health Professions

01/23/20 House: House subcommittee amendments and substitutes offered
01/23/20 House: Subcommittee recommends reporting with amendments (6-Y 0-N)

HB 386 Conversion therapy; prohibited by certain health care providers.

Chief patron: Hope

Summary as introduced:

Department of Health Professions; conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy, as defined in the bill, with any person under 18 years of age and provides that such counseling constitutes unprofessional conduct and is grounds for disciplinary action. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, extending health benefits coverage for conversion therapy, or awarding a grant or contract to any entity that conducts conversion therapy or refers individuals for conversion therapy.

01/02/20 House: Referred to Committee on Health, Welfare and Institutions
01/13/20 House: Impact statement from DPB (HB386)
01/15/20 House: Assigned HWI sub: Health Professions
01/23/20 House: House subcommittee amendments and substitutes offered
01/23/20 House: Subcommittee recommends reporting with amendments (5-Y 1-N)

HB 462 Certified sexual assault nurse examiners; Secretary of HHR to study shortage.

Chief patron: Sullivan

Summary as introduced:

Secretary of Health and Human Resources; task force; shortage of certified sexual assault nurse examiners in the Commonwealth; report. Directs the Secretary of Health and Human Resources to establish a task force to study the shortage of certified sexual assault nurse examiners in the Commonwealth. The task force shall report its findings and conclusions, together with specific recommendations for legislative, regulatory, and budgetary actions, to the Governor and the General Assembly by December 1, 2020.

01/03/20 House: Prefiled and ordered printed; offered 01/08/20 20103815D
01/03/20 House: Referred to Committee on Rules
01/14/20 House: Impact statement from DPB (HB462)
01/27/20 House: Assigned Rules sub: Studies

HB 475 Virginia sexual assault forensic examiner coordination program; established; report.

Chief patron: Mullin

Summary as introduced:

Virginia sexual assault forensic examiner coordination program. Establishes the Virginia sexual assault forensic examiner coordination program within the Department of Criminal Justice Services. The bill provides that the program shall create and coordinate an annual statewide sexual assault forensic nurse examiner training program; coordinate the development and enhancement of sexual assault forensic examiner programs across the Commonwealth; coordinate the development of hospital protocols and

guidelines for treatment of survivors of sexual assault; coordinate and strengthen communications among sexual assault nurse examiner medical directors, sexual assault response teams, and hospitals for existing and developing sexual assault nurse examiner programs; provide technical assistance for existing and developing sexual assault forensic examiner programs; establish best practices for billing and reimbursement for medical services provided to survivors of sexual assault; create and maintain a statewide list, updated biannually, that includes pertinent information regarding sexual assault forensic examiners and nurse examiners; create sexual assault nurse examiner recruitment materials for universities and colleges with nursing programs; and support and coordinate community education and public outreach, when appropriate, relating to sexual assault nurse examiner issues for the Commonwealth.

01/03/20 House: Referred to Committee on Public Safety

01/15/20 House: Assigned PS sub: Public Safety

01/24/20 House: Referred from Public Safety

01/24/20 House: Referred to Committee for Courts of Justice

01/24/20 House: Impact statement from DPB (HB475)

HB 517 Collaborative practice agreements; adds nurse practitioners and physician assistants to list.

Chief patron: Bulova

Summary as introduced:

Collaborative practice agreements; nurse practitioners; physician assistants. Adds nurse practitioners and physician assistants to the list of health care practitioners who shall not be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists. This bill is a recommendation of the Joint Commission on Healthcare.

01/24/20 House: Read second time

01/24/20 House: Committee amendment agreed to

01/24/20 House: Engrossed by House as amended HB517E

01/24/20 House: Printed as engrossed 20103193D-E

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

HB 546 Prescribing of Schedule VI controlled substances; telemedicine, store-and-forward technologies.

Chief patron: Sickles

Summary as introduced:

Prescribing of Schedule VI controlled substances; telemedicine; store-and-forward technologies. Provides that electronic technology or media used for telemedicine services includes store-and-forward technologies and that, used in the context of prescribing Schedule VI controlled substances through telemedicine services, "store-and-forward technologies" means technologies that allow for the electronic transmission of medical information, including images, documents, or health histories, through a secure communications system.

01/05/20 House: Prefiled and ordered printed; offered 01/08/20 20104874D

01/05/20 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions
01/22/20 House: Impact statement from DPB (HB546)
01/23/20 House: Subcommittee recommends striking from docket (6-Y 0-N)

HB 552 Birth control; definition.

Chief patron: Watts

Summary as introduced:

Definition of birth control. Defines "birth control," for the purposes of the regulation of medicine, as contraceptive methods that are approved by the U.S. Food and Drug Administration and provides that birth control shall not be considered abortion for the purposes of Title 18.2 (Crimes and Offenses Generally).

01/20/20 House: Impact statement from DPB (HB552)
01/21/20 House: Reported from Health, Welfare and Institutions (13-Y 9-N)
01/23/20 House: Read first time
01/24/20 House: Read second time and engrossed
01/27/20 House: Read third time and passed House (55-Y 43-N)

HB 601 Administrative Process Act; review of occupational regulations.

Chief patron: Freitas

Summary as introduced:

Administrative Process Act; review of occupational regulations. Creates a procedure by which a person may petition an agency to review whether an existing occupational regulation is necessary for the protection or preservation of the health, safety, and welfare of the public and meets other statutorily enumerated criteria. The bill also creates a cause of action whereby any person who is adversely affected or aggrieved by an occupational regulation that such person believes is not necessary for the protection or preservation of the health, safety, and welfare of the public or does not meet other statutorily enumerated criteria may seek judicial review of such regulation. The bill provides that the burden of proof shall be upon the party complaining of the occupational regulation to demonstrate by a preponderance of the evidence that the challenged occupational regulation on its face or in its effect burdens the entry into or participation in an occupation and, thereafter, the burden shall be upon the agency to demonstrate by a preponderance of the evidence that the challenged occupational regulation is necessary to protect or preserve the health, safety, and welfare of the public and complies with certain other statutorily enumerated requirements. The bill provides that if the court finds in favor of the party complaining of the agency action, the court shall declare the regulation null and void.

01/06/20 House: Prefiled and ordered printed; offered 01/08/20 20100327D
01/06/20 House: Referred to Committee on General Laws
01/24/20 House: Assigned GL sub: Professions/Occupations and Administrative Process

HB 626 Opioids; prescribing, required patient disclosures.

Chief patron: LaRock

Summary as introduced:

Prescribing of opioids; required patient disclosures. Requires prescribers to discuss with a patient or

the patient's parent or guardian prior to prescribing an opioid information regarding the prescribed opioid, including the risks of addiction and overdose associated with opioids; the dangers of taking opioids with alcohol, benzodiazepines, and other central nervous system depressants; the reasons why the prescription is necessary; and alternative treatments that may be available. The bill also requires the prescriber to include a notation in the patient's medical record indicating that these required patient disclosures were discussed.

01/06/20 House: Prefiled and ordered printed; offered 01/08/20 20100130D
01/06/20 House: Referred to Committee on Health, Welfare and Institutions
01/15/20 House: Assigned HWI sub: Health Professions
01/15/20 House: Impact statement from DPB (HB626)
01/16/20 House: Subcommittee recommends laying on the table (6-Y 0-N)

HB 648 Prescription Monitoring Program; information disclosed to Emergency Department Information.

Chief patron: Hurst

Summary as introduced:

Prescription Monitoring Program; information disclosed to the Emergency Department Information Exchange; redisclosure. Provides for the mutual exchange of information between the Prescription Monitoring Program and the Emergency Department Information Exchange and clarifies that nothing shall prohibit the redisclosure of confidential information from the Prescription Monitoring Program or any data or reports produced by the Prescription Monitoring Program disclosed to the Emergency Department Information Exchange to a prescriber in an electronic report generated by the Emergency Department Information Exchange so long as the electronic report complies with relevant federal law and regulations governing privacy of health information.

01/16/20 House: Subcommittee recommends reporting (6-Y 0-N)
01/21/20 House: Reported from Health, Welfare and Institutions (22-Y 0-N)
01/23/20 House: Read first time
01/24/20 House: Read second time and engrossed
01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

HB 650 Naloxone or other opioid antagonist; possession and administration.

Chief patron: Hope

Summary as introduced:

Naloxone; possession and administration. Provides that a person who is not otherwise authorized to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, provided the administration is in good faith and absent gross negligence or willful and wanton misconduct.

01/06/20 House: Prefiled and ordered printed; offered 01/08/20 20104901D
01/06/20 House: Referred to Committee on Health, Welfare and Institutions
01/15/20 House: Assigned HWI sub: Health Professions

HB 808 Survivors of sexual assault.; every hospital to provide treatment or transfer services.

Chief patron: Delaney

Summary as introduced:

Services for survivors of sexual assault. Requires every hospital in the Commonwealth to provide treatment or transfer services, as defined in the bill, to survivors of sexual assault pursuant to a plan approved by the Department of Health; establishes specific requirements for providers of services to pediatric survivors of sexual assault; requires the Criminal Injuries Compensation Fund to pay the costs of services provided to survivors of sexual assault; establishes the Task Force on Services for Survivors of Sexual Assault to facilitate the development of services for survivors of sexual assault; and establishes the Sexual Assault Forensic Examiner Program to increase the number of qualified sexual assault forensic services providers available in the Commonwealth.

01/07/20 House: Prefiled and ordered printed; offered 01/08/20 20104460D

01/07/20 House: Referred to Committee for Courts of Justice

01/22/20 House: Referred from Courts of Justice

01/22/20 House: Referred to Committee on Health, Welfare and Institutions

01/23/20 House: Assigned HWI sub: Health

HB 860 Inhaled asthma medication; professional use by practitioners.

Chief patron: Bell

Summary as introduced:

Professional use by practitioners; administration of inhaled asthma medication. Provides that a prescriber may authorize pursuant to a written order or standing protocol issued within the course of the prescriber's professional practice, and with the consent of the student's parents, an employee of (i) a school board, (ii) a school for students with disabilities, or (iii) an accredited private school who is trained in the administration or supervision of self-administered inhaled asthma medications to administer or supervise the self-administration of such medication to a student diagnosed with a condition requiring inhaled asthma medications when the student is believed to be experiencing or about to experience an asthmatic crisis. Such authorization shall be effective only when a licensed nurse, nurse practitioner, physician, or physician assistant is not present to perform the administration of the medication.

01/23/20 House: Read first time

01/24/20 House: Read second time

01/24/20 House: Committee substitute agreed to 20105551D-H1

01/24/20 House: Engrossed by House - committee substitute HB860H1

01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

HB 908 Naloxone; possession and administration, employee or person acting on behalf of a public place.

Chief patron: Hayes

Summary as introduced:

Naloxone; possession and administration; employee or person acting on behalf of a public place. Provides that an employee or other person acting on behalf of a public place who has completed a training program on the administration of naloxone or other opioid antagonist may possess and administer naloxone or other opioid antagonist, other than naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols developed by the Board of Pharmacy in consultation with

the Board of Medicine and the Department of Health. The bill defines "public place" as any enclosed area that is used or held out for use by the public, whether owned or operated by a public or private interest.

01/07/20 House: Prefiled and ordered printed; offered 01/08/20 20104833D
01/07/20 House: Referred to Committee on Health, Welfare and Institutions
01/16/20 House: Impact statement from DPB (HB908)
01/20/20 House: Assigned HWI sub: Health Professions

HB 967 Military service members and veterans; expediting the issuance of credentials to spouses.

Chief patron: Willett

Summary as introduced:

Professions and occupations; expediting the issuance of credentials to spouses of military service members. Provides for the expedited issuance of credentials to the spouses of military service members who are ordered to federal active duty under Title 10 of the United States Code if the spouse accompanies the service member to the Commonwealth or an adjoining state or the District of Columbia. Under current law, the expedited review is provided more generally for active duty members of the military who are the subject of a military transfer to the Commonwealth. The bill also authorizes a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board in Title 54.1 (Professions and Occupations) to waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such waiver.

01/23/20 House: Read first time
01/24/20 House: Read second time
01/24/20 House: Committee substitute agreed to 20105996D-H1
01/24/20 House: Engrossed by House - committee substitute HB967H1
01/27/20 House: Read third time and passed House (98-Y 0-N)

HB 982 Professions and occupations; licensure by endorsement.

Chief patron: Webert

Summary as introduced:

Professions and occupations; licensure by endorsement. Establishes criteria for an individual licensed, certified, or having work experience in another state, the District of Columbia, or any territory or possession of the United States to apply to a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions and be issued an occupational license or government certification if certain conditions are met.

01/07/20 House: Prefiled and ordered printed; offered 01/08/20 20104877D
01/07/20 House: Referred to Committee on General Laws
01/15/20 House: Assigned GL sub: Professions/Occupations and Administrative Process
01/23/20 House: House subcommittee amendments and substitutes offered
01/23/20 House: Subcommittee recommends reporting with substitute (7-Y 1-N)

HB 1000 Prescription drugs; expedited partner therapy, labels.

Chief patron: Hope

Summary as introduced:

Prescription drugs; expedited partner therapy; labels. Eliminates the requirement that there exist a bona fide practitioner-patient relationship with a contact patient for a practitioner to prescribe expedited partner therapy consistent with the recommendations of the Centers for Disease Control and Prevention. A pharmacist dispensing a Schedule III through VI drug to a contact whose name and address are unavailable shall affix "Expedited Partner Therapy" or "EPT" to the written prescription and the label. The bill repeals the July 1, 2020, sunset on the provision that allows practitioners employed by the Department of Health to prescribe antibiotic therapy to the sexual partner of a patient diagnosed with a sexually transmitted disease without the physical examination normally required.

01/16/20 House: Subcommittee recommends reporting (6-Y 0-N)
01/21/20 House: Reported from Health, Welfare and Institutions (21-Y 0-N)
01/23/20 House: Read first time
01/24/20 House: Read second time and engrossed
01/27/20 House: Read third time and passed House BLOCK VOTE (99-Y 0-N)

HB 1040 Naturopathic doctors; Board of Medicine to license and regulate.

Chief patron: Rasoul

Summary as introduced:

Naturopathic doctors; license required. Requires the Board of Medicine to license and regulate naturopathic doctors, defined in the bill as an individual, other than a doctor of medicine, osteopathy, chiropractic, or podiatry, who may diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals, using physiological, psychological, or physical methods, and who may also use natural medicines, prescriptions, legend drugs, foods, herbs, or other natural remedies, including light and air.

01/07/20 House: Referred to Committee on Health, Welfare and Institutions
01/15/20 House: Assigned HWI sub: Health Professions
01/21/20 House: Impact statement from DPB (HB1040)
01/23/20 House: House subcommittee amendments and substitutes offered
01/23/20 House: Subcommittee recommends reporting with substitute (4-Y 2-N)

HB 1059 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Adams, D.M.

Summary as introduced:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices, provided such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists.

01/07/20 House: Referred to Committee on Health, Welfare and Institutions
01/15/20 House: Assigned HWI sub: Health Professions
01/21/20 House: Impact statement from DPB (HB1059)
01/23/20 House: House committee, floor amendments and substitutes offered
01/23/20 House: Subcommittee recommends reporting with amendment (6-Y 0-N)

HB 1060 Ultrasound prior to abortion; physician civil penalty exemption.

Chief patron: Adams, D.M.

Summary as introduced:

Ultrasound prior to abortion; physician civil penalty exemption. Provides that no physician shall be subject to a civil penalty for failure to perform or supervise the performance of the ultrasound imaging required prior to an abortion if, in his medical judgment, such ultrasound imaging is not medically necessary. Currently, any physician who violates any provision of the abortion informed consent statute is subject to a \$2,500 civil penalty.

01/07/20 House: Prefiled and ordered printed; offered 01/08/20 20102036D

01/07/20 House: Referred to Committee for Courts of Justice

01/22/20 House: Incorporated by Courts of Justice (HB980-Herring)

HB 1084 Surgical assistants; definition, licensure.

Chief patron: Hayes

Summary as introduced:

Surgical assistants; licensure. Defines "surgical assistant" and "practice of surgical assisting" and directs the Board of Medicine to establish criteria for the licensure of surgical assistants. Currently, the Board may issue a registration as a surgical assistant to eligible individuals. The bill also establishes the Advisory Board on Surgical Assisting to assist the Board of Medicine regarding the establishment of qualifications for and regulation of licensed surgical assistants.

01/07/20 House: Prefiled and ordered printed; offered 01/08/20 20104907D

01/07/20 House: Referred to Committee on Public Safety

01/17/20 House: Referred from Public Safety

01/17/20 House: Referred to Committee on Health, Welfare and Institutions

01/22/20 House: Assigned HWI sub: Health Professions

HB 1121 Massage therapists; qualifications, license.

Chief patron: Robinson

Summary as introduced:

Massage therapists; qualifications; license. Provides that an applicant who completed a massage therapy educational program in a foreign country may apply for licensure as a massage therapist upon submission of evidence that the applicant (i) is at least 18 years old, (ii) has successfully completed a massage therapy educational program that is comparable to a massage therapy educational program required for licensure by the Board, and (iii) has not been subject to disciplinary action that would result in denial of licensure. The Board of Nursing shall issue a license to an applicant who completed his massage therapy educational program in a foreign country upon and submits evidence of completion of the English-language version of the Licensing Examination of the Federation of State Massage Therapy Boards or a comparable examination.

01/07/20 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions

01/15/20 House: Impact statement from DPB (HB1121)

01/23/20 House: House subcommittee amendments and substitutes offered

01/23/20 House: Subcommittee recommends reporting with substitute (6-Y 0-N)

HB 1147 Epinephrine; required in certain public places.

Chief patron: Keam

Summary as introduced:

Epinephrine required in certain public places. Requires public places to make epinephrine available for administration. The bill allows employees of such public places who are authorized by a prescriber and trained in the administration of epinephrine to possess and administer epinephrine to a person present in such public place believed in good faith to be having an anaphylactic reaction. The bill also provides that an employee of such public place who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person present in the public place believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

01/07/20 House: Referred to Committee for Courts of Justice

01/17/20 House: Impact statement from DHCD/CLG (HB1147)

01/22/20 House: Referred from Courts of Justice

01/22/20 House: Referred to Committee on Health, Welfare and Institutions

01/24/20 House: Assigned HWI sub: Health Professions

HB 1465 Naloxone; possession and administration, employee or person acting on behalf of a public place.

Chief patron: Gooditis

Summary as introduced:

Naloxone; possession and administration; employee or person acting on behalf of a public place. Provides that an employee or other person acting on behalf of a public place who has completed a training program on the administration of naloxone or other opioid antagonist may possess and administer naloxone or other opioid antagonist in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. The bill defines "public place" as any area that is used or held out for use by the public, whether owned or operated by a public or private interest.

01/08/20 House: Prefiled and ordered printed; offered 01/08/20 20101559D

01/08/20 House: Referred to Committee on Health, Welfare and Institutions

01/15/20 House: Assigned HWI sub: Health Professions

01/16/20 House: Impact statement from DPB (HB1465)

HB 1466 Naloxone; possession and administration.

Chief patron: Gooditis

Summary as introduced:

Naloxone; possession and administration. Provides that, notwithstanding any other law or regulation to the contrary, any person may possess and administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

01/08/20 House: Prefiled and ordered printed; offered 01/08/20 20101560D
01/08/20 House: Referred to Committee on Health, Welfare and Institutions
01/15/20 House: Assigned HWI sub: Health Professions
01/27/20 House: Impact statement from DPB (HB1466)

HB 1506 Pharmacists; prescribing, dispensing, and administration of controlled substances.

Chief patron: Sickles

Summary as introduced:

Pharmacists; prescribing, dispensing, and administration of controlled substances. Authorizes the prescribing, dispensing, and administration of certain controlled substances by a pharmacist, provided that such pharmacist prescribes, dispenses, or administers such controlled substances in accordance with a statewide protocol developed by the Board of Pharmacy in consultation with the Board of Medicine and set forth in regulations of the Board of Pharmacy. The bill clarifies that an accident and sickness insurance policy that provides reimbursement for a service that may be legally performed by a licensed pharmacist shall provide reimbursement for the prescribing, dispensing, or administration of controlled substances by a pharmacist when such prescribing, dispensing, or administration is in accordance with regulations of the Board of Pharmacy.

01/08/20 House: Presented and ordered printed 20105023D
01/08/20 House: Referred to Committee on Health, Welfare and Institutions
01/15/20 House: Assigned HWI sub: Health Professions

HB 1562 Music therapy; definition of music therapist, licensure.

Chief patron: Head

Summary as introduced:

Music therapy; licensure. Requires the Board of Social Work to adopt regulations establishing a regulatory structure to license music therapists in the Commonwealth and establishes an advisory board to assist the Board in this process. Under the bill, no person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

01/23/20 House: Read first time
01/24/20 House: Read second time
01/24/20 House: Committee substitute agreed to 20106167D-H1
01/24/20 House: Engrossed by House - committee substitute HB1562H1
01/27/20 House: Read third time and passed House (92-Y 5-N)

HB 1649 Health care; decision making, end of life, penalties.

Chief patron: Kory

Summary as introduced:

Health care; decision making; end of life; penalties. Allows an adult diagnosed with a terminal condition to request and an attending health care provider to prescribe a self-administered controlled substance for the purpose of ending the patient's life in a humane and dignified manner. The bill requires that a patient's request for a self-administered controlled substance to end his life must be given orally on two occasions and in writing, signed by the patient and one witness, and that the patient be given an

express opportunity to rescind his request at any time. The bill makes it a Class 2 felony (i) to willfully and deliberately alter, forge, conceal, or destroy a patient's request, or rescission of request, for a self-administered controlled substance to end his life with the intent and effect of causing the patient's death; (ii) to coerce, intimidate, or exert undue influence on a patient to request a self-administered controlled substance for the purpose of ending his life or to destroy the patient's rescission of such request with the intent and effect of causing the patient's death; or (iii) to coerce, intimidate, or exert undue influence on a patient to forgo a self-administered controlled substance for the purpose of ending the patient's life. The bill also grants immunity from civil or criminal liability and professional disciplinary action to any person who complies with the provisions of the bill and allows health care providers to refuse to participate in the provision of a self-administered controlled substance to a patient for the purpose of ending the patient's life.

01/16/20 House: Presented and ordered printed 20104784D
01/16/20 House: Referred to Committee for Courts of Justice
01/23/20 House: Impact statement from VCSC (HB1649)

HB 1654 Schedule VI controlled substances and hypodermic syringes and needles; limited-use license.

Chief patron: Helmer

Summary as introduced:

Schedule VI controlled substances; hypodermic syringes and needles; limited-use license. Allows the Board of Pharmacy to issue a limited-use license for the purpose of dispensing Schedule VI controlled substances and hypodermic syringes and needles for the administration of prescribed controlled substances to a doctor of medicine, osteopathic medicine, or podiatry, a nurse practitioner, or a physician assistant, provided that such limited-use licensee is practicing at a nonprofit facility. The bill requires such nonprofit facilities to obtain a limited-use permit from the Board and comply with regulations for such a permit.

01/17/20 House: Presented and ordered printed 20105315D
01/17/20 House: Referred to Committee on Health, Welfare and Institutions
01/22/20 House: Assigned HWI sub: Health

HB 1683 Diagnostic medical sonography; definition, certification.

Chief patron: Hope

Summary as introduced:

Diagnostic medical sonography; certification. Defines the practice of "diagnostic medical sonography" as the use of specialized equipment to direct high-frequency sound waves into an area of the human body to generate an image. The bill provides that only a certified and registered sonographer may hold himself out as qualified to perform diagnostic medical sonography. The bill requires any person who fails to maintain current certification and registration or is subject to revocation or suspension of a certification and registration by a sonography certification organization to notify his employer and cease using ultrasound equipment or performing a diagnostic medical sonography or related procedure.

01/17/20 House: Presented and ordered printed 20105638D
01/17/20 House: Referred to Committee on Health, Welfare and Institutions
01/22/20 House: Assigned HWI sub: Health Professions

SB 264 Certified registered nurse anesthetists; prescriptive authority.

Chief patron: Bell

Summary as introduced:

Certified registered nurse anesthetists; prescriptive authority. Authorizes certified registered nurse anesthetists to prescribe Schedule II through Schedule VI controlled substances and devices, provided such prescribing is in accordance with requirements for practice by certified registered nurse anesthetists under the supervision of a doctor of medicine, osteopathy, podiatry, or dentistry.

01/03/20 Senate: Prefiled and ordered printed; offered 01/08/20 20102284D

01/03/20 Senate: Referred to Committee on Education and Health

01/13/20 Senate: Impact statement from DPB (SB264)

01/16/20 Senate: Assigned Education sub: Health Professions

SB 530 Epinephrine; possession and administration by a restaurant employee.

Chief patron: Edwards

Summary as introduced:

Possession and administration of epinephrine; restaurant employee. Authorizes any employee of a licensed restaurant to possess and administer epinephrine, provided that such employee is authorized by a prescriber and trained in the administration of epinephrine. The bill also requires the Department of Health, in conjunction with the Department of Health Professions, to develop policies and guidelines for the recognition and treatment of anaphylaxis in restaurants.

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20104203D

01/07/20 Senate: Referred to Committee on Education and Health

01/27/20 Senate: Assigned Education sub: Health Professions

01/27/20 Senate: Impact statement from DPB (SB530)

SB 540 Health professionals; unprofessional conduct, reporting.

Chief patron: Vogel

Summary as introduced:

Health professionals; unprofessional conduct; reporting. Requires the chief executive officer and the chief of staff of every hospital or other health care institution in the Commonwealth, the director of every licensed home health or hospice organization, the director of every accredited home health organization exempt from licensure, the administrator of every licensed assisted living facility, and the administrator of every provider licensed by the Department of Behavioral Health and Developmental Services in the Commonwealth to report to the Department of Health Professions any information of which he may become aware in his professional capacity that indicates a reasonable belief that a health care provider is in need of treatment or has been admitted as a patient for treatment of substance abuse or psychiatric illness that may render the health professional a danger to himself, the public or his patients, or that he determines, following review and any necessary investigation or consultation with the appropriate internal boards or committees authorized to impose disciplinary action on a health professional, indicates that there is a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct. Current law requires information to be reported if the information indicates, after reasonable investigation and consultation with the appropriate internal boards or committees

authorized to impose disciplinary action on a health professional, a reasonable probability that such health professional may have engaged in unethical, fraudulent, or unprofessional conduct.

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20105063D

01/07/20 Senate: Referred to Committee on Education and Health

01/16/20 Senate: Assigned Education sub: Health Professions

01/17/20 Senate: Impact statement from DPB (SB540)

SB 713 Professional art therapists and professional art therapist associates; licensure.

Chief patron: McClellan

Summary as introduced:

Board of Counseling; licensure of professional art therapists and professional art therapist associates. Establishes requirements for licensure as a professional art therapist and licensure as a professional art therapist associate and adds two representatives to the Board on Counseling who are licensed professional art therapists. The bill directs the Board to adopt emergency regulations to implement the provisions of the bill.

01/07/20 Senate: Prefiled and ordered printed; offered 01/08/20 20104756D

01/07/20 Senate: Referred to Committee on Education and Health

01/20/20 Senate: Assigned Education sub: Health Professions

01/21/20 Senate: Impact statement from DPB (SB713)

SB 757 Medical Excellence Zone Program; VDH to determine establishments.

Chief patron: Favola

Summary as introduced:

Department of Health; Department of Health Professions Medical Excellence Zone Program; telemedicine; reciprocal agreements. Directs the Department of Health to determine the feasibility of the establishment of a Medical Excellence Zone Program and directs the Department of Health Professions to pursue reciprocal agreements with states contiguous with the Commonwealth for licensure for certain primary care practitioners under the Board of Medicine.

The bill states that reciprocal agreements with states that are contiguous with the Commonwealth for the licensure of doctors of medicine, doctors of osteopathic medicine, physician assistants, and nurse practitioners shall only require that a person hold a current, unrestricted license in the other jurisdiction and that no grounds exist for denial based on § 54.1-2915. The Department of Health Professions shall report on its progress in establishing such agreements to the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions by November 1, 2020. The bill provides that applicants for licensure as a doctor of medicine or osteopathic medicine from such states shall receive priority in processing their applications for licensure by endorsement through a streamlined process with a final determination regarding qualification to be made within 20 days of the receipt of a completed application.

01/24/20 Senate: Impact statement from DPB (SB757S1)

01/27/20 Senate: Read second time

01/27/20 Senate: Reading of substitute waived

01/27/20 Senate: Committee substitute agreed to 20106049D-S1
01/27/20 Senate: Engrossed by Senate - committee substitute SB757S1

SB 1079 Board of Medicine; medically unnecessary chaperones.

Chief patron: Suetterlein

Summary as introduced:

Board of Medicine; medically unnecessary chaperones. Directs the Board of Medicine to amend its regulations to require that patients be notified that they have the right to opt out of the presence of a chaperone during medical examinations, provided that the chaperone is medically unnecessary. The bill also requires the regulations to include a provision permitting health care practitioners to refuse to perform medical services for a patient who refuses the presence of a chaperone.

01/17/20 Senate: Presented and ordered printed 20105621D
01/17/20 Senate: Referred to Committee on Education and Health
01/23/20 Senate: Impact statement from DPB (SB1079)
01/27/20 Senate: Assigned Education sub: Health Professions

DRAFT

Virginia's Certified Nurse Aide Workforce: 2019

Healthcare Workforce Data Center

October 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
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Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 32,000 Certified Nursing Aides voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Certified Nurse Aide Workforce: At a Glance:

The Workforce

Licensees:	60,272
Virginia's Workforce:	56,870
FTEs:	50,584

Background

Rural Childhood:	49%
HS Degree in VA:	71%
Prof. Degree in VA:	88%

Current Employment

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

Survey Response Rate

All Licensees:	53%
Renewing Practitioners:	83%

Education

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

Job Turnover

New Location:	39%
Employed Over 2 Yrs.:	47%

Demographics

Female:	94%
Diversity Index:	59%
Median Age:	38

Finances

Med. Income: \$13-\$14/hr.	
Health Benefits:	54%
Retirement Benefits:	43%

Establishment Type

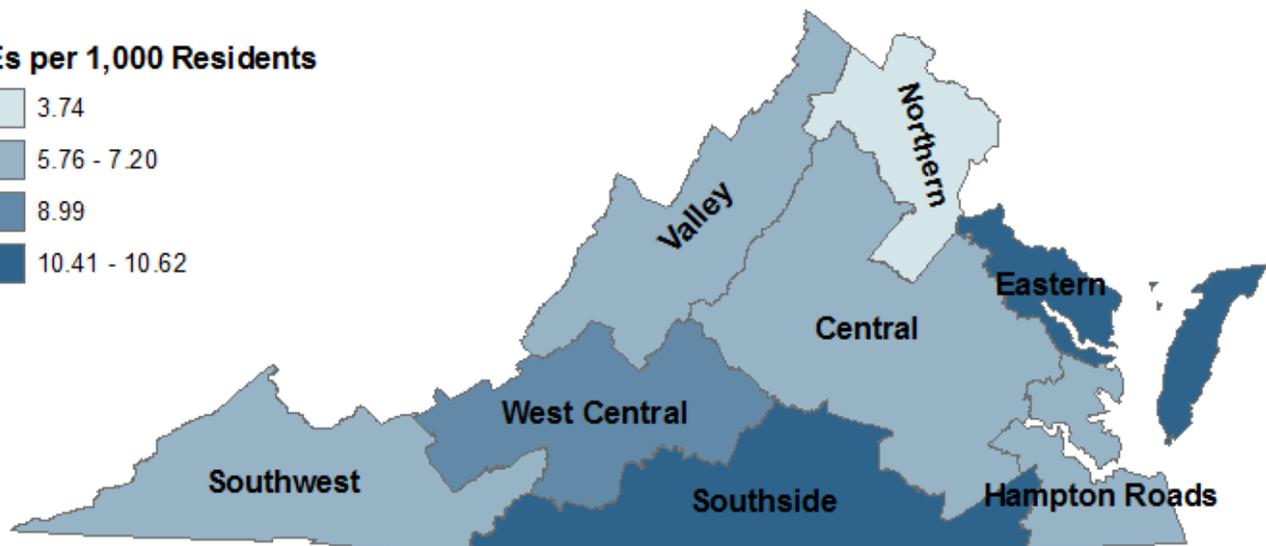
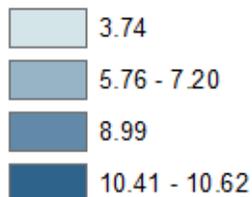
Nursing Home:	29%
Assisted Living:	16%
Home Health Care:	16%

Source: Va. Healthcare Workforce Data Center

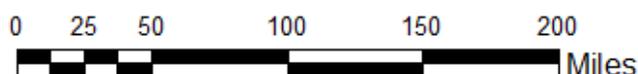
Full-Time Equivalency Units Provided by Certified Nurse Aides per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2019 Certified Nurse Aide (CNAs) Workforce Survey. Nearly 32,000 CNAs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers this survey every year on the license issuance month of each respondent. These survey respondents represent 53% of the 60,272 CNAs who are licensed in the state and 83% of renewing practitioners.

The HWDC estimates that 56,870 CNAs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as a CNA at some point in the future. Virginia's CNA workforce provided 50,584 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks off).

Nearly 95% of all CNAs are female, and the median age of the CNA workforce is 38. In a random encounter between two CNAs, there is a 59% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 57%. Nearly half of all CNAs grew up in a rural area, and 29% of these professionals currently work in a non-metro area of Virginia. In total, 18% of all CNAs work in non-metro areas of the state.

While 86% of CNAs are currently employed in the profession, another 3% of CNAs are involuntarily unemployed. More than 60% of all CNAs in the state work in nursing homes, assisted living facilities, and home health care establishments. The median hourly wage for Virginia's CNA workforce is between \$13.00 and \$14.00. In addition, three-quarters of all CNAs receive at least one employer-sponsored benefit, including 54% who receive health insurance. Most CNAs are satisfied with their current employment situation, including 63% who indicate they are "very satisfied".

Summary of Trends

In this section, all statistics for the current year will be compared relative to the 2014 CNA workforce. There has been a 2% decline in the number of licensed CNAs in the state (60,272 vs. 61,574) and a 1% decline in the number of survey respondents (31,907 vs. 32,289). Despite having fewer licensed CNAs, the state has seen its CNA workforce increase by 7% (56,870 vs. 53,395). In addition, the number of FTEs provided by Virginia's CNA workforce has increased by 12% (50,584 vs. 45,077).

The percentage of CNAs who are under the age of 40 has increased (54% vs. 51%), and this has led to a decline in the median age of this workforce (38 vs. 39). At the same time, the diversity index of this workforce has increased (59% vs. 58%). CNAs are more likely to have grown up in a rural area (49% vs. 48%), but these professionals are no more likely to work in non-metro areas of the state. In fact, fewer CNAs overall work in non-metro areas of Virginia (18% vs. 19%).

Virginia's CNAs have become more likely to earn their high school degree in the state (71% vs. 66%). The same is also true for the professional training of CNAs (88% vs. 86%). CNAs were relatively more likely to receive this professional training in public schools (27% vs. 23%) instead of nursing homes/hospitals (29% vs. 34%) or community colleges (17% vs. 19%). They are also slightly more likely to hold a certificate as a registered medication aide (7% vs. 6%).

CNAs are more likely to be employed in the profession (86% vs. 84%), and the rate of involuntary unemployment has fallen considerably (3% vs. 9%). CNAs are more likely to hold one full-time job (57% vs. 56%). They are also more likely to hold two or more jobs simultaneously (20% vs. 16%). In addition, CNAs are more likely to work between 40 and 49 hours per week (39% vs. 34%). Work turnover has also decreased as the number of CNAs with a new work location has fallen (39% vs. 40%) while the percentage of CNAs who have worked at their primary work location for more than two years has increased (47% vs. 45%).

The median hourly wage of Virginia's CNAs has increased (\$13-\$14 vs. \$11-\$12). CNAs are also more likely to receive at least one employer-sponsored benefit (75% vs. 70%), including those who have access to health insurance (54% vs. 47%). CNAs indicate that they are more satisfied with their current work situations (94% vs. 91%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	39,997	66%
New Licensees	6,562	11%
Non-Renewals	7,200	12%
Renewal Date Not in Survey Period	6,513	11%
All Licensees	60,272	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than 80% of renewing CNAs submitted a survey. These represent 53% of CNAs who held a license at some point during the licensing period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	11,188	6,274	36%
30 to 34	4,384	3,777	46%
35 to 39	2,741	3,676	57%
40 to 44	2,141	3,392	61%
45 to 49	1,900	3,290	63%
50 to 54	1,746	3,429	66%
55 to 59	1,635	3,468	68%
60 and Over	2,630	4,601	64%
Total	28,365	31,907	53%
New Licenses			
Issued in Past Year	6,562	0	0%
Metro Status			
Non-Metro	5,297	6,576	55%
Metro	18,956	23,586	55%
Not in Virginia	4,112	1,745	30%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2018 and September 2019 on the month of initial licensure of each renewing practitioner.
- 2. Target Population:** All CNAs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to CNAs who renewed their licenses online. It was not available to those who did not renew, including CNAs newly licensed in the past two years.

Response Rates	
Completed Surveys	31,907
Response Rate, All Licensees	53%
Response Rate, Renewals	83%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed CNAs

Number:	60,272
New:	11%
Not Renewed:	12%

Response Rates

All Licensees:	53%
Renewing Practitioners:	83%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's CNA Workforce: 56,870
 FTEs: 50,584

Utilization Ratios

Licenses in VA Workforce: 94%
 Licenses per FTE: 1.19
 Workers per FTE: 1.12

Source: Va. Healthcare Workforce Data Center

Virginia's CNA Workforce

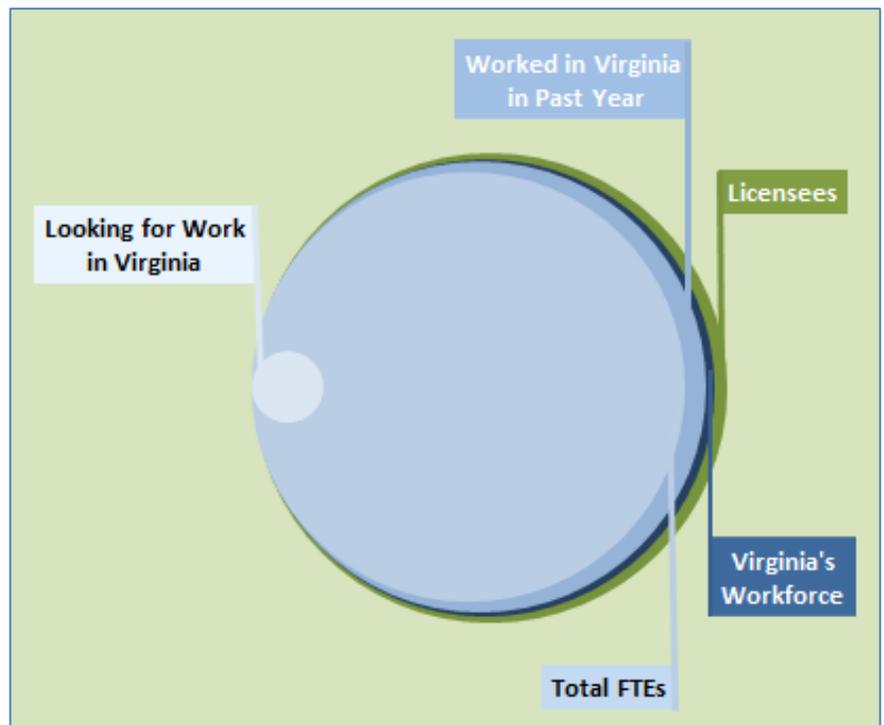
Status	#	%
Worked in Virginia in Past Year	55,491	98%
Looking for Work in Virginia	1,380	2%
Virginia's Workforce	56,870	100%
Total FTEs	50,584	
Licenses	60,272	

Source: Va. Healthcare Workforce Data Center

Definitions

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

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	891	6%	14,627	94%	15,518	29%
30 to 34	429	6%	6,864	94%	7,293	14%
35 to 39	315	6%	5,395	95%	5,710	11%
40 to 44	291	6%	4,547	94%	4,839	9%
45 to 49	304	7%	4,231	93%	4,535	9%
50 to 54	281	6%	4,179	94%	4,460	8%
55 to 59	246	6%	4,117	94%	4,363	8%
60 and Over	335	6%	5,625	94%	5,960	11%
Total	3,092	6%	49,586	94%	52,678	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

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

Age
 Median Age: 38
 % Under 40: 54%
 % 55 and Over: 20%

Diversity
 Diversity Index: 59%
 Under 40 Div. Index: 60%

Source: Va. Healthcare Workforce Data Center

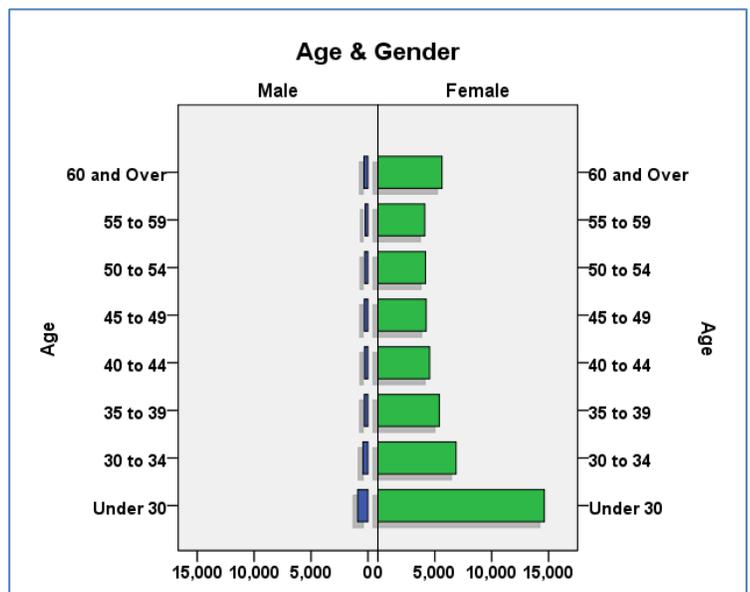
Race & Ethnicity					
Race/ Ethnicity	Virginia*	CNAs		CNAs Under 40	
	%	#	%	#	%
White	61%	20,713	38%	12,815	44%
Black	19%	27,577	51%	13,217	45%
Asian	7%	1,477	3%	572	2%
Other Race	0%	563	1%	266	1%
Two or More Races	3%	1,269	2%	1,013	3%
Hispanic	10%	2,282	4%	1,321	5%
Total	100%	53,881	100%	29,204	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two CNAs, there is a 59% chance they would be of a different race or ethnicity (a measure known as the diversity index), compared to a 57% chance for Virginia's population as a whole.

More than half of all CNAs are under the age of 40. Nearly all of these professionals are female. In addition, the diversity index among CNAs who are under the age of 40 is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 29%
Rural Childhood: 49%

Virginia Background

HS in Virginia: 71%
Prof. Training in VA: 88%
HS or Prof. Train. in VA: 90%

Location Choice

% Rural to Non-Metro: 29%
% Urban/Suburban to Non-Metro: 8%

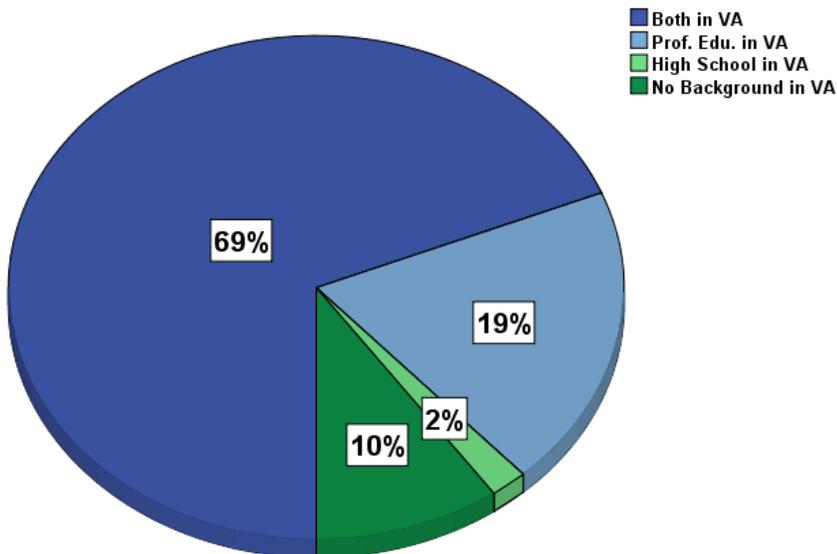
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	32%	29%	39%
2	Metro, 250,000 to 1 Million	57%	19%	25%
3	Metro, 250,000 or Less	66%	17%	16%
Non-Metro Counties				
4	Urban Pop. 20,000+, Metro Adjacent	66%	16%	18%
6	Urban Pop., 2,500-19,999, Metro Adjacent	78%	11%	10%
7	Urban Pop., 2,500-19,999, Non-Adjacent	85%	7%	8%
8	Rural, Metro Adjacent	79%	9%	12%
9	Rural, Non-Adjacent	76%	12%	12%
Overall		49%	23%	29%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of all CNAs grew up in self-described rural areas, and 29% of these professionals currently work in non-metro counties. Overall, 18% of all CNAs currently work in non-metro counties.

Top Ten States for Certified Nursing Aide Recruitment

Rank	All CNAs			
	High School	#	Init. Prof Degree	#
1	Virginia	37,787	Virginia	47,265
2	Outside U.S./Canada	7,363	North Carolina	960
3	New York	1,206	New York	650
4	North Carolina	925	West Virginia	524
5	West Virginia	765	Maryland	500
6	Maryland	641	Pennsylvania	344
7	Pennsylvania	616	New Jersey	257
8	New Jersey	475	California	254
9	Florida	397	Georgia	209
10	Georgia	271	Tennessee	171

More than 70% of Virginia's licensed CNAs earned their high school degree in Virginia, while 88% received their initial CNA training in the state.

Source: Va. Healthcare Workforce Data Center

Among CNAs who received their license in the past five years, 71% received their high school degree in Virginia, and 87% received their initial CNA training in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	11,203	Virginia	13,681
2	Outside U.S./Canada	1,912	North Carolina	304
3	New York	296	West Virginia	201
4	North Carolina	281	New York	175
5	West Virginia	244	Maryland	156
6	Maryland	220	Pennsylvania	107
7	Pennsylvania	192	California	69
8	Florida	153	Georgia	68
9	New Jersey	102	New Jersey	63
10	Georgia	97	Florida	61

Source: Va. Healthcare Workforce Data Center

More than 5% of Virginia's licensees did not participate in the state's CNA workforce during the past year. Among these licensees, 85% worked at some point in the past year, including 71% who worked in a CNA-related capacity.

At a Glance:

Not in VA Workforce

Total: 3,344
 % of Licensees: 6%
 Va. Border State/DC: 36%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Certifications		
Certification	#	% of Workforce
Registered Medication Aide (RMA)	4,172	7%
Advanced Practice CNA	438	1%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education

RMA: 7%

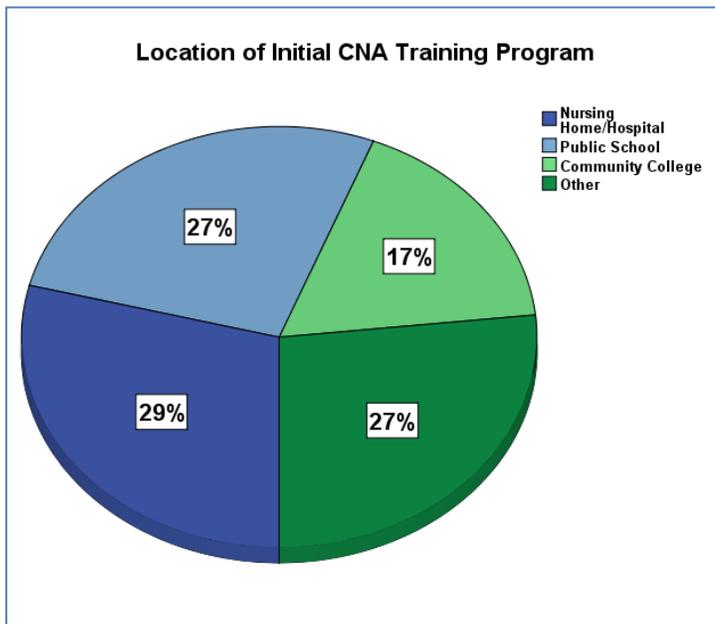
Advanced Practice CNA: 1%

Educational Advancement

RN Program: 6%

LPN Program: 4%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

CNA Training Location		
Location	#	%
Nursing Home/Hospital	15,350	29%
Public School (High School/Vocational School)	14,305	27%
Community College	9,193	17%
Other (Private School/Proprietary Program)	14,146	27%
Total	52,994	100%

Source: Va. Healthcare Workforce Data Center

Educational Advancement		
Program Enrollment	#	%
None	45,102	90%
RN Program	3,175	6%
LPN Program	1,986	4%
Total	50,262	100%

Source: Va. Healthcare Workforce Data Center

One out of ten CNAs are currently enrolled in a nursing program, including 6% who are enrolled in a RN program.

At a Glance:

Employment

Employed in Profession: 86%
Involuntarily Unemployed: 3%

Positions Held

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

Weekly Hours:

40 to 49: 39%
60 or More: 5%
Less than 30: 20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	29	< 1%
Employed in a CNA-Related Capacity	46,235	86%
Employed, NOT in a CNA-Related Capacity	5,408	10%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1,841	3%
Voluntarily Unemployed	129	< 1%
Retired	29	< 1%
Total	53,670	100%

Source: Va. Healthcare Workforce Data Center

More than four out of every five CNAs are currently employed in the profession. Nearly 60% of CNAs have one full-time job, and 39% of CNAs work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	1,999	4%
1 to 9 Hours	1,868	4%
10 to 19 Hours	2,718	5%
20 to 29 Hours	5,440	11%
30 to 39 Hours	14,587	29%
40 to 49 Hours	19,686	39%
50 to 59 Hours	1,888	4%
60 to 69 Hours	820	2%
70 to 79 Hours	649	1%
80 or More Hours	1,242	2%
Total	50,897	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,999	4%
One Part-Time Position	9,980	19%
Two Part-Time Positions	2,283	4%
One Full-Time Position	30,257	57%
One Full-Time Position & One Part-Time Position	7,210	14%
Two Full-Time Positions	703	1%
More than Two Positions	435	1%
Total	52,867	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Less than \$7.50 per Hour	305	1%
\$7.50 to \$7.99 per Hour	359	1%
\$8.00 to \$8.99 per Hour	1,066	2%
\$9.00 to \$9.99 per Hour	1,788	4%
\$10.00 to \$10.99 per Hour	3,420	8%
\$11.00 to \$11.99 per Hour	4,510	10%
\$12.00 to \$12.99 per Hour	7,553	17%
\$13.00 to \$13.99 per Hour	7,384	16%
\$14.00 to \$14.99 per Hour	6,411	14%
\$15.00 or More per Hour	12,621	28%
Total	45,416	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$13-\$14/hr.

Benefits
Health Insurance: 54%
Retirement: 43%

Satisfaction
Satisfied: 94%
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	33,297	63%
Somewhat Satisfied	16,397	31%
Somewhat Dissatisfied	2,115	4%
Very Dissatisfied	965	2%
Total	52,774	100%

Source: Va. Healthcare Workforce Data Center

The typical CNA earns between \$13 and \$14 per hour. In addition, three out of every four CNAs receive at least one employer-sponsored benefit, including 54% who have access to health insurance.

Employer-Sponsored Benefits		
Benefit	#	% of Workforce
Paid Vacation	29,432	64%
Health Insurance	24,797	54%
Paid Sick Leave	24,247	52%
Dental Insurance	23,415	51%
Retirement	20,049	43%
Group Life Insurance	14,747	32%
At Least One Benefit	34,575	75%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Less than 6 Months	5,659	12%	3,163	22%
6 Months to 1 Year	6,930	14%	2,764	19%
1 to 2 Years	12,670	26%	3,566	24%
3 to 5 Years	11,114	23%	2,758	19%
6 to 10 Years	5,243	11%	1,278	9%
More than 10 Years	6,323	13%	1,121	8%
Subtotal	47,939	100%	14,650	100%
Did Not Have Location	3,172		39,447	
Item Missing	5,760		2,773	
Total	56,870		56,870	

Source: Va. Healthcare Workforce Data Center

At a Glance:

Turnover & Tenure

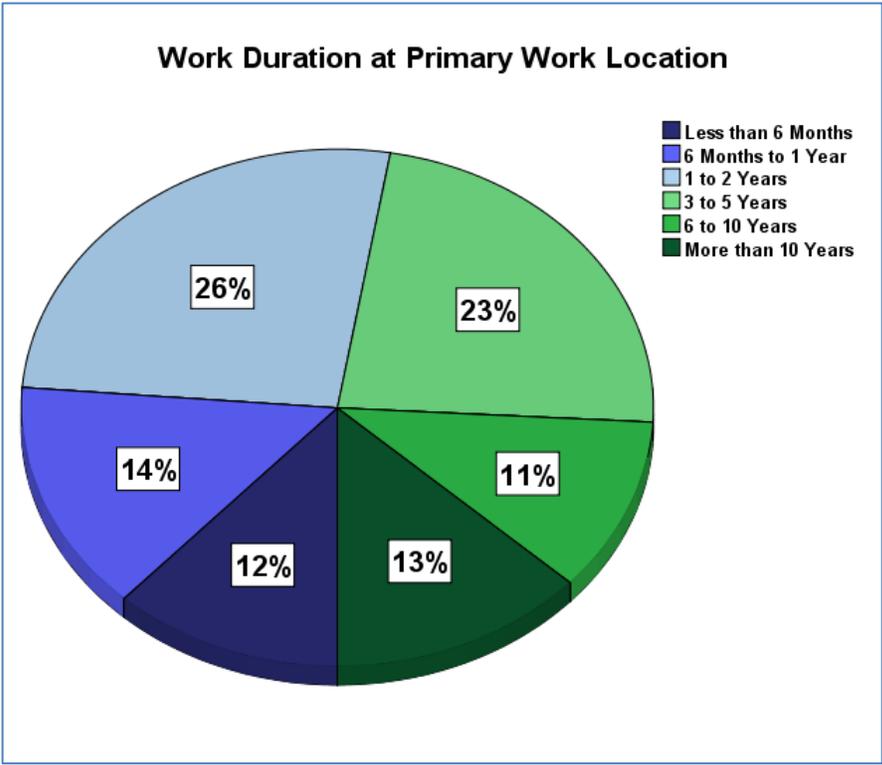
New Location: 39%

Over 2 Years: 47%

Over 2 Yrs., 2nd Location: 35%

Source: Va. Healthcare Workforce Data Center

Nearly half of CNAs have worked at their primary work location for more than two years.



Source: Va. Healthcare Workforce Data Center

At a Glance:

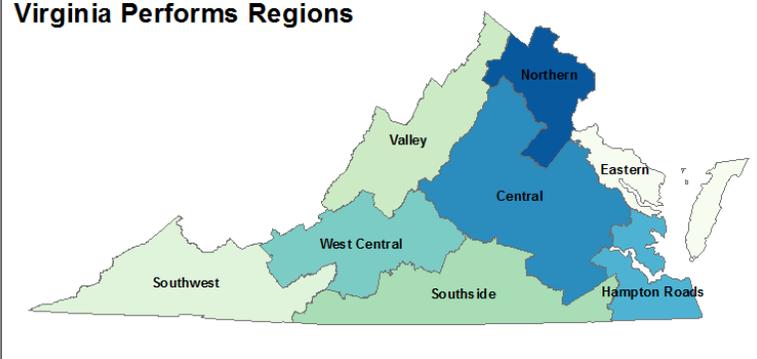
Concentration

Top Region:	22%
Top 3 Regions:	61%
Lowest Region:	3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

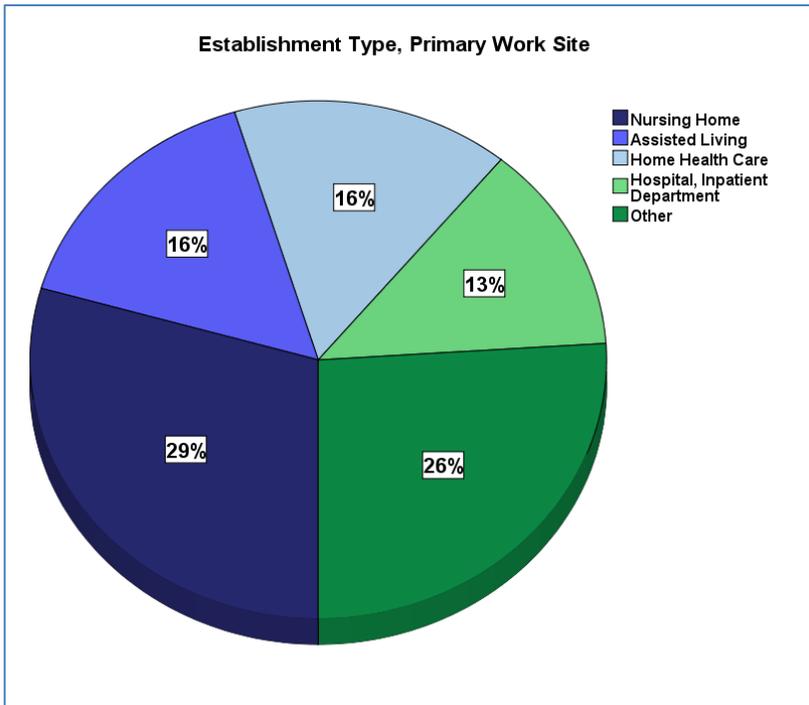
Regional Distribution of Work Locations

Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	10,228	22%	3,383	22%
Northern	9,271	20%	3,857	25%
Hampton Roads	8,704	19%	3,112	20%
West Central	6,601	14%	1,920	13%
Valley	3,624	8%	847	6%
Southside	3,391	7%	989	6%
Southwest	2,553	6%	541	4%
Eastern	1,337	3%	476	3%
Virginia Border State/D.C.	91	0%	65	0%
Other U.S. State	68	0%	92	1%
Outside of the U.S.	23	0%	9	0%
Total	45,891	100%	15,291	100%
Item Missing	7,808		2,133	

Source: Va. Healthcare Workforce Data Center

More than three out of every five CNAs in the state work in Central Virginia, Northern Virginia, and Hampton Roads.

A Closer Look:



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Activity

Clinical/Patient Care: 92%

Non-Clinical: 8%

Top Establishments

Nursing Home: 29%

Assisted Living: 16%

Home Health Care: 16%

Source: Va. Healthcare Workforce Data Center

Nursing homes employ nearly 30% of all CNAs, the most of any establishment type in the state.

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Nursing Home	14,561	29%	2,867	18%
Assisted Living	7,833	16%	2,405	15%
Home Health Care	7,730	16%	3,852	24%
Hospital, Inpatient Department	6,446	13%	742	5%
Personal Care: Companion/Sitter/Private Duty	2,188	4%	1,232	8%
Hospice	1,179	2%	213	1%
Group Home	1,059	2%	456	3%
Mental Health Facility	1,013	2%	152	1%
Physician's Office	1,004	2%	128	1%
Hospital, Ambulatory Care	993	2%	176	1%
Health Clinic	576	1%	183	1%
Ambulatory or Outpatient Care	557	1%	207	1%
Other Practice Setting	4,293	9%	3,524	22%
Total	49,432	100%	16,137	100%
Did Not Have a Location	3,172		39,447	

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 50,584
 FTEs/1,000 Residents¹: 5.94
 Average: 0.94

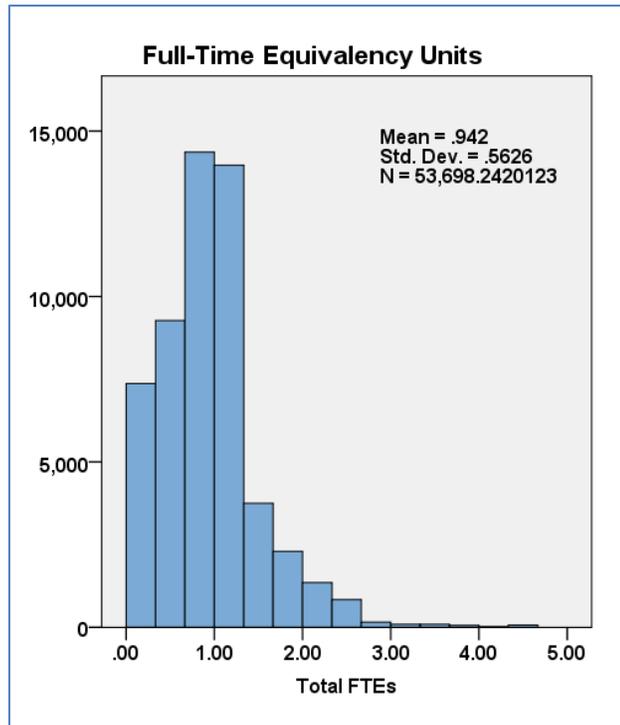
Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

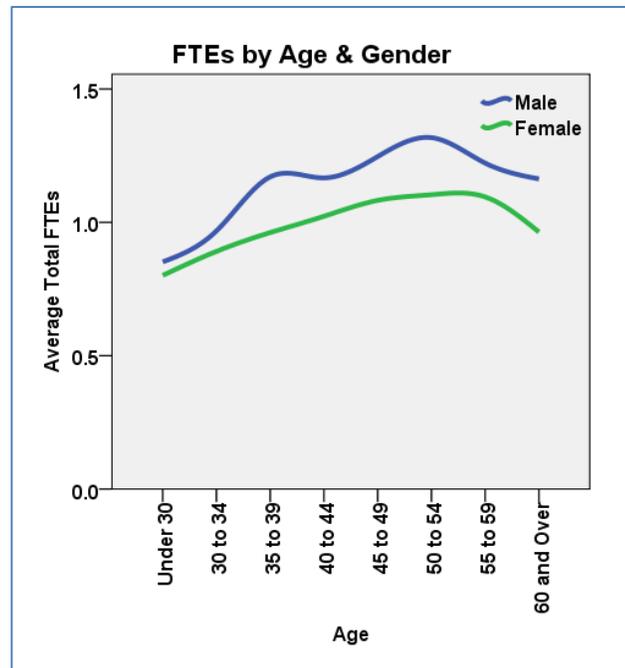


Source: Va. Healthcare Workforce Data Center

The typical (median) CNA provided 0.91 FTEs, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.²

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.80	0.81
30 to 34	0.88	0.88
35 to 39	0.96	0.91
40 to 44	1.02	0.91
45 to 49	1.08	1.06
50 to 54	1.09	1.08
55 to 59	1.09	1.08
60 and Over	0.95	0.91
Gender		
Male	1.07	1.02
Female	0.95	0.91

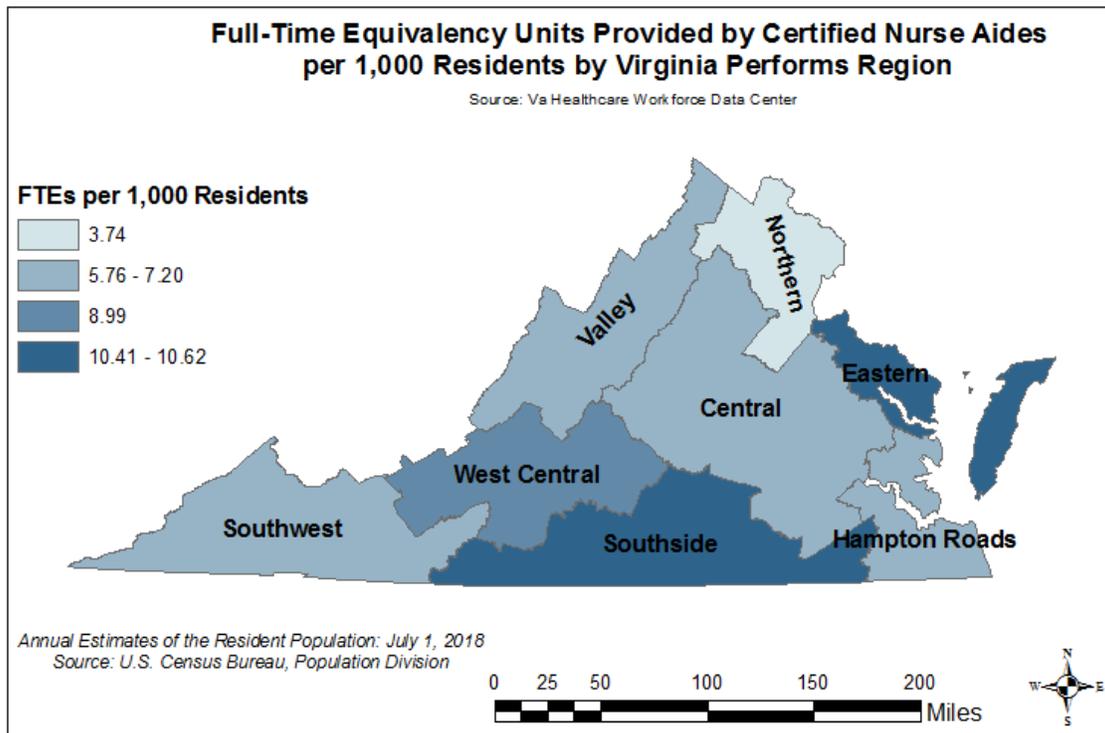
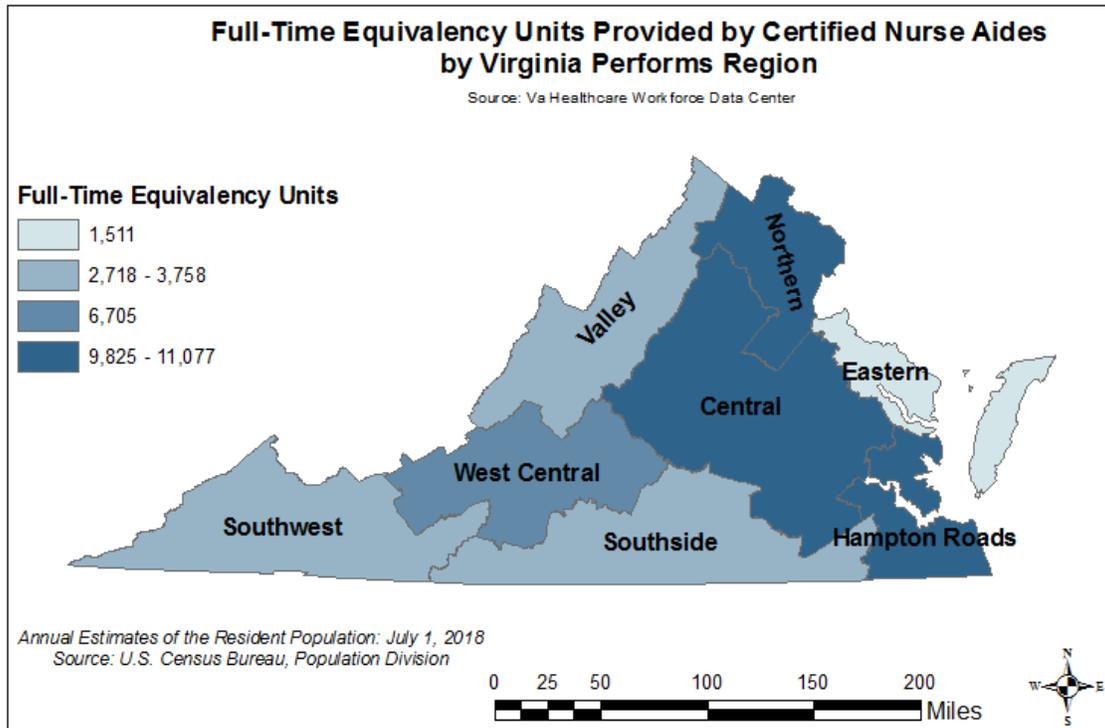
Source: Va. Healthcare Workforce Data Center

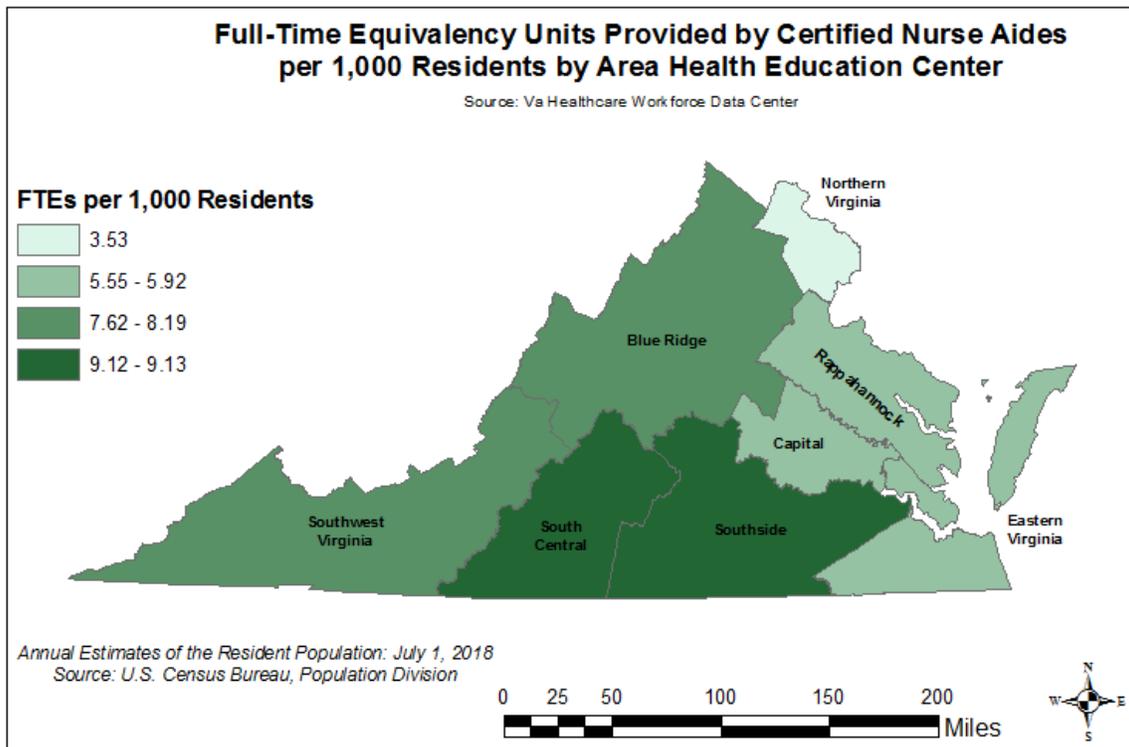
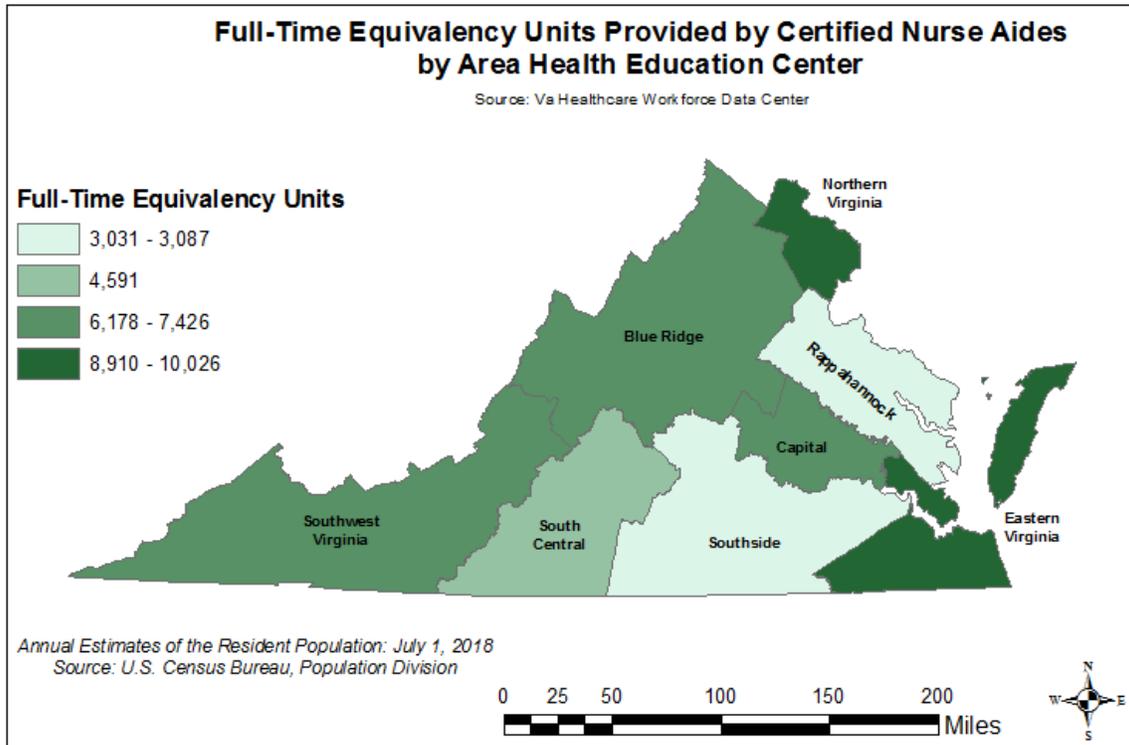


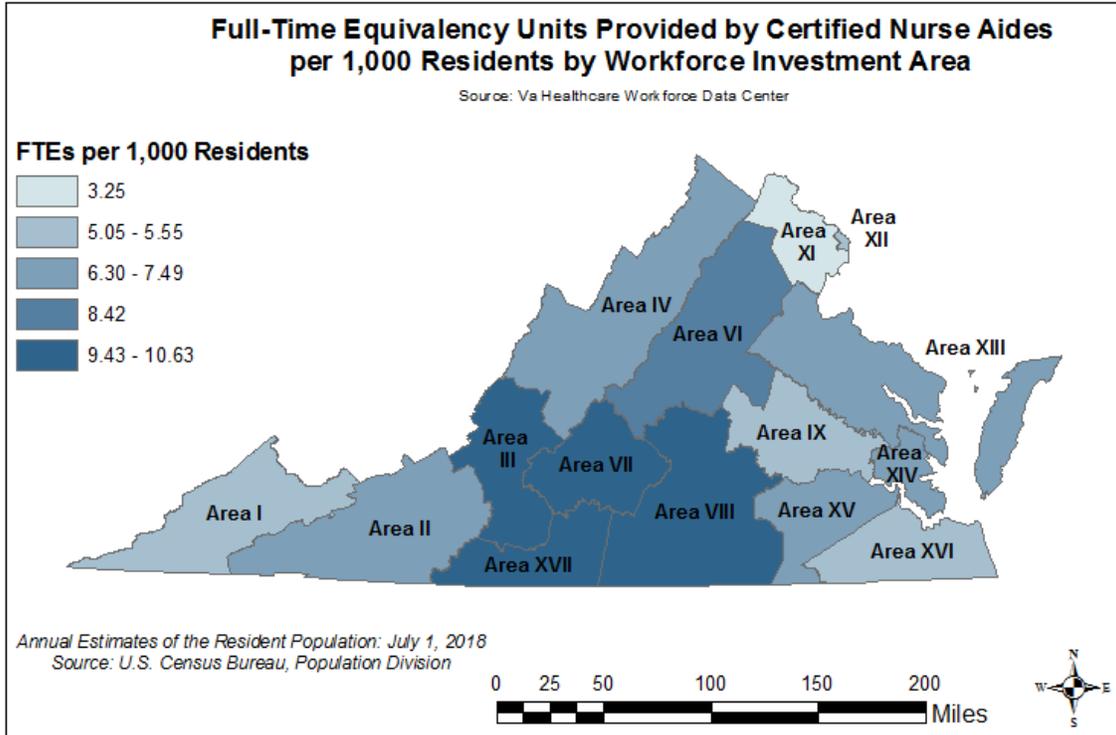
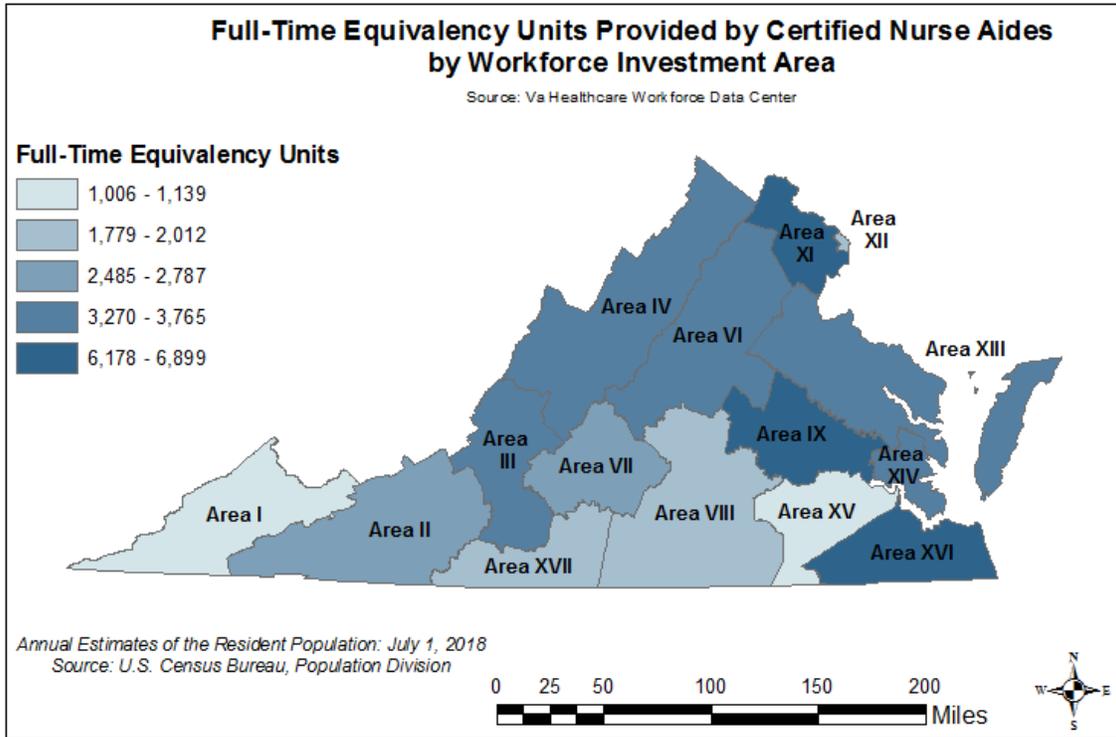
Source: Va. Healthcare Workforce Data Center

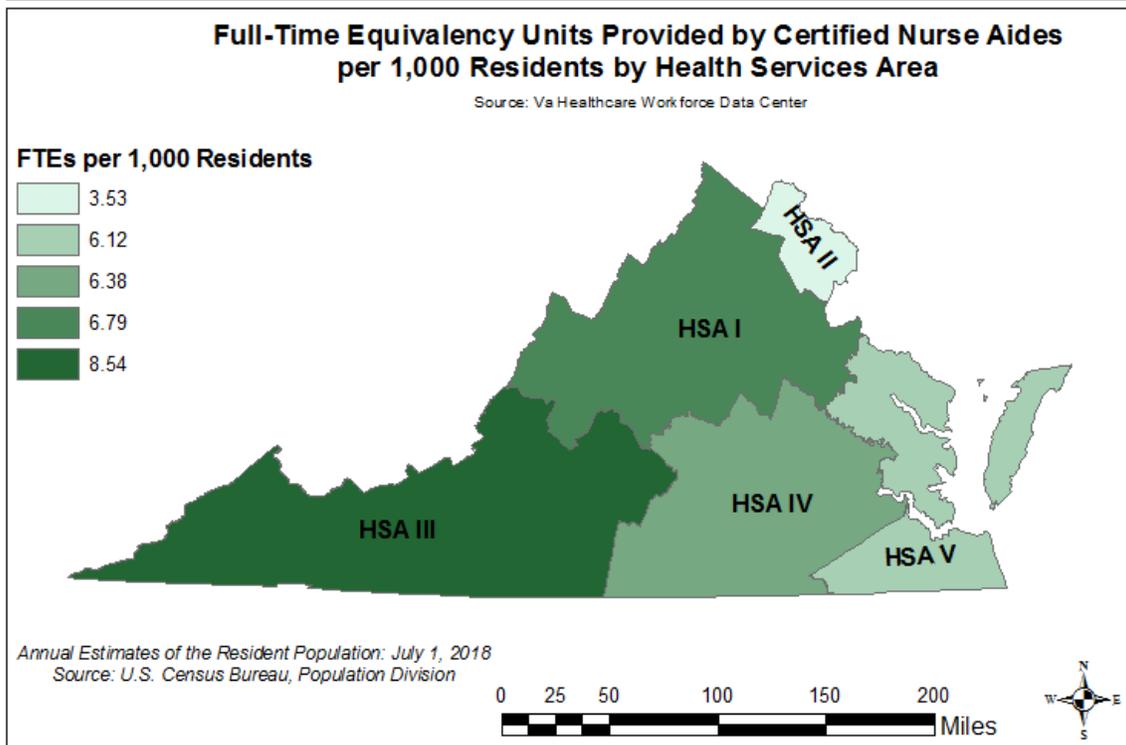
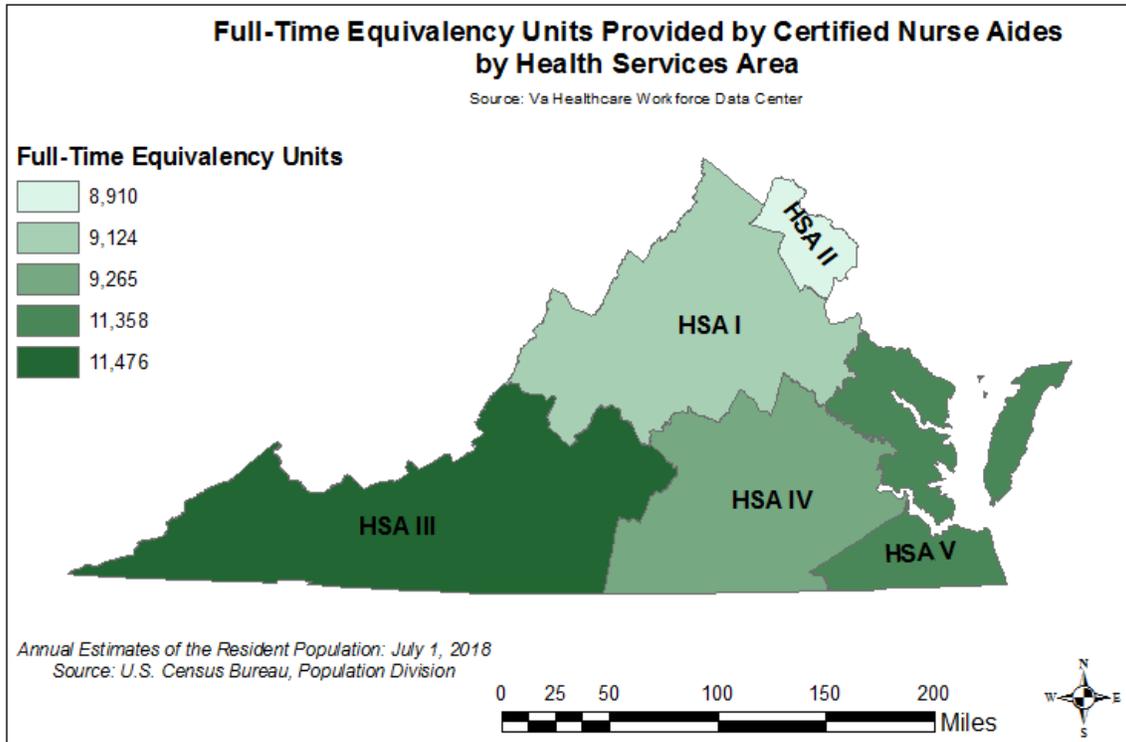
¹Number of residents in 2018 was used as the denominator.

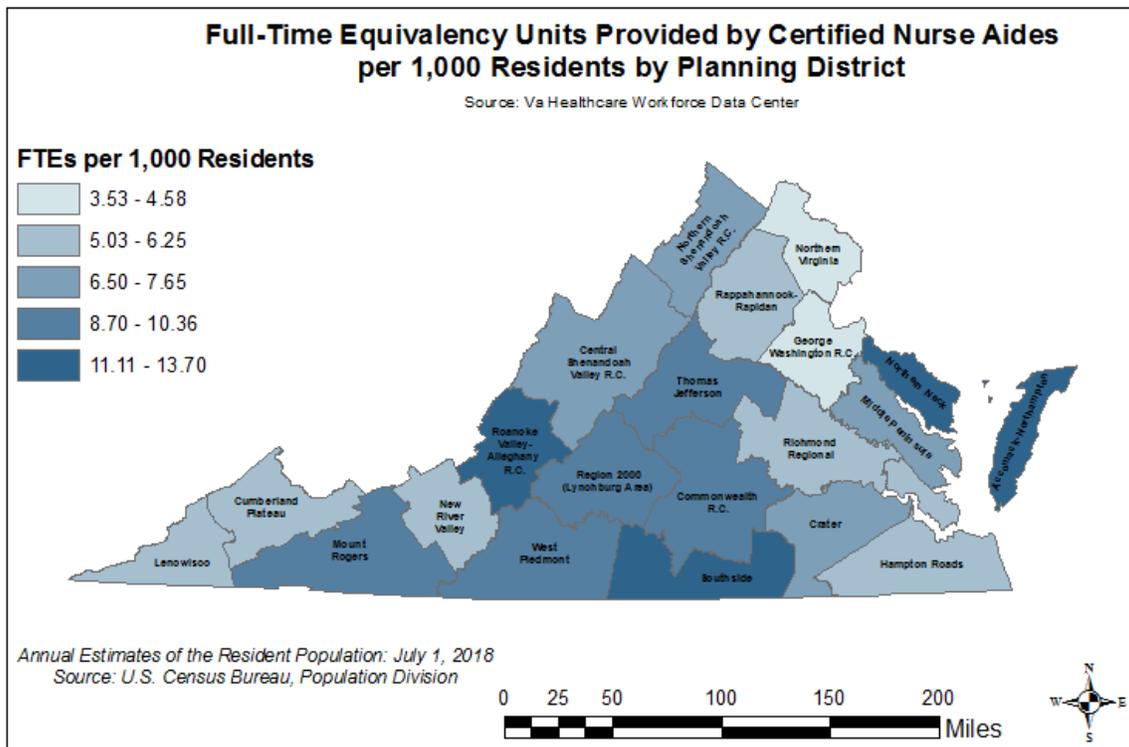
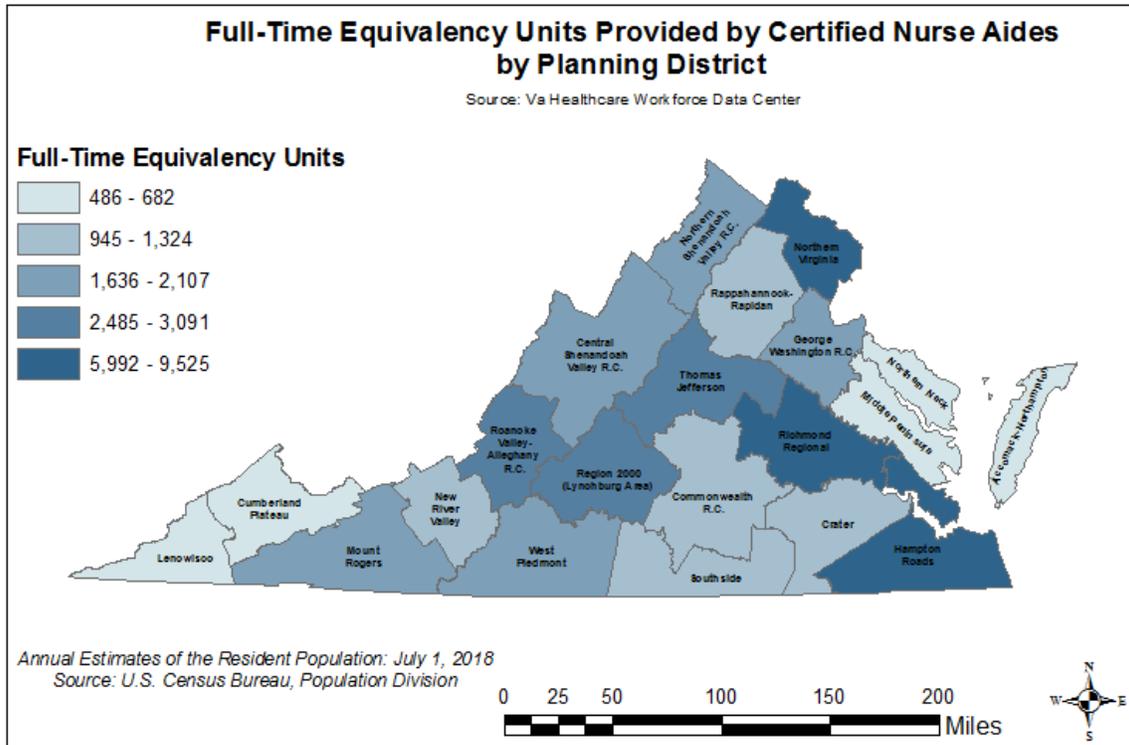
² Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)











Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 Million+	30,219	55.62%	1.797787	1.40041	2.648854
Metro, 250,000 to 1 Million	6,331	54.79%	1.825022	1.421624	2.688982
Metro, 250,000 or Less	5,992	55.21%	1.811366	1.410987	2.668862
Urban Pop. 20,000+, Metro Adj.	1,888	56.99%	1.754647	1.366805	2.585292
Urban Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	4,435	58.58%	1.707082	1.329754	2.51521
Urban Pop., 2,500-19,999, Non-Adj.	2,129	49.60%	2.016098	1.570466	2.970514
Rural, Metro Adj.	2,337	55.97%	1.786697	1.391771	2.632515
Rural, Non-Adj.	1,084	49.63%	2.01487	1.569509	2.968704
Virginia Border State/D.C.	3,378	36.68%	2.726392	2.123759	4.017059
Other U.S. State	2,479	20.41%	4.899209	3.816303	7.218482

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	17,462	35.93%	2.783232	2.51521	7.218482
30 to 34	8,161	46.28%	2.16071	1.952636	5.603931
35 to 39	6,417	57.29%	1.745647	1.577544	4.527442
40 to 44	5,533	61.30%	1.631191	1.474109	4.230593
45 to 49	5,190	63.39%	1.577508	1.425595	4.091361
50 to 54	5,175	66.26%	1.509186	1.363853	3.914166
55 to 59	5,103	67.96%	1.471453	1.329754	3.816303
60 and Over	7,231	63.63%	1.571615	1.42027	4.076078

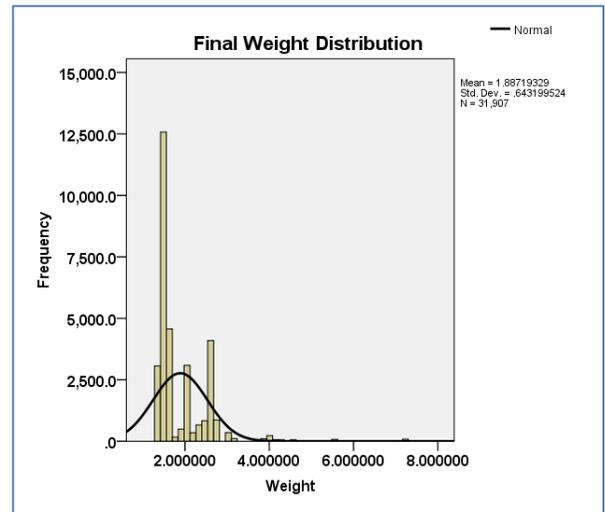
Source: Va. Healthcare Workforce Data Center

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

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

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.529383



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Licensed Practical Nurse Workforce: 2019

Healthcare Workforce Data Center

October 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

Nearly 10,000 Licensed Practical Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Licensed Practical Nurse Workforce: At a Glance:

The Workforce

Licensees:	29,500
Virginia's Workforce:	26,725
FTEs:	23,974

Background

Rural Childhood:	49%
HS Degree in VA:	72%
Prof. Degree in VA:	86%

Current Employment

Employed in Prof.:	90%
Hold 1 Full-Time Job:	69%
Satisfied?:	95%

Survey Response Rate

All Licensees:	34%
Renewing Practitioners:	77%

Education

LPN Diploma/Cert.:	96%
Associate:	4%

Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs:	56%

Demographics

Female:	95%
Diversity Index:	54%
Median Age:	46

Finances

Median Income:	\$40k-\$50k
Health Benefits:	62%
Under 40 w/ Ed Debt:	60%

Time Allocation

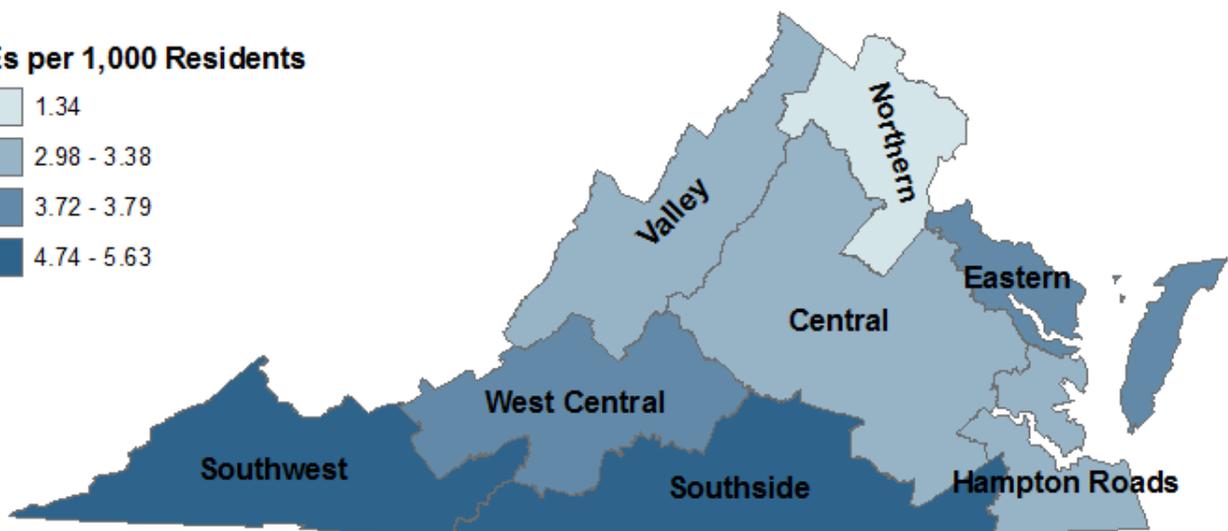
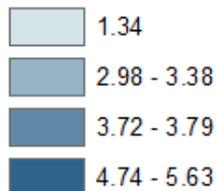
Patient Care:	80%-89%
Patient Care Role:	67%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

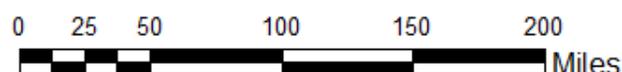
Full Time Equivalency Units Provided by Licensed Practical Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2019 Licensed Practical Nurse (LPNs) Survey. Nearly 10,000 LPNs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of LPNs have access to the survey in a given year. Thus, these survey respondents represent 34% of the 29,500 LPNs licensed in the state and 77% of renewing practitioners.

The HWDC estimates that 26,725 LPNs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LPN at some point in the future. Virginia's LPN workforce provided 23,974 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

More than 90% of all LPNs are female, and the median age of the LPN workforce is 46. In a random encounter between two LPNs, there is a 54% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 57%. Nearly half of all LPNs grew up in a rural area, and 32% of these professionals currently work in non-metro areas of the state.

More than 40% of all LPNs carry education debt, including 60% of those who are under the age of 40. The median annual income among Virginia's LPN workforce is between \$40,000 and \$50,000. In addition, 79% of LPNs receive at least one employer-sponsored benefit, including 62% who receive health insurance. Nearly all LPNs are satisfied with their current employment situation, including 65% who indicate that they are "very satisfied".

Nine out of every ten LPNs are currently employed in the profession. In addition, 56% of LPNs have been employed at their primary work location for more than two years. More than 80% of Virginia's LPN workforce is employed in the private sector, including 61% who work at a for-profit enterprise. With respect to establishment types, 26% of LPNs are currently employed at a long-term care facility or nursing home, while 12% work at a physician's office. Most LPNs treat adult and elderly patients at their primary work location.

Summary of Trends

In this section, all statistics for the current year will be compared relative to the 2014 LPN workforce. The number of LPN survey respondents has decreased by 6% (9,911 vs. 10,599). There has been a similar 5% decline in the number of licensees in the state (29,500 vs. 31,055). This has led to a 4% decrease in the size of Virginia's LPN workforce (26,725 vs. 27,915) as well as a 4% decline in the number of FTEs provided by this workforce (23,974 vs. 24,967).

As Virginia's overall population has become more racially and ethnically diverse, so has the state's LPN workforce. The diversity index of Virginia's overall LPN workforce has increased (54% vs. 52%) as well as the diversity index among those LPNs who are under the age of 40 (58% vs. 56%). LPNs are slightly more likely to have been raised in a rural area (49% vs. 48%), but these professionals are no more likely to work in non-metro areas of the state.

LPNs are more likely to carry education debt (42% vs. 38%), and the median debt burden has also increased (\$20,000-\$30,000 vs. \$10,000-\$20,000). At the same time, the median annual income of this workforce has increased (\$40,000-\$50,000 vs. \$30,000-\$40,000). LPNs are also more likely to receive at least one employer-sponsored benefit (79% vs. 76%). This includes LPNs who have access to health insurance through their employer (62% vs. 57%). More LPNs also indicate that they are satisfied with their current employment situation (95% vs. 93%).

LPNs are less likely to be involuntarily unemployed (2% vs. 3%) or underemployed (4% vs. 6%). Among those LPNs with a primary work location, fewer professionals work in the for-profit sector (61% vs. 63%) relative to the non-profit sector (21% vs. 19%). While long-term care facilities/nursing homes (26% vs. 28%) and physician offices (12% vs. 14%) remain the most common establishment types in Virginia, relatively fewer LPNs work at them. Instead, relatively more LPNs work in clinic, primary care, or non-specialty establishments (11% vs. 9%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	12,950	44%
New Licensees	1,006	3%
Non-Renewals	2,027	7%
Renewal Date Not in Survey Period	13,517	46%
All Licensees	29,500	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than three-quarters of renewing LPNs submitted a survey. These represent 34% of LPNs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	2,361	807	26%
30 to 34	2,137	1,301	38%
35 to 39	2,535	1,049	29%
40 to 44	2,090	1,398	40%
45 to 49	2,379	1,101	32%
50 to 54	1,873	1,367	42%
55 to 59	2,280	915	29%
60 and Over	3,934	1,973	33%
Total	19,589	9,911	34%
New Licenses			
Issued in Past Year	1,006	0	0%
Metro Status			
Non-Metro	4,171	2,197	35%
Metro	14,179	7,272	34%
Not in Virginia	1,238	442	26%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2018 and September 2019 on the birth month of each renewing practitioner.
- 2. Target Population:** All LPNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to LPNs who renewed their licenses online. It was not available to those who did not renew, including LPNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	9,911
Response Rate, All Licensees	34%
Response Rate, Renewals	77%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LPNs
 Number: 29,500
 New: 3%
 Not Renewed: 7%

Response Rates
 All Licensees: 34%
 Renewing Practitioners: 77%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LPN Workforce: 26,725
 FTEs: 23,974

Utilization Ratios

Licensees in VA Workforce: 91%
 Licensees per FTE: 1.23
 Workers per FTE: 1.11

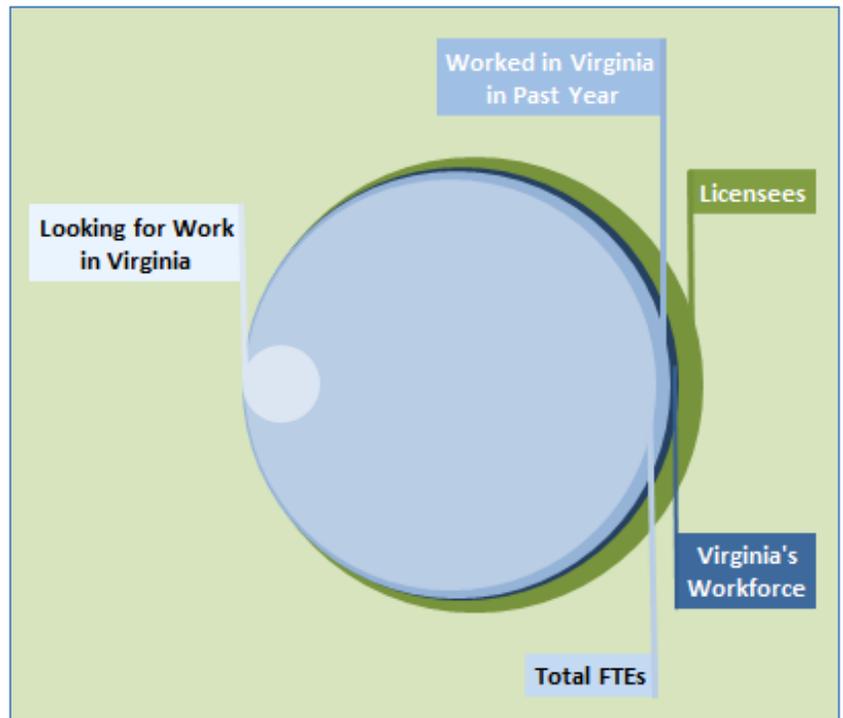
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's LPN Workforce		
Status	#	%
Worked in Virginia in Past Year	25,855	97%
Looking for Work in Virginia	870	3%
Virginia's Workforce	26,725	100%
Total FTEs	23,974	
Licensees	29,500	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

[https://www.dhp.virginia.gov/
 PublicResources/HealthcareW
 orkforceDataCenter/](https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/)

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	106	4%	2,661	96%	2,768	12%
30 to 34	152	5%	2,807	95%	2,959	13%
35 to 39	145	5%	2,828	95%	2,973	13%
40 to 44	131	5%	2,746	95%	2,876	12%
45 to 49	138	5%	2,674	95%	2,812	12%
50 to 54	120	5%	2,361	95%	2,481	11%
55 to 59	154	6%	2,289	94%	2,443	10%
60 and Over	226	6%	3,806	94%	4,032	17%
Total	1,172	5%	22,171	95%	23,344	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female: 95%
% Under 40 Female: 95%

Age

Median Age: 46
% Under 40: 37%
% 55 and Over: 28%

Diversity

Diversity Index: 54%
Under 40 Div. Index: 58%

Source: Va. Healthcare Workforce Data Center

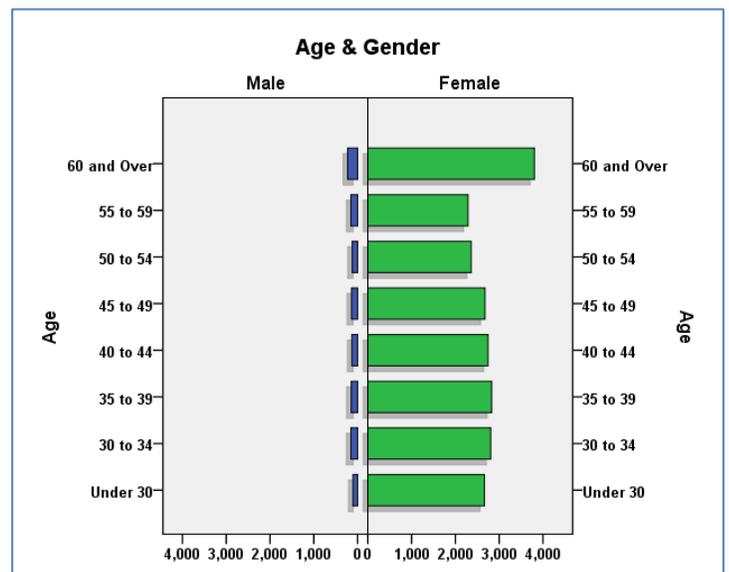
Race & Ethnicity					
Race/ Ethnicity	Virginia*	LPNs		LPNs Under 40	
	%	#	%	#	%
White	61%	14,036	59%	4,977	56%
Black	19%	7,616	32%	2,745	31%
Asian	7%	440	2%	205	2%
Other Race	0%	265	1%	98	1%
Two or More Races	3%	491	2%	259	3%
Hispanic	10%	826	3%	526	6%
Total	100%	23,674	100%	8,810	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LPNs, there is a 54% chance that they would be of a different race or ethnicity (a measure known as the diversity index), compared to a 57% chance for Virginia's population as a whole.

More than one-third of LPNs are under the age of 40. Nearly all of these professionals are female. In addition, the diversity index among these LPNs is 58%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 20%
 Rural Childhood: 49%

Virginia Background

HS in Virginia: 72%
 Prof. Ed. in VA: 86%
 HS or Prof. Ed. in VA: 88%

Location Choice

% Rural to Non-Metro: 32%
 % Urban/Suburban to Non-Metro: 7%

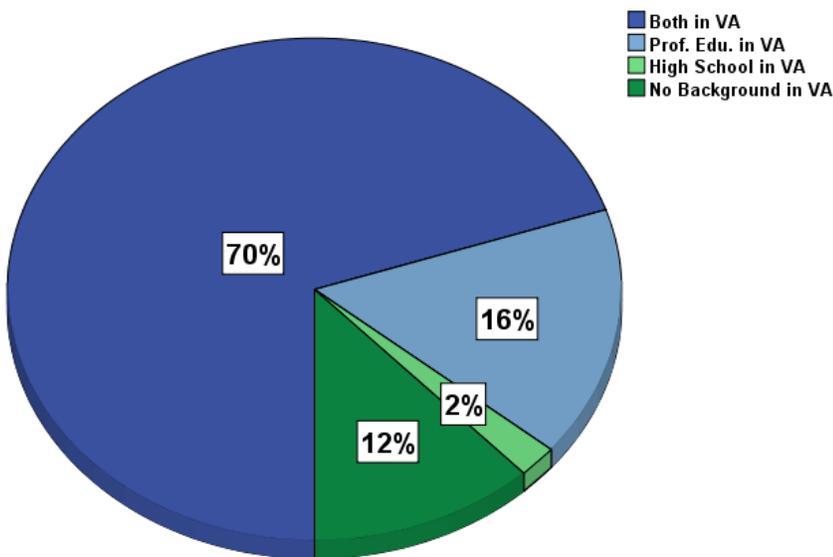
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	31%	42%	28%
2	Metro, 250,000 to 1 Million	64%	23%	13%
3	Metro, 250,000 or Less	71%	19%	10%
Non-Metro Counties				
4	Urban Pop. 20,000+, Metro Adjacent	68%	18%	14%
6	Urban Pop., 2,500-19,999, Metro Adjacent	81%	10%	8%
7	Urban Pop., 2,500-19,999, Non-Adjacent	92%	6%	3%
8	Rural, Metro Adjacent	85%	12%	3%
9	Rural, Non-Adjacent	76%	15%	9%
Overall		49%	31%	20%

Source: Va. Healthcare Workforce Data Center

Educational Background In Virginia



Source: Va. Healthcare Workforce Data Center

Nearly half of LPNs grew up in self-described rural areas, and 32% of these professionals currently work in non-metro counties. Overall, 19% of all LPNs currently work in non-metro counties.

Top Ten States for Licensed Practical Nurse Recruitment

Rank	All LPNs			
	High School	#	Init. Prof. Degree	#
1	Virginia	16,907	Virginia	20,162
2	Outside U.S./Canada	1,443	New York	446
3	New York	815	Pennsylvania	286
4	Pennsylvania	465	West Virginia	277
5	West Virginia	424	Florida	210
6	New Jersey	361	Texas	204
7	North Carolina	343	New Jersey	199
8	Florida	269	North Carolina	169
9	Maryland	259	California	162
10	Ohio	229	Washington, D.C.	154

Source: Va. Healthcare Workforce Data Center

More than 70% of LPNs received their high school degree in Virginia, and 86% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	2,913	Virginia	3,504
2	Outside U.S./Canada	310	New York	96
3	New York	165	Texas	77
4	Pennsylvania	95	Pennsylvania	75
5	West Virginia	78	West Virginia	63
6	North Carolina	72	California	61
7	New Jersey	72	Florida	55
8	Florida	67	North Carolina	51
9	California	61	New Jersey	36
10	Ohio	43	Connecticut	24

Source: Va. Healthcare Workforce Data Center

Among LPNs who received their license in the past five years, 67% received their high school degree in Virginia, while 82% received their initial professional degree in the state.

Nearly 10% of licensees did not participate in Virginia's LPN workforce during the past year. Approximately two-thirds of these licensees worked at some point in the past year, including 55% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	2,760
% of Licensees:	9%
Federal/Military:	9%
Va. Border State/D.C.:	20%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	22,413	96%
Hospital RN Diploma	33	0%
Associate Degree	889	4%
Baccalaureate Degree	79	0%
Master's Degree	13	0%
Doctorate Degree	0	0%
Total	23,427	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 LPN Diploma/Cert.: 96%
 Associate: 4%

Education Debt
 Carry Debt: 42%
 Under Age 40 w/ Debt: 60%
 Median Debt: \$20k-\$30k

Source: Va. Healthcare Workforce Data Center

Nearly all LPNs hold a LPN/LVN Diploma or Certificate as their highest professional degree. More than 40% of LPNs carry education debt, including 60% of those who are under the age of 40. The median debt burden among those LPNs with education debt is between \$20,000 and \$30,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	3,257	14%
No	20,057	86%
Total	23,314	100%
Degree Pursued	#	%
Associate	2,142	68%
Bachelor	861	27%
Masters	105	3%
Doctorate	29	1%
Total	3,137	100%

Source: Va. Healthcare Workforce Data Center

Educational Debt				
Amount Carried	All LPNs		LPNs Under 40	
	#	%	#	%
None	11,706	58%	3,047	40%
Less than \$10,000	1,931	10%	1,025	14%
\$10,000-\$19,999	1,647	8%	834	11%
\$20,000-\$29,999	1,494	7%	829	11%
\$30,000-\$39,999	1,071	5%	695	9%
\$40,000-\$49,999	661	3%	381	5%
\$50,000-\$59,999	512	3%	275	4%
\$60,000-\$69,999	383	2%	195	3%
\$70,000-\$79,999	191	1%	103	1%
\$80,000-\$89,999	148	1%	75	1%
\$90,000-\$99,999	120	1%	49	1%
\$100,000-\$109,999	86	0%	36	0%
\$110,000-\$119,999	22	0%	10	0%
\$120,000 or More	78	0%	22	0%
Total	20,050	100%	7,576	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

LTC/Assisted Living: 14%
 Geriatrics/Gerontology: 13%
 Pediatrics: 8%

Secondary Specialty

LTC/Assisted Living: 13%
 Geriatrics/Gerontology: 10%
 Pediatrics: 5%

Licenses

Registered Nurse: 1%

Source: Va. Healthcare Workforce Data Center

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Long-Term Care/Assisted Living/Nursing Home	3,095	14%	2,364	13%
Geriatrics/Gerontology	2,869	13%	1,873	10%
Pediatrics	1,857	8%	916	5%
Family Health	1,288	6%	727	4%
Psychiatric/Mental Health	700	3%	549	3%
Acute/Critical Care/Emergency/Trauma	439	2%	476	3%
Rehabilitation	423	2%	490	3%
Adult Health	418	2%	640	4%
Women's Health/Gynecology	379	2%	236	1%
Surgery/OR/Pre-, Peri- or Post-Operative	363	2%	224	1%
Cardiology	347	2%	206	1%
Community Health/Public Health	268	1%	315	2%
Administration/Management	239	1%	484	3%
Orthopedics	232	1%	176	1%
Case Management	215	1%	190	1%
General Nursing/No Specialty	6,411	28%	5,808	32%
Medical Specialties (Not Listed)	295	1%	158	1%
Other Specialty Area	2,833	12%	2,361	13%
Total	22,669	100%	18,192	100%

Source: Va. Healthcare Workforce Data Center

Other Licenses		
License	#	% of Workforce
Registered Nurse	331	1%
Certified Massage Therapist	52	0%
Licensed Nurse Practitioner	34	0%
Respiratory Therapist	27	0%
Certified Nurse Midwife	6	0%
Clinical Nurse Specialist	4	0%

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all LPNs have a primary specialty in either long-term care/assisted living/nursing homes or in geriatrics/gerontology.

A Closer Look:

Military Service		
Service?	#	%
Yes	1,401	6%
No	20,994	94%
Total	22,395	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	670	52%
Navy/Marine	417	33%
Air Force	162	13%
Other	28	2%
Total	1,277	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 6%

Branch of Service

Army: 52%
 Navy/Marines: 33%
 Air Force: 13%

Occupation

Army Health Care Spec.: 17%
 Navy Basic Med. Tech.: 9%

Source: Va. Healthcare Workforce Data Center

More than 5% of Virginia's LPN workforce has served in the military. More than half of these LPNs have served in the Army, including 17% who worked as an Army Health Care Specialist (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	206	17%
Navy Basic Medical Technician (Navy HM0000)	104	9%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	36	3%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	6	0%
Other	858	71%
Total	1,210	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 90%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 69%
2 or More Positions: 12%

Weekly Hours

40 to 49: 55%
60 or More: 6%
Less than 30: 10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	40	< 1%
Employed in a Nursing-Related Capacity	20,744	90%
Employed, NOT in a Nursing-Related Capacity	882	4%
Not Working, Reason Unknown	3	< 1%
Involuntarily Unemployed	119	1%
Voluntarily Unemployed	995	4%
Retired	388	2%
Total	23,171	100%

Source: Va. Healthcare Workforce Data Center

Nine out of every ten LPNs are currently employed in their profession. Nearly 70% of LPNs hold one full-time job, and 55% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	1,505	7%
1 to 9 Hours	341	2%
10 to 19 Hours	676	3%
20 to 29 Hours	1,305	6%
30 to 39 Hours	3,528	16%
40 to 49 Hours	12,420	55%
50 to 59 Hours	1,453	6%
60 to 69 Hours	546	2%
70 to 79 Hours	210	1%
80 or More Hours	492	2%
Total	22,476	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	1,505	7%
One Part-Time Position	2,758	12%
Two Part-Time Positions	478	2%
One Full-Time Position	15,638	69%
One Full-Time Position & One Part-Time Position	2,062	9%
Two Full-Time Positions	87	0%
More than Two Positions	134	1%
Total	22,662	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	278	2%
Less than \$20,000	991	6%
\$20,000-\$29,999	1,605	9%
\$30,000-\$39,999	4,265	24%
\$40,000-\$49,999	5,269	30%
\$50,000-\$59,999	3,272	18%
\$60,000-\$69,999	1,245	7%
\$70,000-\$79,999	488	3%
\$80,000-\$89,999	274	2%
\$90,000-\$99,999	92	1%
\$100,000 or More	95	1%
Total	17,874	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$40k-\$50k

Benefits
Health Insurance: 62%
Retirement: 56%

Satisfaction
Satisfied: 95%
Very Satisfied: 65%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	14,486	65%
Somewhat Satisfied	6,607	30%
Somewhat Dissatisfied	782	4%
Very Dissatisfied	293	1%
Total	22,168	100%

Source: Va. Healthcare Workforce Data Center

The typical LPN earned between \$40,000 and \$50,000 in the past year. Among LPNs who received either an hourly wage or salary as compensation at their primary work location, 77% received at least one employer-sponsored benefit.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	13,027	63%	62%
Health Insurance	12,852	62%	61%
Dental Insurance	12,319	59%	59%
Retirement	11,515	56%	55%
Group Life Insurance	8,634	42%	41%
Signing/Retention Bonus	1,222	6%	6%
At Least One Benefit	16,381	79%	77%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	408	2%
Experience Voluntary Unemployment?	1,573	6%
Work Part-time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	1,092	4%
Work Two or More Positions at the Same Time?	4,015	15%
Switch Employers or Practices?	2,086	8%
Experienced at Least One	7,699	29%

Source: Va. Healthcare Workforce Data Center

Only 2% of Virginia’s LPNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia’s average monthly unemployment rate was 2.8% during the same time period.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	773	4%	476	9%
Less than 6 Months	1,817	8%	784	15%
6 Months to 1 Year	2,181	10%	801	15%
1 to 2 Years	4,795	22%	1,130	21%
3 to 5 Years	4,731	22%	1,095	20%
6 to 10 Years	2,965	14%	528	10%
More than 10 Years	4,331	20%	560	10%
Subtotal	21,593	100%	5,373	100%
Did Not Have Location	1,096		21,013	
Item Missing	4,036		339	
Total	26,725		26,725	

Source: Va. Healthcare Workforce Data Center

More than 80% of LPNs receive an hourly wage at their primary work location, while 14% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 4%

Turnover & Tenure

Switched Jobs: 8%
New Location: 26%
Over 2 Years: 56%
Over 2 Yrs, 2nd Location: 41%

Employment Type

Hourly Wage: 82%
Salary: 14%

Source: Va. Healthcare Workforce Data Center

More than half of LPNs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Hourly Wage	12,968	82%
Salary	2,266	14%
By Contract/Per Diem	394	2%
Unpaid	101	1%
Business/Contractor Income	52	0%
Subtotal	15,781	100%
Did Not Have Location	1,096	
Item Missing	9,848	

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.2%. At the time of publication, the unemployment rate for September 2019 was still preliminary.

At a Glance:

Concentration

Top Region:	25%
Top 3 Regions:	62%
Lowest Region:	2%

Locations

2 or More (Past Year):	25%
2 or More (Now*):	22%

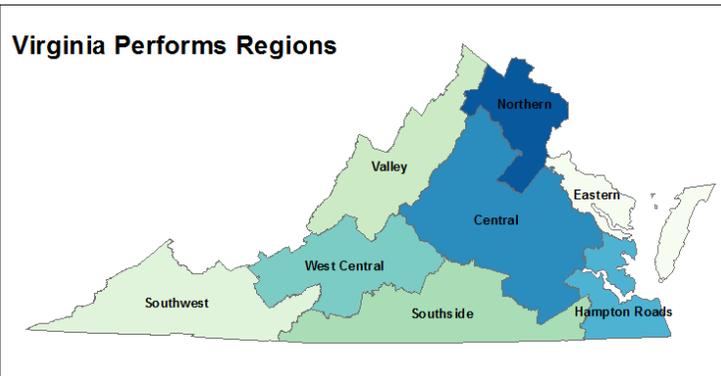
Source: Va. Healthcare Workforce Data Center

One-quarter of all LPNs in Virginia work in Hampton Roads, the most of any region in the state. Another 22% of LPNs work in Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Hampton Roads	5,231	25%	1,318	24%
Central	4,614	22%	1,227	23%
Northern	3,320	16%	988	18%
West Central	2,564	12%	609	11%
Southwest	1,896	9%	370	7%
Southside	1,554	7%	348	6%
Valley	1,507	7%	290	5%
Eastern	511	2%	94	2%
Virginia Border State/D.C.	50	0%	47	1%
Other U.S. State	57	0%	108	2%
Outside of the U.S.	0	0%	14	0%
Total	21,304	100%	5,413	100%
Item Missing	4,325		299	

Source: Va. Healthcare Workforce Data Center



More than one out of every five LPNs currently hold two or more positions, while 25% have held multiple positions over the past year.

Number of Work Locations

Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	864	4%	1,481	7%
1	15,873	71%	16,003	71%
2	3,244	15%	3,013	14%
3	1,986	9%	1,677	8%
4	141	1%	93	0%
5	93	0%	38	0%
6 or More	198	1%	96	0%
Total	22,400	100%	22,400	100%

*At the time of survey completion (Oct. 2018-Sept. 2019, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	12,495	61%	3,380	67%
Non-Profit	4,340	21%	913	18%
State/Local Government	2,523	12%	617	12%
Veterans Administration	391	2%	59	1%
U.S. Military	363	2%	40	1%
Other Federal Government	249	1%	54	1%
Total	20,361	100%	5,063	100%
Did Not Have Location	1,096		21,013	
Item Missing	5,269		649	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

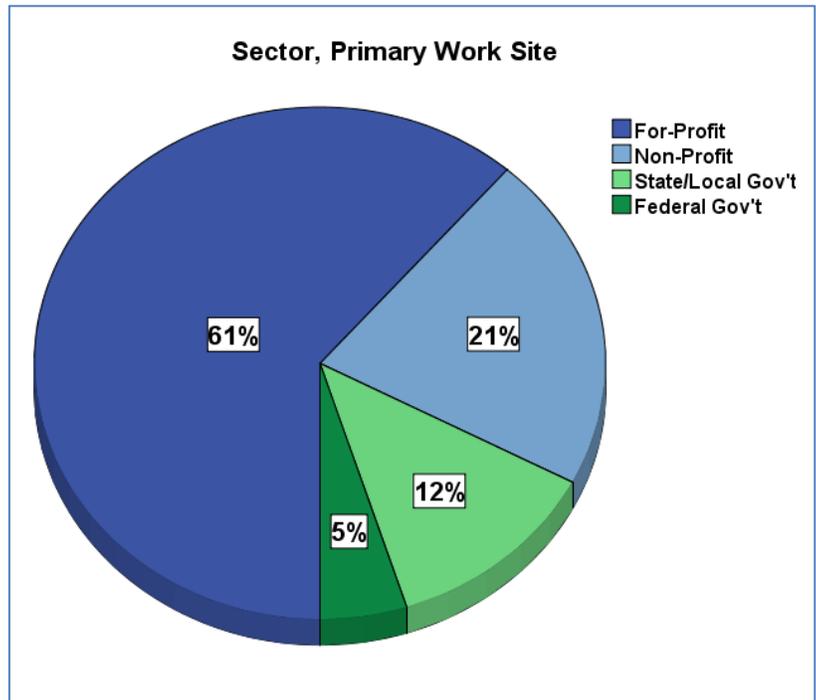
For-Profit: 61%
Federal: 5%

Top Establishments

LTC/Nursing Home: 26%
Physician Office: 12%
Home Health Care: 11%

Source: Va. Healthcare Workforce Data Center

More than four out of every five LPNs work in the private sector, including 61% who work in for-profit establishments.



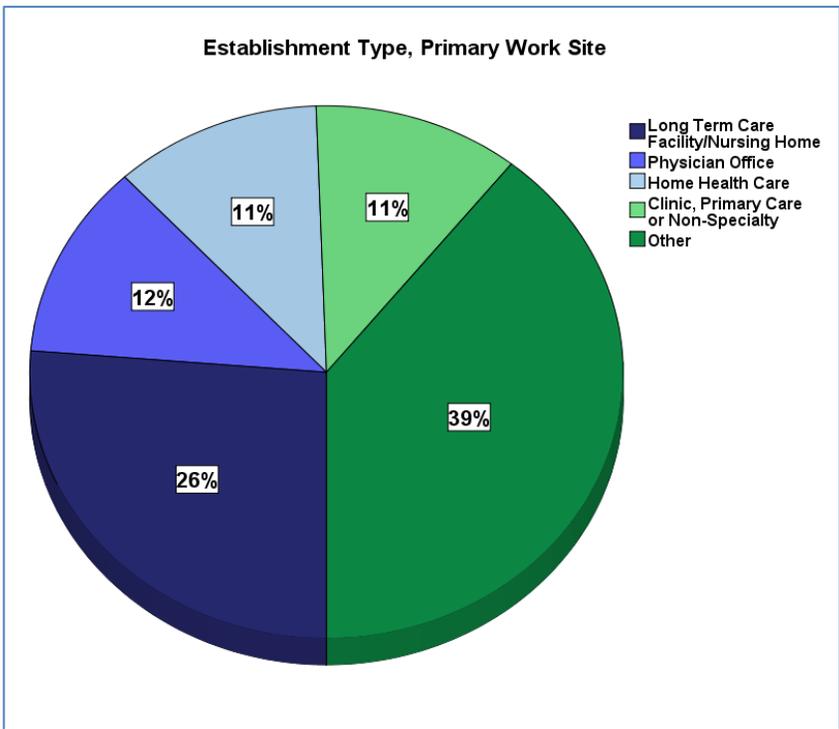
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Long Term Care Facility, Nursing Home	5,106	26%	1,554	33%
Physician Office	2,294	12%	334	7%
Home Health Care	2,205	11%	863	18%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	2,188	11%	338	7%
Hospital, Inpatient Department	936	5%	161	3%
Rehabilitation Facility	900	5%	184	4%
Corrections/Jail	716	4%	234	5%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	649	3%	93	2%
School (Providing Care to Students)	491	3%	97	2%
Other Practice Setting	3,938	20%	918	19%
Total	19,423	100%	4,776	100%
Did Not Have a Location	1,096		21,013	

More than one-quarter of all LPNs in the state work at either a long-term care facility or a nursing home as their primary work location.

Source: Va. Healthcare Workforce Data Center

Among those LPNs who also have a secondary work location, 33% work at a long-term care facility or a nursing home.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%

Roles

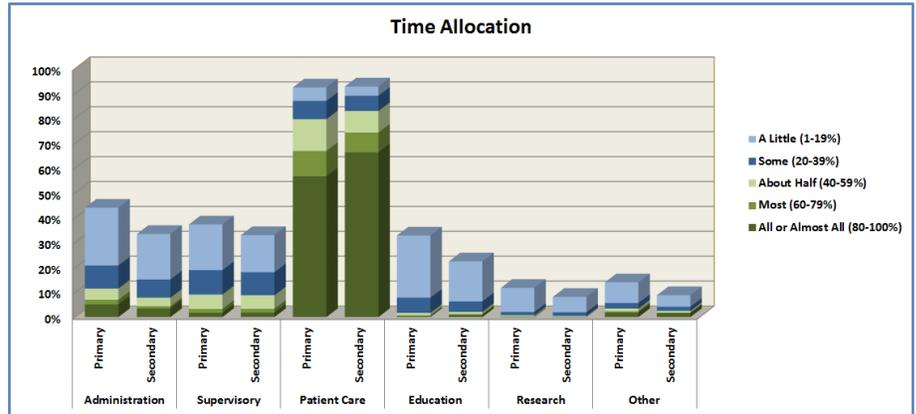
Patient Care: 67%
 Administrative: 7%
 Supervisory: 3%
 Education: 1%

Patient Care LPNs

Median Admin. Time: 0%
 Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



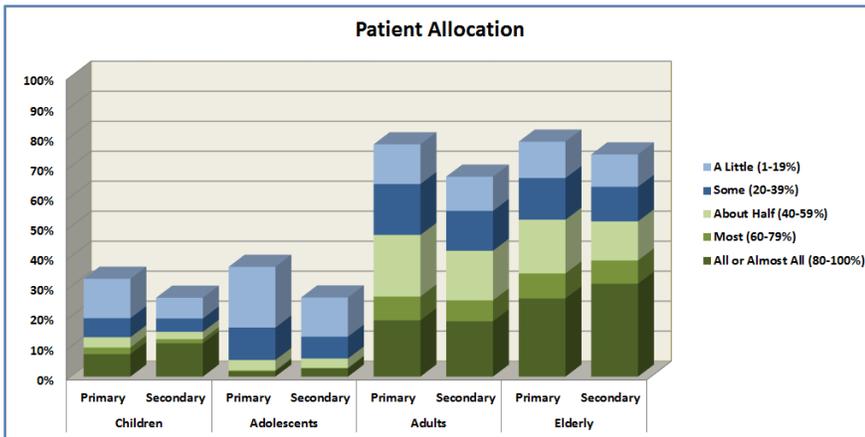
Source: Va. Healthcare Workforce Data Center

A typical LPN spends most of her time on patient care activities. Two-thirds of all LPNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	5%	3%	2%	2%	57%	66%	0%	1%	0%	0%	2%	2%
Most (60-79%)	2%	1%	2%	2%	10%	8%	0%	0%	0%	0%	0%	0%
About Half (40-59%)	5%	3%	6%	5%	13%	9%	1%	1%	0%	0%	1%	1%
Some (20-39%)	9%	7%	10%	9%	7%	6%	6%	4%	1%	2%	2%	2%
A Little (1-19%)	23%	18%	18%	15%	5%	4%	25%	16%	10%	6%	8%	5%
None (0%)	56%	67%	63%	67%	8%	7%	67%	78%	88%	92%	86%	91%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical LPN devotes most of her time to treating adults and the elderly. One-third of all LPNs serve an elderly patient care role, meaning that at least 60% of their patients are the elderly. In addition, 27% of all LPNs serve an adult patient care role.

**At a Glance:
(Primary Locations)**

Typical Patient Allocation

Children: 0%
 Adolescents: 0%
 Adults: 30%-39%
 Elderly: 40%-49%

Roles

Children: 10%
 Adolescents: 2%
 Adults: 27%
 Elderly: 34%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	7%	11%	2%	3%	19%	18%	26%	31%
Most (60-79%)	2%	1%	0%	0%	8%	7%	8%	8%
About Half (40-59%)	3%	2%	3%	3%	21%	17%	18%	13%
Some (20-39%)	6%	4%	11%	7%	17%	13%	14%	12%
A Little (1-19%)	13%	7%	20%	13%	13%	11%	12%	11%
None (0%)	67%	74%	63%	74%	23%	33%	22%	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LPNs		LPNs Over 50	
	#	%	#	%
Under Age 50	337	2%	-	-
50 to 54	473	2%	42	1%
55 to 59	1,030	5%	203	3%
60 to 64	4,316	22%	1,537	21%
65 to 69	7,833	41%	3,126	44%
70 to 74	2,698	14%	1,222	17%
75 to 79	802	4%	343	5%
80 or Over	326	2%	131	2%
I Do Not Intend to Retire	1,422	7%	565	8%
Total	19,237	100%	7,169	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LPNs

Under 65: 32%
Under 60: 10%

LPNs 50 and Over

Under 65: 25%
Under 60: 3%

Time Until Retirement

Within 2 Years: 6%
Within 10 Years: 19%
Half the Workforce: By 2044

Source: Va. Healthcare Workforce Data Center

Nearly one-third of LPNs expect to retire by the age of 65, while one-quarter of LPNs who are age 50 or over expect to retire by the same age. Meanwhile, 27% of all LPNs expect to work until at least age 70, including 7% who do not intend to retire at all.

Within the next two years, 30% of LPNs plan on pursuing additional educational opportunities, and 9% expect to increase their patient care hours.

Future Plans

Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	432	2%
Leave Virginia	797	3%
Decrease Patient Care Hours	1,479	6%
Decrease Teaching Hours	40	0%
Increase Participation		
Increase Patient Care Hours	2,445	9%
Increase Teaching Hours	501	2%
Pursue Additional Education	8,061	30%
Return to Virginia's Workforce	459	2%

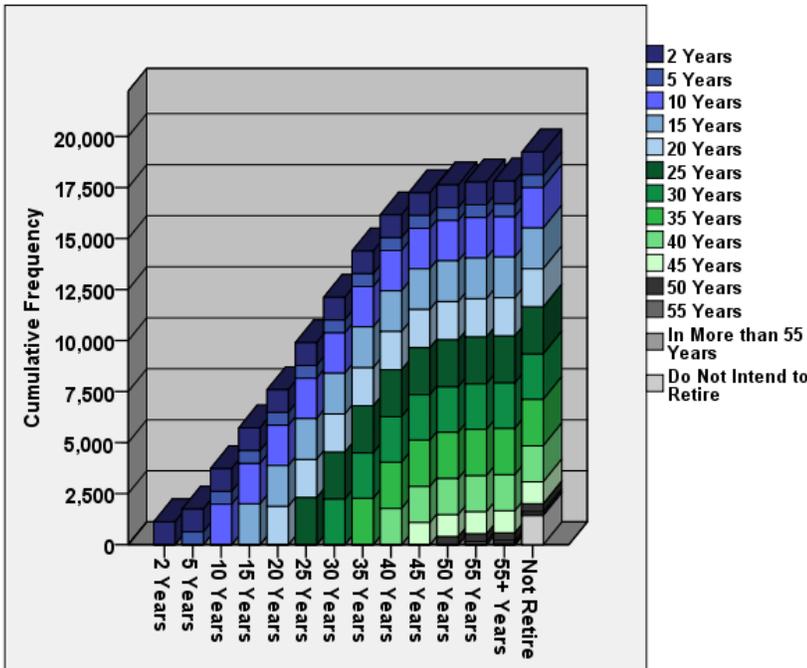
Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LPNs. While 6% of LPNs expect to retire in the next two years, 19% expect to retire in the next ten years. More than half of the current LPN workforce expect to retire by 2044.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	1,118	6%	6%
5 Years	626	3%	9%
10 Years	1,980	10%	19%
15 Years	1,997	10%	30%
20 Years	1,873	10%	39%
25 Years	2,302	12%	51%
30 Years	2,226	12%	63%
35 Years	2,270	12%	75%
40 Years	1,767	9%	84%
45 Years	1,082	6%	90%
50 Years	385	2%	92%
55 Years	141	1%	92%
In More than 55 Years	48	0%	93%
Do Not Intend to Retire	1,422	7%	100%
Total	19,237	100%	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2029. Retirement will peak at 12% of the current workforce around 2044 before declining to under 10% of the current workforce again around 2059.

At a Glance:

FTEs

Total: 23,974
 FTEs/1,000 Residents²: 2.81
 Average: 0.94

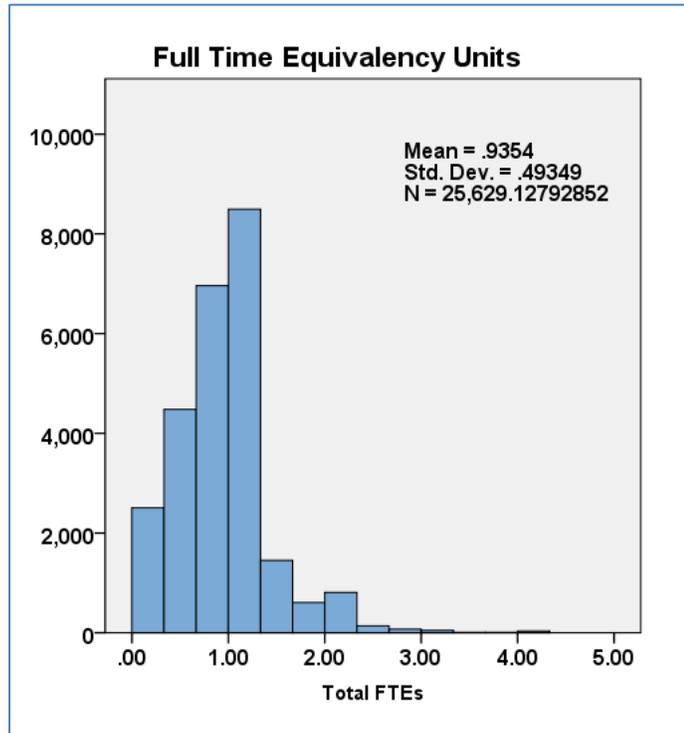
Age & Gender Effect

Age, Partial Eta²: Small
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

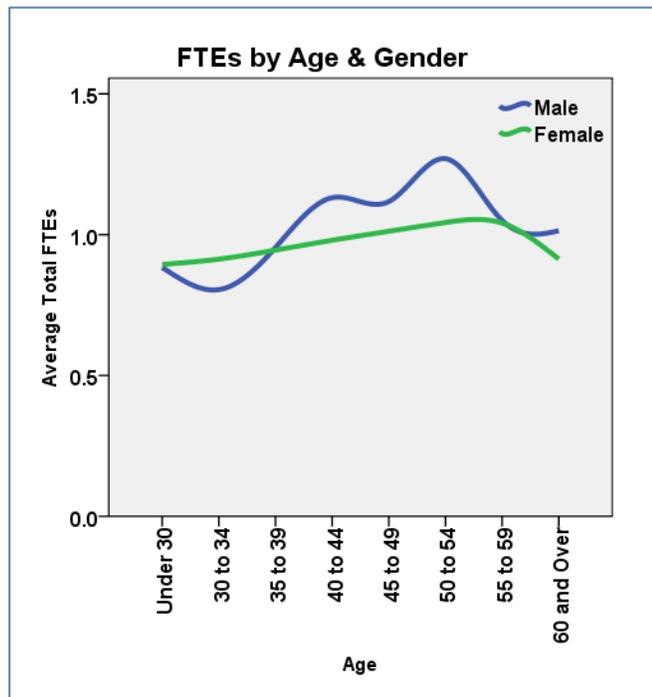


Source: Va. Healthcare Workforce Data Center

The typical (median) LPN provided 0.96 FTEs, or approximately 38 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.88	0.95
30 to 34	0.88	0.96
35 to 39	0.91	0.96
40 to 44	0.99	0.99
45 to 49	0.98	1.01
50 to 54	1.03	0.99
55 to 59	1.01	0.96
60 and Over	0.86	0.83
Gender		
Male	1.02	1.03
Female	0.96	1.01

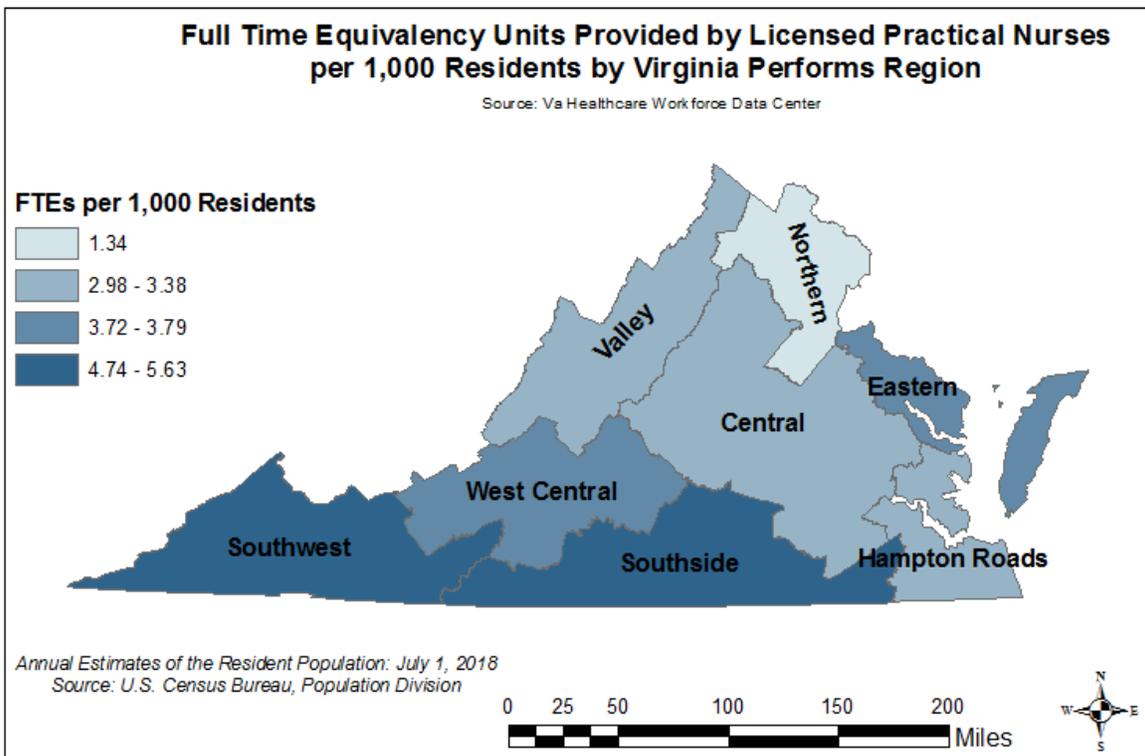
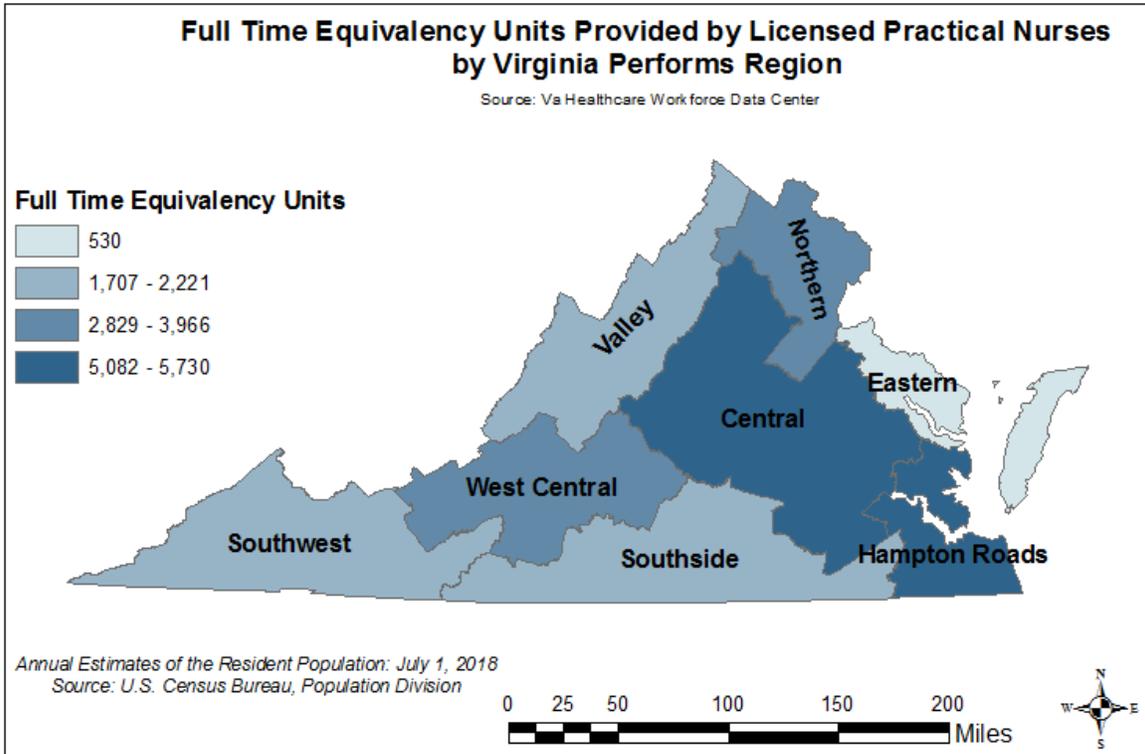
Source: Va. Healthcare Workforce Data Center

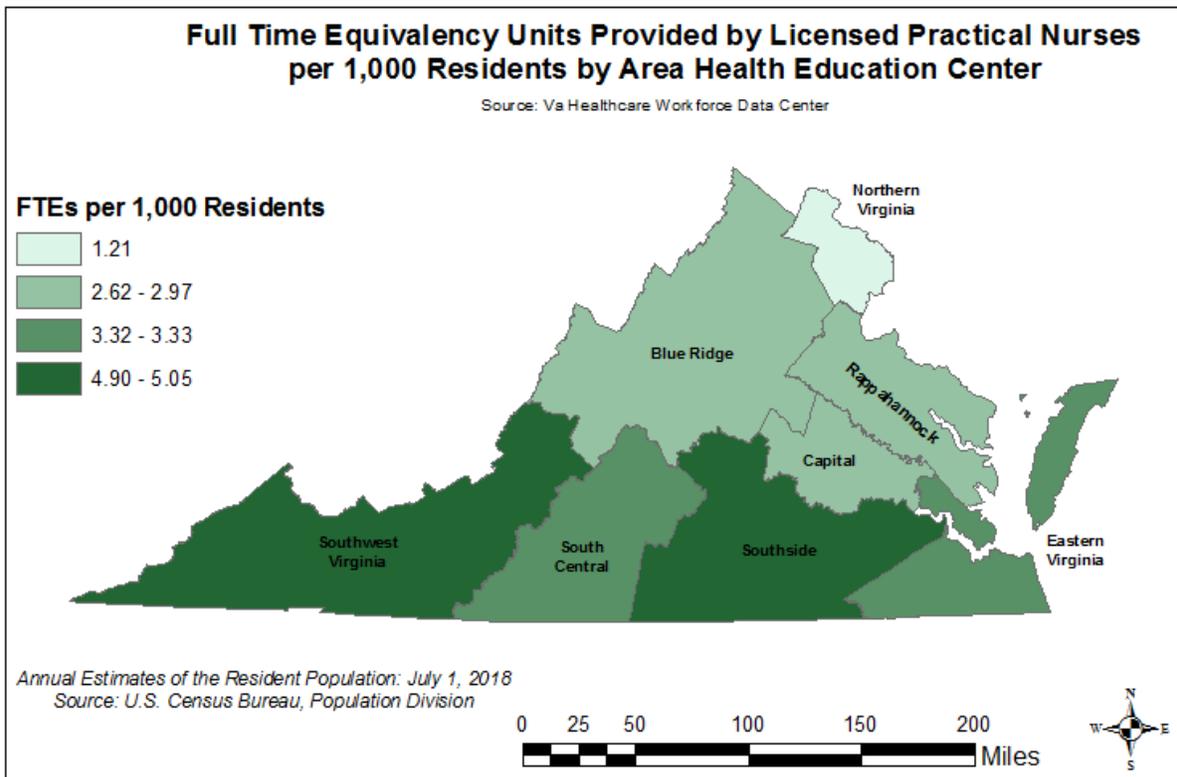
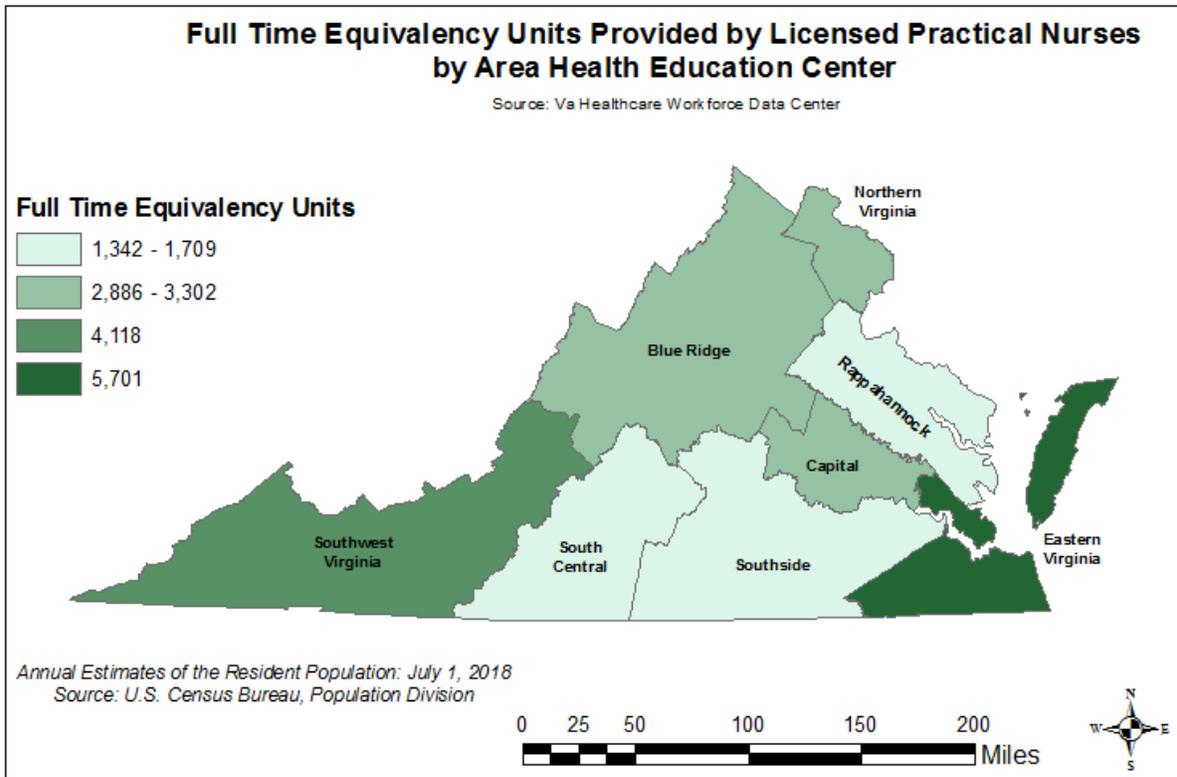


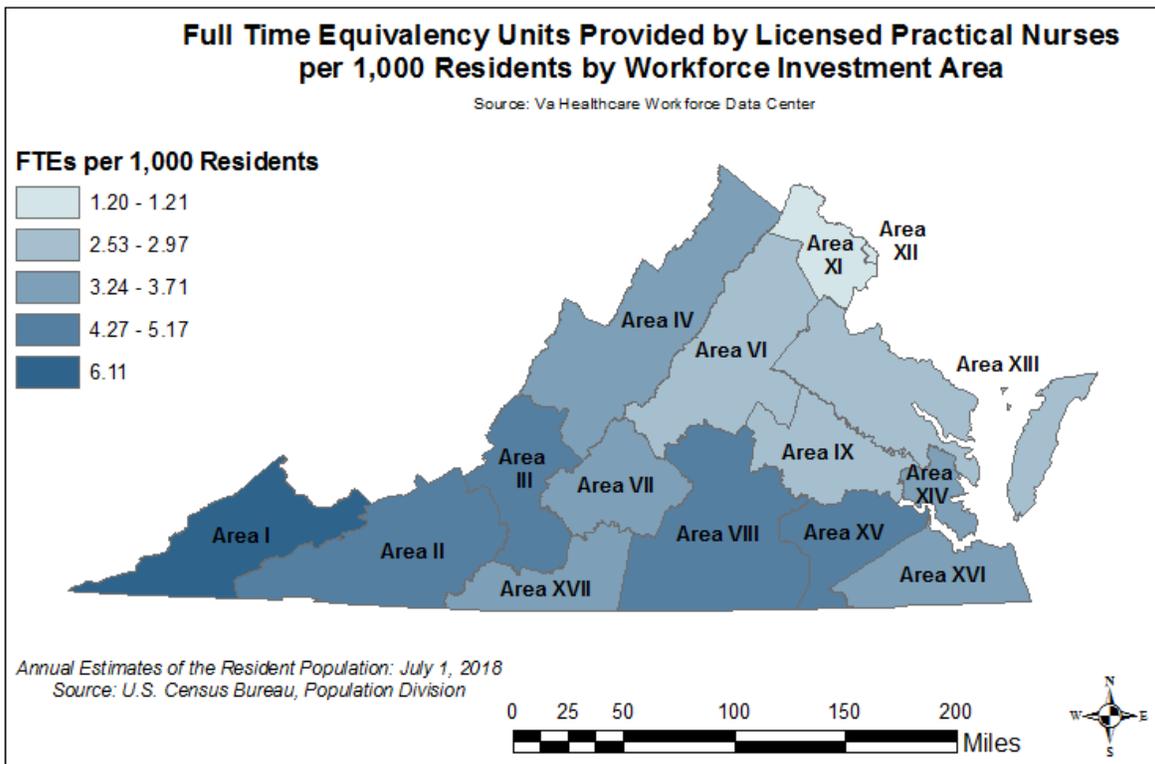
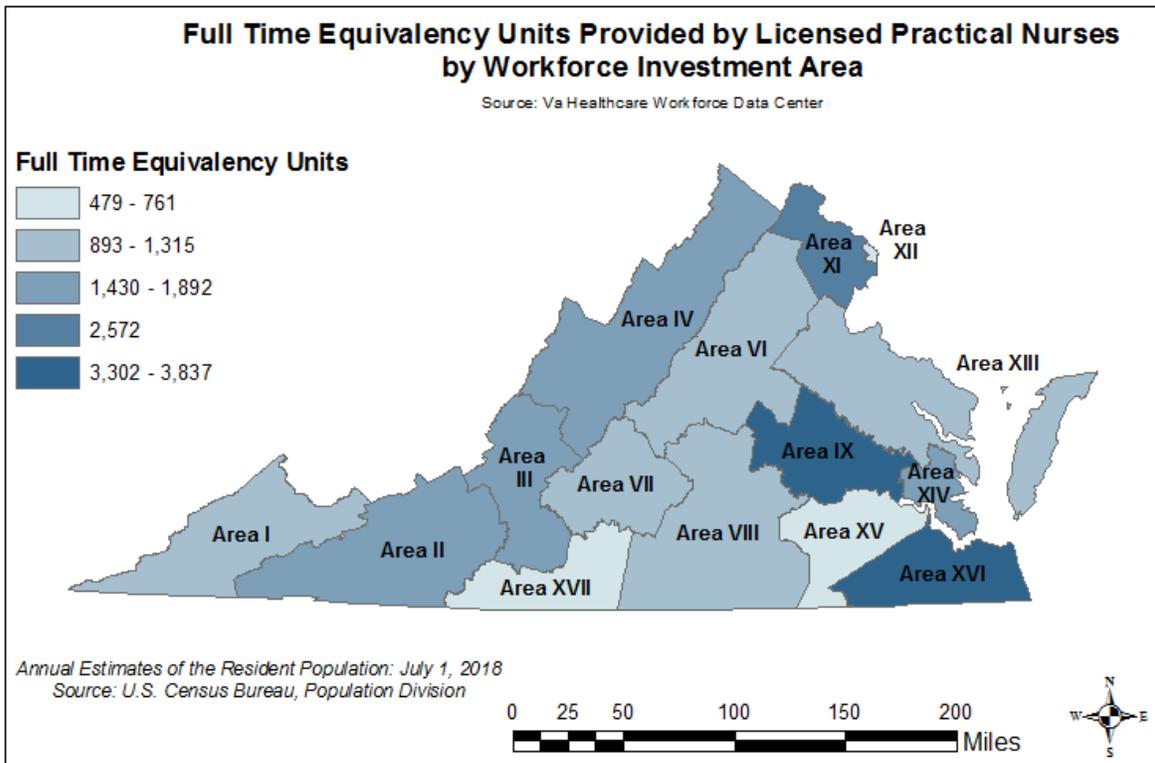
Source: Va. Healthcare Workforce Data Center

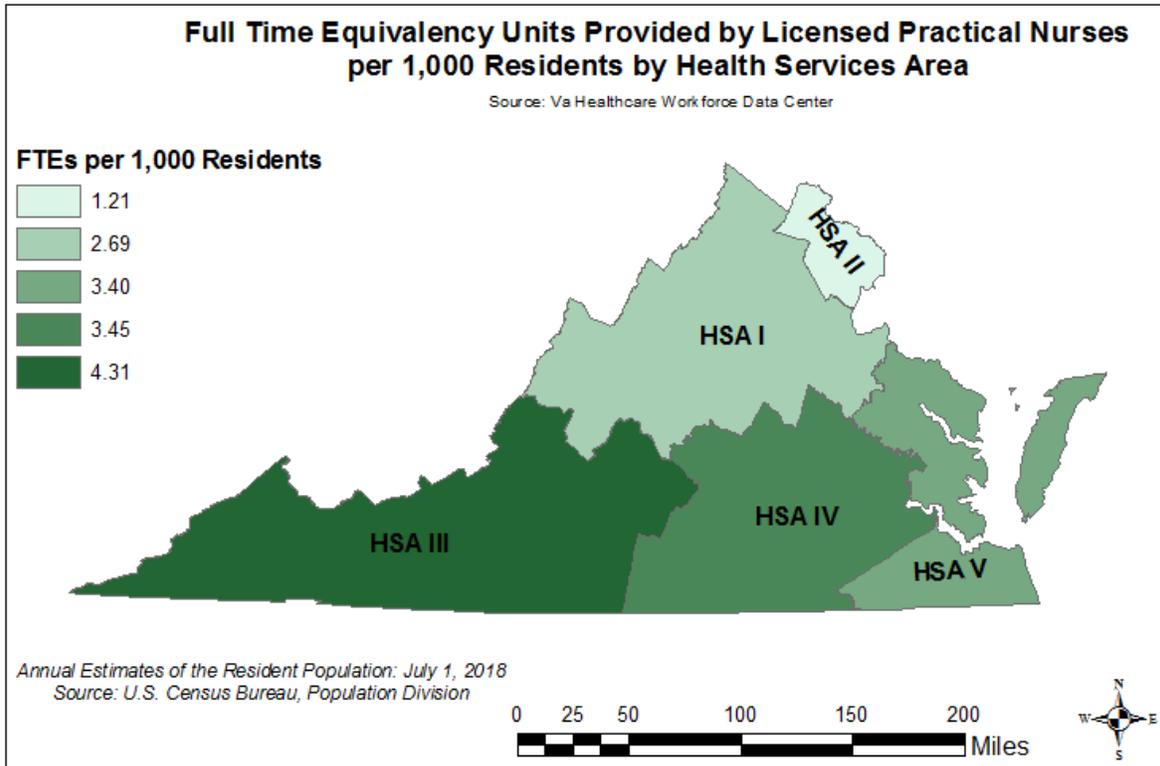
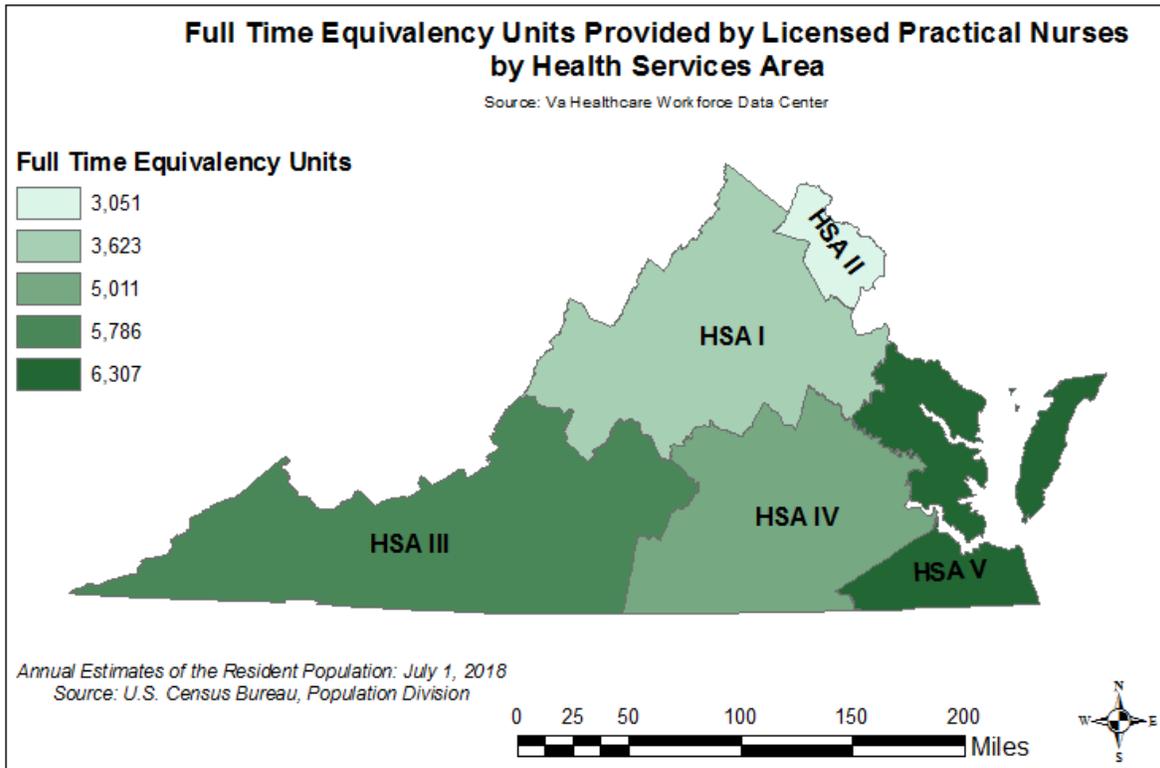
² Number of residents in 2018 was used as the denominator.

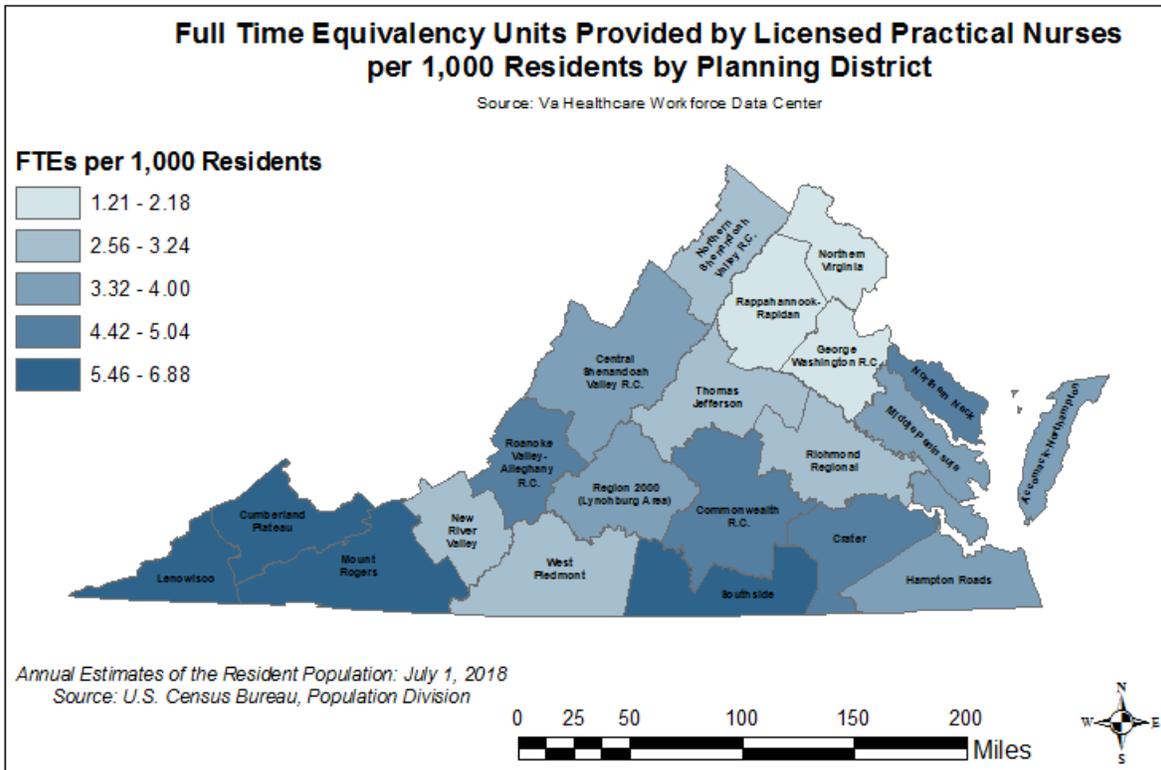
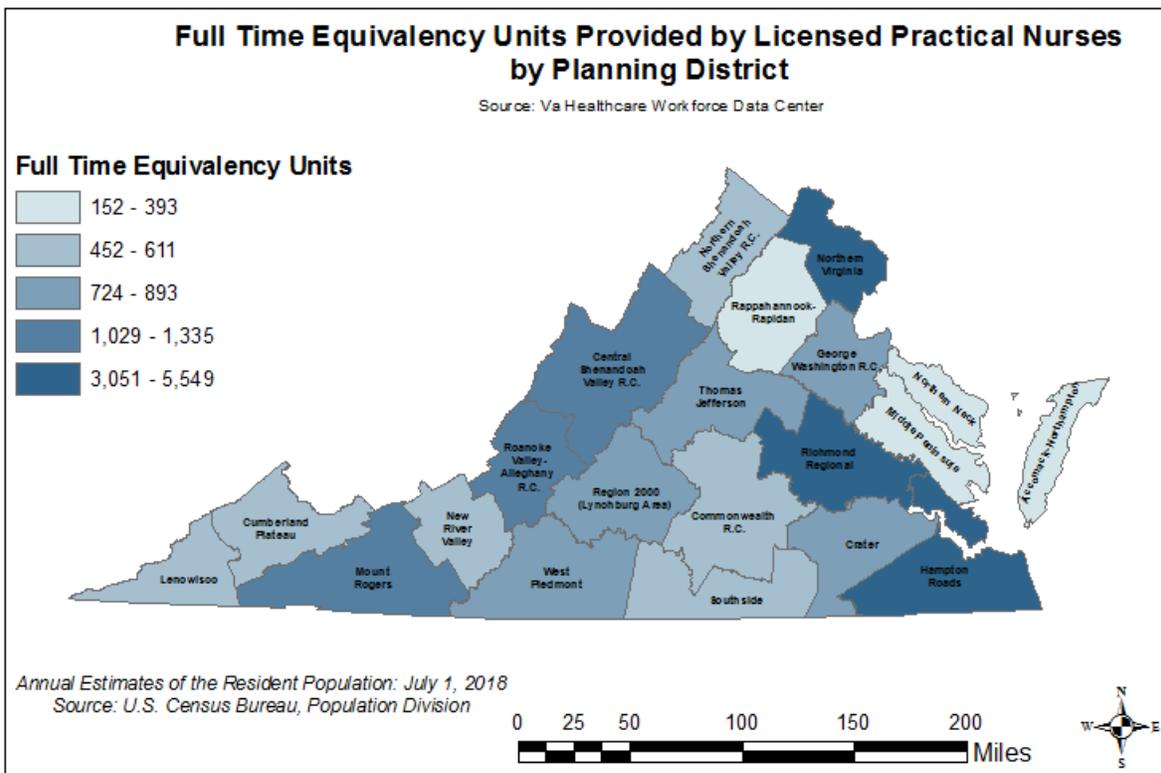
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	16,244	33.14%	3.017088	2.402481	3.979193
Metro, 250,000 to 1 Million	2,736	36.15%	2.766431	2.202885	3.648605
Metro, 250,000 or Less	2,471	36.38%	2.74861	2.188694	3.625101
Urban Pop. 20,000+, Metro Adj.	831	35.62%	2.807432	2.235534	3.702682
Urban Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro-Adj.	2,079	34.01%	2.940594	2.341569	3.878307
Urban Pop., 2,500-19,999, Non-Adj.	1,636	34.54%	2.895575	2.305721	3.818932
Rural, Metro Adj.	1,170	35.56%	2.8125	2.239569	3.709366
Rural, Non-Adj.	652	32.67%	3.061033	2.437474	4.037152
Virginia Border State/D.C.	697	28.69%	3.485	2.775075	4.596316
Other U.S. State	983	24.62%	4.061983	3.234522	5.357291

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	3,168	25.47%	3.925651	3.625101	5.357291
30 to 34	3,438	37.84%	2.642583	2.440266	3.606303
35 to 39	3,584	29.27%	3.416587	3.155012	4.662578
40 to 44	3,488	40.08%	2.494993	2.303975	3.404889
45 to 49	3,480	31.64%	3.160763	2.918774	4.313458
50 to 54	3,240	42.19%	2.370154	2.188694	3.234522
55 to 59	3,195	28.64%	3.491803	3.22447	4.765225
60 and Over	5,907	33.40%	2.993918	2.764702	4.085766

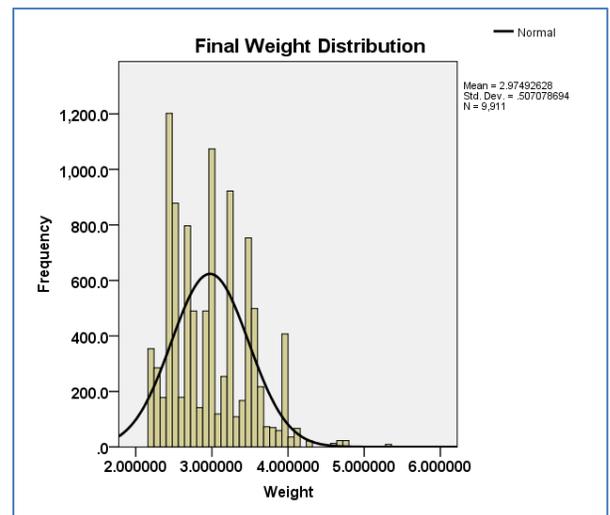
Source: Va. Healthcare Workforce Data Center

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

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

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.335966



Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Registered Nurse Workforce: 2019

Healthcare Workforce Data Center

October 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
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Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

More than 38,000 Registered Nurses voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.

Thank You!

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The Registered Nurse Workforce: At a Glance:

The Workforce

Licensees:	112,053
Virginia's Workforce:	94,384
FTEs:	81,369

Background

Rural Childhood:	37%
HS Degree in VA:	57%
Prof. Degree in VA:	67%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-Time Job:	67%
Satisfied?:	94%

Survey Response Rate

All Licensees:	35%
Renewing Practitioners:	82%

Education

Baccalaureate:	48%
Associate:	28%

Job Turnover

Switched Jobs:	7%
Employed Over 2 Yrs.:	62%

Demographics

Female:	93%
Diversity Index:	39%
Median Age:	46

Finances

Median Income:	\$60k-\$70k
Health Benefits:	66%
Under 40 w/ Ed. Debt:	60%

Time Allocation

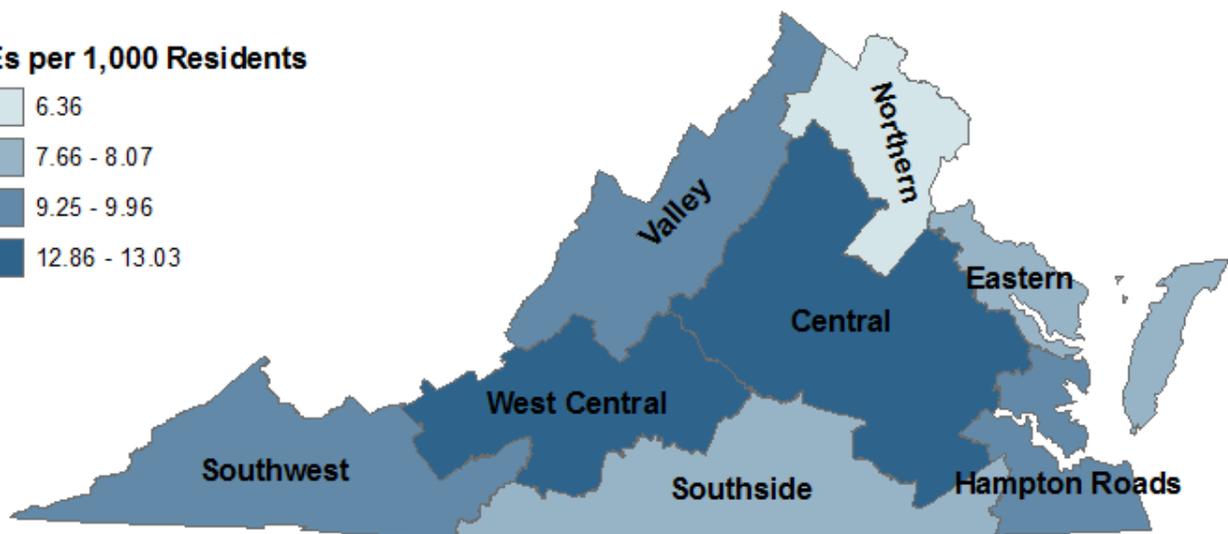
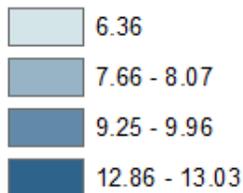
Patient Care:	80%-89%
Patient Care Role:	66%
Admin. Role:	7%

Source: Va. Healthcare Workforce Data Center

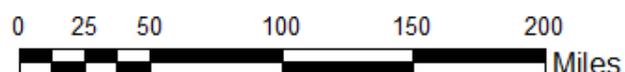
Full Time Equivalency Units Provided by Registered Nurses per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2019 Registered Nurse (RNs) Survey.¹ More than 38,000 RNs voluntarily took part in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. Therefore, approximately half of RNs have access to the survey in a given year. These survey respondents represent 35% of the 112,053 RNs licensed in the state and 82% of renewing practitioners.

The HWDC estimates that 94,384 RNs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an RN at some point in the future. Virginia's RN workforce provided 81,369 "full-time equivalency units", which the HWDC defines simply as working 2,000 hours per year (or 40 hours per week for 50 weeks with 2 weeks of vacation).

More than 90% of all RNs are female, and the median age of the RN workforce is 46. In a random encounter between two RNs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 57%. More than one-third of RNs grew up in a rural area, and 19% of these professionals currently work in non-metro areas of the state.

The median annual income among Virginia's RNs is between \$60,000 and \$70,000, and 84% receive at least one employer-sponsored benefit. More than 90% of RNs are currently employed in the profession, while 1% have been involuntarily unemployed at some point in the past year. More than 80% of RNs work in the private sector, including 43% who work in non-profit organizations. The inpatient department of hospitals is the most common establishment type in Virginia, employing 38% of all RNs in the state. Two-thirds of RNs serve a patient care role at their primary work location, and most RNs treat primarily adult and elderly patients.

Summary of Trends

In this section, all statistics for the current year will be compared relative to the 2014 RN workforce. Although more RNs are completing the survey (38,723 vs. 37,072), the overall response rate among all licensees has fallen (35% vs. 37%). The number of RNs licensed in the state has increased by 11% (112,053 vs. 100,766), and this has led to a 14% increase in the size of Virginia's RN workforce (94,384 vs. 82,998). The number of FTEs provided by this workforce has increased by 13% (81,369 vs. 72,089).

The RN workforce has become younger and more diverse. The median age of RNs has fallen (46 vs. 48), and the percentage of RNs under the age of 40 has increased (38% vs. 33%). In addition, the diversity index of Virginia's RN workforce has increased (39% vs. 35%). Virginia's RNs are slightly less likely to have grown up in a rural area (37% vs. 38%), and the percentage of RNs who work in non-metro areas has also fallen (9% vs. 10%).

RNs are more likely to hold a baccalaureate degree (48% vs. 40%), but they are also more likely to carry education debt (41% vs. 34%). The median debt burden among these professionals has also increased (\$30,000-\$40,000 vs. \$20,000-\$30,000). At the same time, the median annual income of this workforce has increased (\$60,000-\$70,000 vs. \$50,000-\$60,000). RNs also indicate that they are more satisfied with their employment situation (94% vs. 92%).

RNs are less likely to be involuntarily unemployed (1% vs. 2%) or underemployed (2% vs. 3%). The percentage of RNs who have worked at their primary work location for more than two years has fallen as well (62% vs. 65%). RNs are more likely to fill a patient care role at their primary work location (66% vs. 64%). When treating patients, RNs are relatively more likely to fill an elderly patient care role (18% vs. 16%) instead of an adult patient care role (35% vs. 37%).

¹ In prior years, all licensed RNs had access to the RN workforce survey. However, this presented a significant burden upon those RNs who also held additional licenses. Therefore, the HWDC decided to change its procedure in 2019 so that nurses are now only asked to complete a survey for the highest profession in which they are practicing. Due to this change, the 2019 RN workforce survey only includes responses from RNs who are not also currently practicing as Nurse Practitioners (NPs). This distinction should be kept in mind when comparing this year's survey to previous years.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	48,844	44%
New Licensees	5,490	5%
Non-Renewals	7,019	6%
Renewal Date Not in Survey Period	50,700	45%
All Licensees	112,053	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. More than 80% of renewing RNs submitted a survey. These represent 35% of RNs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	9,987	3,189	24%
30 to 34	8,265	5,084	38%
35 to 39	9,119	3,747	29%
40 to 44	6,458	4,814	43%
45 to 49	8,107	3,780	32%
50 to 54	6,185	4,910	44%
55 to 59	8,335	3,796	31%
60 and Over	16,874	9,403	36%
Total	73,330	38,723	35%
New Licenses			
Issued in Past Year	5,489	1	0%
Metro Status			
Non-Metro	8,213	4,725	37%
Metro	54,073	30,932	36%
Not in Virginia	11,041	3,063	22%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted between October 2018 and September 2019 on the birth month of each renewing practitioner.
- 2. Target Population:** All RNs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to RNs who renewed their licenses online. It was not available to those who did not renew, including RNs newly licensed during the survey time frame.

Response Rates	
Completed Surveys	38,723
Response Rate, All Licensees	35%
Response Rate, Renewals	82%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed RNs
 Number: 112,053
 New: 5%
 Not Renewed: 6%

Response Rates
 All Licensees: 35%
 Renewing Practitioners: 82%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's RN Workforce: 94,384
 FTEs: 81,369

Utilization Ratios

Licensees in VA Workforce: 84%
 Licensees per FTE: 1.38
 Workers per FTE: 1.16

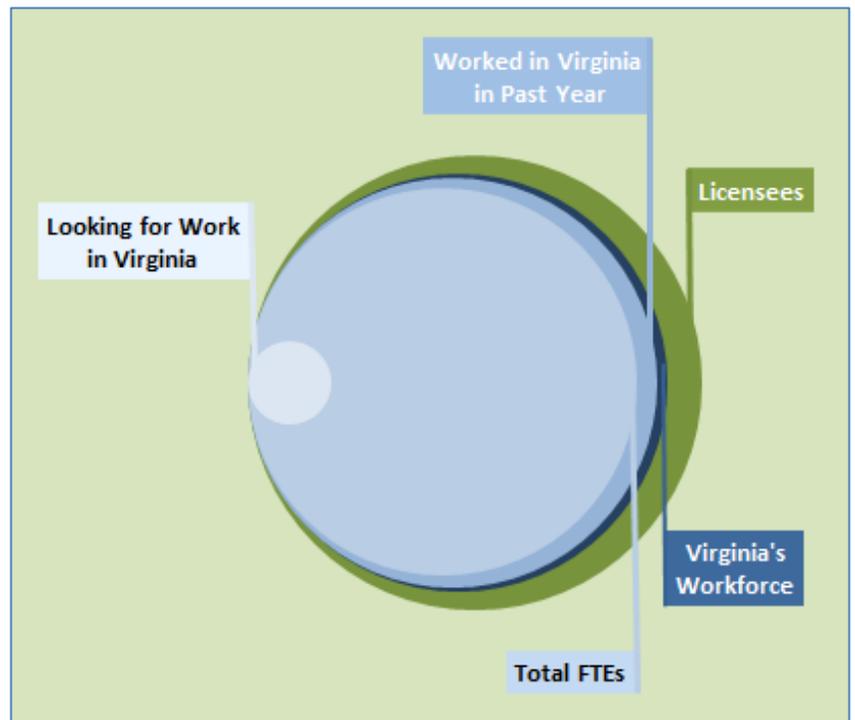
Source: Va. Healthcare Workforce Data Center

Definitions

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

Virginia's RN Workforce		
Status	#	%
Worked in Virginia in Past Year	90,561	96%
Looking for Work in Virginia	3,823	4%
Virginia's Workforce	94,384	100%
Total FTEs	81,369	
Licensees	112,053	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

[https://www.dhp.virginia.gov/
 PublicResources/HealthcareW
 orkforceDataCenter/](https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/)

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	763	7%	10,648	93%	11,411	13%
30 to 34	838	8%	9,869	92%	10,707	13%
35 to 39	796	8%	9,509	92%	10,305	12%
40 to 44	668	8%	8,280	93%	8,948	11%
45 to 49	712	8%	8,368	92%	9,080	11%
50 to 54	598	7%	7,814	93%	8,411	10%
55 to 59	616	7%	8,657	93%	9,272	11%
60 and Over	961	6%	15,528	94%	16,489	19%
Total	5,952	7%	78,672	93%	84,624	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/Ethnicity	Virginia*	RNs		RNs Under 40	
	%	#	%	#	%
White	61%	65,831	77%	24,487	75%
Black	19%	9,606	11%	3,466	11%
Asian	7%	4,627	5%	1,979	6%
Other Race	0%	884	1%	304	1%
Two or More Races	3%	1,857	2%	1,031	3%
Hispanic	10%	2,486	3%	1,301	4%
Total	100%	85,291	100%	32,568	100%

*Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

Nearly 40% of RNs are under the age of 40. More than 90% of these RNs are female, and the diversity index among these professionals is 42%.

At a Glance:

Gender

% Female: 93%
% Under 40 Female: 93%

Age

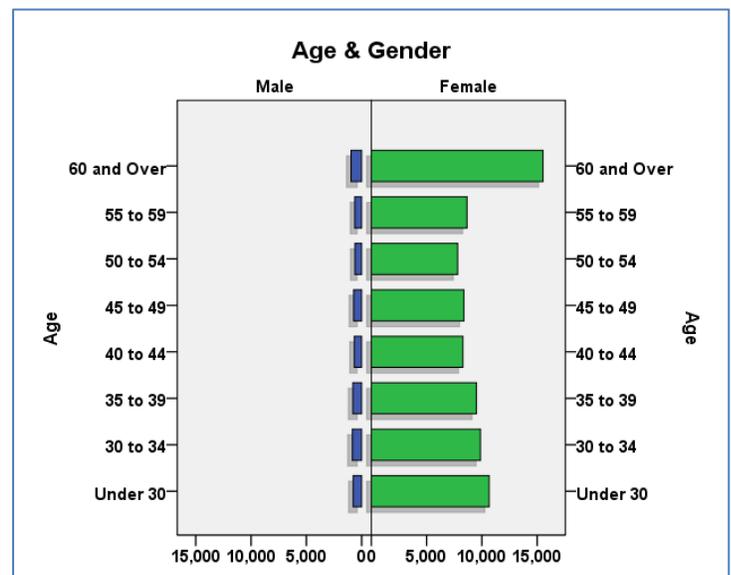
Median Age: 46
% Under 40: 38%
% 55 and Over: 30%

Diversity

Diversity Index: 39%
Under 40 Div. Index: 42%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two RNs, there is a 39% chance that they would be of a different race or ethnicity (a measure known as the diversity index), compared to a 57% chance for Virginia's population as a whole.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 14%
 Rural Childhood: 37%

Virginia Background

HS in Virginia: 57%
 Prof. Ed. in VA: 67%
 HS or Prof. Ed. in VA: 70%

Location Choice

% Rural to Non-Metro: 19%
 % Urban/Suburban to Non-Metro: 3%

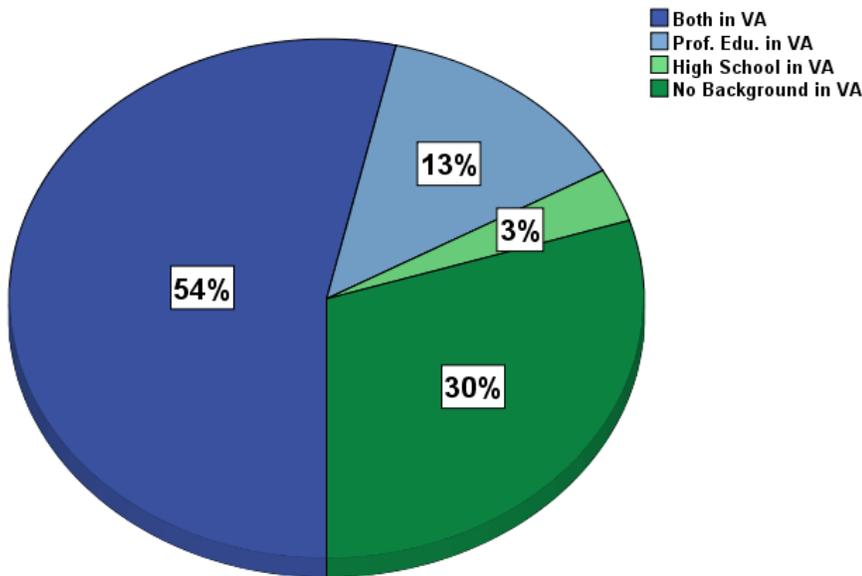
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	26%	58%	16%
2	Metro, 250,000 to 1 Million	53%	38%	10%
3	Metro, 250,000 or Less	54%	38%	8%
Non-Metro Counties				
4	Urban Pop. 20,000+, Metro Adjacent	73%	18%	9%
6	Urban Pop., 2,500-19,999, Metro Adjacent	75%	19%	7%
7	Urban Pop., 2,500-19,999, Non-Adjacent	89%	8%	3%
8	Rural, Metro Adjacent	74%	19%	7%
9	Rural, Non-Adjacent	59%	34%	7%
Overall		37%	49%	14%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



More than one-third of RNs grew up in self-described rural areas, and 19% of these professionals currently work in non-metro counties. Overall, 9% of all RNs currently work in non-metro counties.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Registered Nurse Recruitment

Rank	All RNs			
	High School	#	Init. Prof. Degree	#
1	Virginia	48,179	Virginia	56,422
2	Outside U.S./Canada	5,537	New York	2,972
3	New York	3,883	Pennsylvania	2,966
4	Pennsylvania	3,685	Outside U.S./Canada	2,562
5	Maryland	2,123	Maryland	1,627
6	New Jersey	1,893	West Virginia	1,574
7	West Virginia	1,637	North Carolina	1,484
8	North Carolina	1,576	Florida	1,325
9	Ohio	1,543	Ohio	1,228
10	Florida	1,460	New Jersey	892

More than half of RNs received their high school degree in Virginia, and 67% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	10,754	Virginia	12,716
2	Outside U.S./Canada	1,434	Pennsylvania	798
3	Pennsylvania	866	New York	602
4	New York	799	Outside U.S./Canada	571
5	Maryland	492	Florida	510
6	Florida	469	Maryland	405
7	California	422	North Carolina	349
8	North Carolina	422	West Virginia	342
9	New Jersey	398	Ohio	342
10	Ohio	392	California	265

Among RNs who received their license in the past five years, 54% received their high school degree in Virginia, while 64% received their initial professional degree in the state.

Source: Va. Healthcare Workforce Data Center

Among all licensees, 16% did not participate in Virginia's RN workforce during the past year. Nearly 70% of these licensees worked at some point in the past year, including 63% who worked in a nursing-related capacity.

At a Glance:

Not in VA Workforce

Total:	17,725
% of Licensees:	16%
Federal/Military:	11%
VA Border State/D.C.:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
LPN Diploma or Cert.	108	0%
Hospital RN Diploma	6,319	7%
Associate Degree	23,479	28%
Baccalaureate Degree	40,926	48%
Master's Degree	12,303	15%
Doctorate Degree	1,311	2%
Total	84,446	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 Baccalaureate: 48%
 Associate: 28%

Education Debt
 Carry Debt: 41%
 Under Age 40 w/ Debt: 60%
 Median Debt: \$30k-\$40k

Source: Va. Healthcare Workforce Data Center

Nearly half of RNs hold a Baccalaureate degree as their highest professional degree. About 40% of RNs carry education debt, including 60% of those who are under the age of 40. The median debt burden among those RNs with education debt is between \$30,000 and \$40,000.

Current Educational Attainment		
Currently Enrolled?	#	%
Yes	11,721	14%
No	72,482	86%
Total	84,203	100%
Degree Pursued	#	%
Associate	46	0%
Bachelor	4,744	42%
Masters	5,359	47%
Doctorate	1,176	10%
Total	11,326	100%

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All RNs		RN's Under 40	
	#	%	#	%
None	43,600	59%	11,636	40%
Less than \$10,000	5,434	7%	2,919	10%
\$10,000-\$19,999	4,715	6%	2,690	9%
\$20,000-\$29,999	4,527	6%	2,732	9%
\$30,000-\$39,999	3,473	5%	2,091	7%
\$40,000-\$49,999	2,655	4%	1,551	5%
\$50,000-\$59,999	2,245	3%	1,415	5%
\$60,000-\$69,999	1,825	2%	1,046	4%
\$70,000-\$79,999	1,234	2%	687	2%
\$80,000-\$89,999	1,110	2%	652	2%
\$90,000-\$99,999	635	1%	337	1%
\$100,000-\$109,999	918	1%	502	2%
\$110,000-\$119,999	345	0%	154	1%
\$120,000 or More	1,235	2%	568	2%
Total	73,951	100%	28,980	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Primary Specialty

Acute/Critical Care:	20%
Surgery/OR:	8%
Pediatrics:	5%

Secondary Specialty

Acute/Critical Care:	16%
Cardiology:	5%
Surgery/OR:	5%

Licenses

Nurse Practitioner:	7%
Licensed Practical Nurse:	1%

Source: Va. Healthcare Workforce Data Center

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Acute/Critical Care/Emergency/Trauma	16,738	20%	9,687	16%
Surgery/OR/Pre-, Peri- or Post-Operative	6,558	8%	2,859	5%
Pediatrics	3,777	5%	2,323	4%
Cardiology	3,645	4%	2,953	5%
Obstetrics/Nurse Midwifery	3,605	4%	1,463	2%
Psychiatric/Mental Health	3,186	4%	1,447	2%
Case Management	2,754	3%	1,964	3%
Administration/Management	2,531	3%	2,629	4%
Neonatal Care	2,518	3%	1,466	2%
Oncology	2,421	3%	1,403	2%
Family Health	2,285	3%	1,073	2%
Community Health/Public Health	1,812	2%	1,540	3%
Geriatrics/Gerontology	1,803	2%	1,862	3%
Hospital/Float	1,723	2%	1,626	3%
Anesthesia	1,336	2%	621	1%
Palliative/Hospice Care	1,304	2%	1,056	2%
Long-Term Care/Assisted Living/Nursing Home	1,290	2%	1,467	2%
General Nursing/No Specialty	7,621	9%	8,933	15%
Medical Specialties (Not Listed)	1,142	1%	985	2%
Other Specialty Area	14,656	18%	12,722	21%
Total	82,705	100%	60,082	100%

Source: Va. Healthcare Workforce Data Center

Other Licenses

License	#	% of Workforce
Licensed Nurse Practitioner	6,188	7%
Licensed Practical Nurse	743	1%
Clinical Nurse Specialist	424	0%
Certified Nurse Midwife	193	0%
Certified Massage Therapist	136	0%
Respiratory Therapist	23	0%

Source: Va. Healthcare Workforce Data Center

One-fifth of all RNs have a primary specialty in acute/critical care/emergency/trauma. This was also the most common secondary specialty among Virginia's RNs.

A Closer Look:

Military Service		
Service?	#	%
Yes	6,067	7%
No	75,348	93%
Total	81,416	100%

Source: Va. Healthcare Workforce Data Center

Branch of Service		
Branch	#	%
Army	2,296	40%
Navy/Marine	2,108	37%
Air Force	1,246	22%
Other	112	2%
Total	5,762	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Military Service

% Who Served: 7%

Branch of Service

Army: 40%
Navy/Marines: 37%
Air Force: 22%

Occupation

Army Health Care Spec.: 7%
Navy Basic Med. Tech.: 6%

Source: Va. Healthcare Workforce Data Center

More than 5% of Virginia's RN workforce has served in the military. Two out of every five of these RNs have served in the Army, including 7% who worked as an Army Health Care Specialist (68W Army Medic).

Military Occupation		
Occupation	#	%
Army Health Care Specialist (68W Army Medic)	396	7%
Navy Basic Medical Technician (Navy HM0000)	332	6%
Air Force Basic Medical Technician (Air Force BMTCP 4NOX1)	119	2%
Air Force Independent Duty Medical Technician (IDMT 4NOX1C)	19	0%
Other	4,678	84%
Total	5,544	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
 Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 67%
 2 or More Positions: 10%

Weekly Hours

40 to 49: 40%
 60 or More: 3%
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	65	< 1%
Employed in a Nursing-Related Capacity	75,972	91%
Employed, NOT in a Nursing-Related Capacity	2,136	3%
Not Working, Reason Unknown	5	< 1%
Involuntarily Unemployed	266	< 1%
Voluntarily Unemployed	3,530	4%
Retired	1,885	2%
Total	83,859	100%

Source: Va. Healthcare Workforce Data Center

More than 90% of all RNs are currently employed in the profession. Two-thirds of RNs hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 Hours	5,686	7%
1 to 9 Hours	1,352	2%
10 to 19 Hours	2,997	4%
20 to 29 Hours	6,717	8%
30 to 39 Hours	24,101	29%
40 to 49 Hours	32,838	40%
50 to 59 Hours	5,508	7%
60 to 69 Hours	1,784	2%
70 to 79 Hours	533	1%
80 or More Hours	495	1%
Total	82,011	100%

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	5,686	7%
One Part-Time Position	12,723	15%
Two Part-Time Positions	1,876	2%
One Full-Time Position	55,495	67%
One Full-Time Position & One Part-Time Position	5,916	7%
Two Full-Time Positions	195	0%
More than Two Positions	534	1%
Total	82,425	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	1,043	2%
Less than \$20,000	2,352	4%
\$20,000-\$29,999	1,756	3%
\$30,000-\$39,999	2,959	5%
\$40,000-\$49,999	6,529	10%
\$50,000-\$59,999	10,642	16%
\$60,000-\$69,999	11,060	17%
\$70,000-\$79,999	9,208	14%
\$80,000-\$89,999	6,843	11%
\$90,000-\$99,999	4,382	7%
\$100,000 or More	8,532	13%
Total	65,307	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings
Median Income: \$60k-\$70k

Benefits
Health Insurance: 66%
Retirement: 73%

Satisfaction
Satisfied: 94%
Very Satisfied: 59%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	47,037	59%
Somewhat Satisfied	28,144	35%
Somewhat Dissatisfied	3,914	5%
Very Dissatisfied	1,160	1%
Total	80,254	100%

Source: Va. Healthcare Workforce Data Center

The typical RN earns between \$60,000 and \$70,000 per year. Among RNs who receive either an hourly wage or salary as compensation at their primary work location, 85% receive at least one employer-sponsored benefit.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	55,105	73%	74%
Paid Leave	52,807	70%	71%
Health Insurance	50,107	66%	67%
Dental Insurance	49,332	65%	66%
Group Life Insurance	36,376	48%	49%
Signing/Retention Bonus	7,048	9%	10%
At Least One Benefit	64,039	84%	85%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	863	1%
Experience Voluntary Unemployment?	5,333	6%
Work Part-time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	1,717	2%
Work Two or More Positions at the Same Time?	11,128	12%
Switch Employers or Practices?	6,791	7%
Experienced at Least One	22,321	24%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's RNs experienced involuntary unemployment at some point during the renewal cycle. By comparison, Virginia's average monthly unemployment rate was 2.8% during the same time period.²

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	2,044	3%	1,207	8%
Less than 6 Months	4,419	6%	1,952	13%
6 Months to 1 Year	6,727	9%	1,754	12%
1 to 2 Years	16,809	22%	2,839	19%
3 to 5 Years	17,336	22%	2,921	20%
6 to 10 Years	10,947	14%	1,508	10%
More than 10 Years	19,860	25%	2,403	16%
Subtotal	78,143	100%	14,583	100%
Did Not Have Location	4,411		79,076	
Item Missing	11,829		725	
Total	94,384		94,384	

Source: Va. Healthcare Workforce Data Center

Two-thirds of RNs receive an hourly wage at their primary work location, while 30% are salaried employees.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 7%
New Location: 19%
Over 2 Years: 62%
Over 2 Yrs., 2nd Location: 47%

Employment Type

Hourly Wage: 65%
Salary: 30%

Source: Va. Healthcare Workforce Data Center

More than 60% of RNs have worked at their primary work location for more than two years.

Employment Type		
Primary Work Site	#	%
Hourly Wage	39,281	65%
Salary	18,240	30%
By Contract/Per Diem	1,817	3%
Business/Contractor Income	530	1%
Unpaid	493	1%
Subtotal	60,360	100%
Did Not Have Location	4,411	
Item Missing	29,612	

Source: Va. Healthcare Workforce Data Center

² As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.5% and a high of 3.2%. At the time of publication, the unemployment rate for September 2019 was still preliminary.

At a Glance:

Concentration

Top Region:	28%
Top 3 Regions:	72%
Lowest Region:	1%

Locations

2 or More (Past Year):	19%
2 or More (Now*):	16%

Source: Va. Healthcare Workforce Data Center

More than one-quarter of all RNs work in Central Virginia, the most of any region in the state.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	21,380	28%	3,379	23%
Northern	18,351	24%	3,501	24%
Hampton Roads	15,789	20%	2,870	19%
West Central	9,443	12%	1,616	11%
Valley	4,840	6%	777	5%
Southwest	3,169	4%	699	5%
Southside	2,637	3%	631	4%
Eastern	995	1%	211	1%
Virginia Border State/D.C.	335	0%	326	2%
Other U.S. State	369	0%	754	5%
Outside of the U.S.	16	0%	63	0%
Total	77,324	100%	14,827	100%
Item Missing	12,650		481	

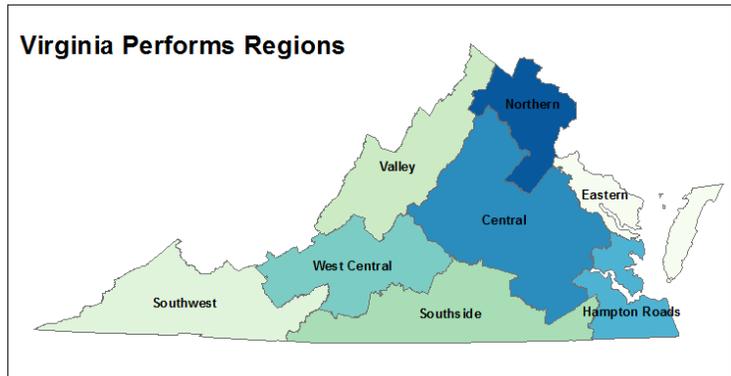
Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	3,787	5%	5,477	7%
1	62,814	77%	62,943	77%
2	9,988	12%	9,285	11%
3	4,151	5%	3,472	4%
4	406	1%	228	0%
5	154	0%	112	0%
6 or More	532	1%	315	0%
Total	81,831	100%	81,831	100%

*At the time of survey completion (Oct. 2018-Sept. 2019, birth month of respondent).

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



While 16% of RNs currently hold two or more positions, 19% have held multiple positions over the past year.

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
Non-Profit	31,930	43%	5,037	37%
For-Profit	30,297	41%	6,887	51%
State/Local Government	7,543	10%	1,194	9%
Veterans Administration	1,690	2%	122	1%
U.S. Military	1,383	2%	253	2%
Other Federal Government	717	1%	139	1%
Total	73,560	100%	13,632	100%
Did Not Have Location	4,411		79,076	
Item Missing	16,412		1,676	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

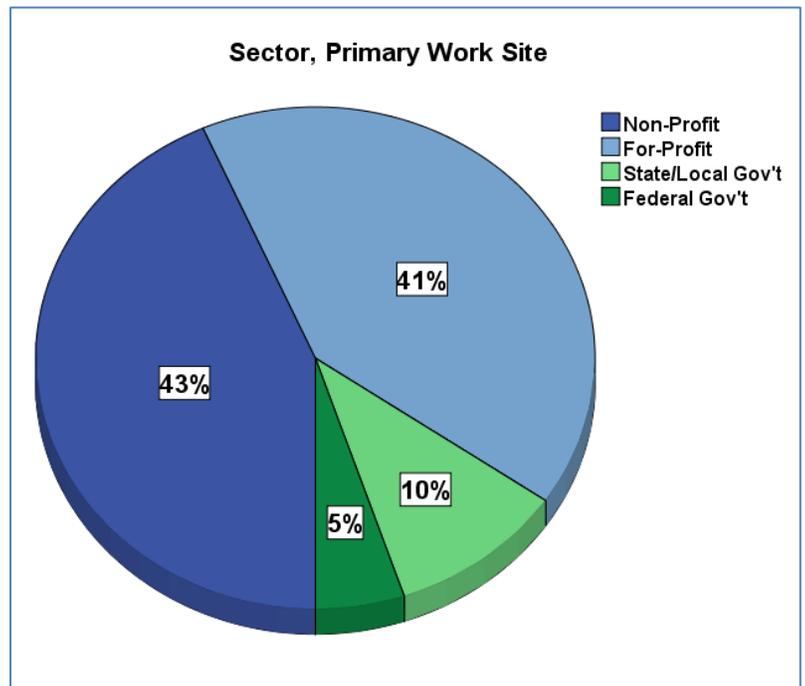
For-Profit:	41%
Federal:	5%

Top Establishments

Hospital, Inpatient:	38%
Hospital, Emergency:	7%
Academic Institution:	6%

Source: Va. Healthcare Workforce Data Center

More than four out of every five RNs work in the private sector, including 43% who work in non-profit establishments.



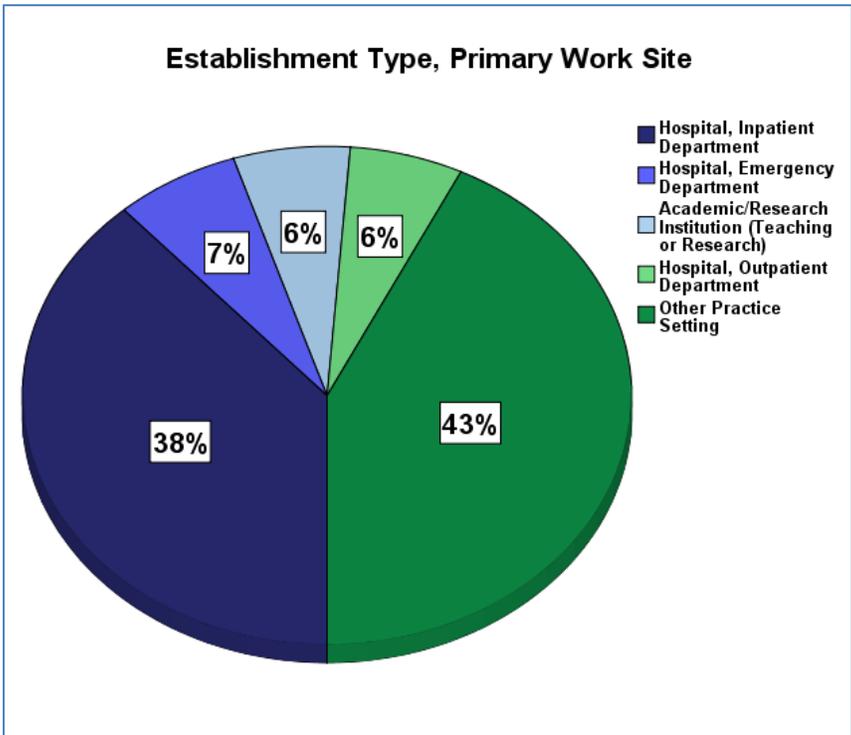
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	26,905	38%	3,934	30%
Hospital, Emergency Department	4,657	7%	865	7%
Academic Institution (Teaching or Research)	4,348	6%	841	6%
Hospital, Outpatient Department	4,222	6%	485	4%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	2,898	4%	643	5%
Home Health Care	2,815	4%	1,108	9%
Ambulatory/Outpatient Surgical Unit	2,799	4%	481	4%
Long-Term Care Facility, Nursing Home	2,503	4%	801	6%
Physician Office	2,374	3%	372	3%
Insurance Company, Health Plan	1,997	3%	196	2%
Other Practice Setting	14,586	21%	3,270	25%
Total	70,104	100%	12,996	100%
Did Not Have a Location	4,411		79,076	

Nearly 40% of all RNs in the state work at the inpatient department of a hospital as their primary work location.

Source: Va. Healthcare Workforce Data Center

Among those RNs who also have a secondary work location, 30% work at the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

Patient Care: 80%-89%
Education: 1%-9%

Roles

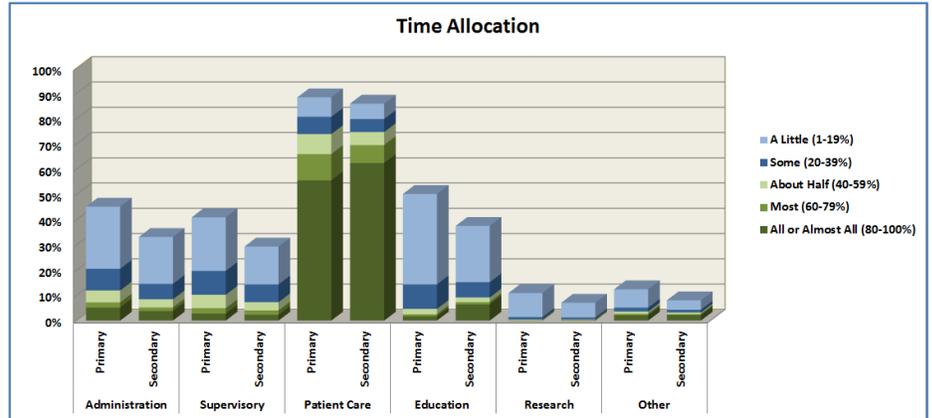
Patient Care: 66%
Administrative: 7%
Supervisory: 5%
Education: 3%

Patient Care RNs

Median Admin. Time: 0%
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



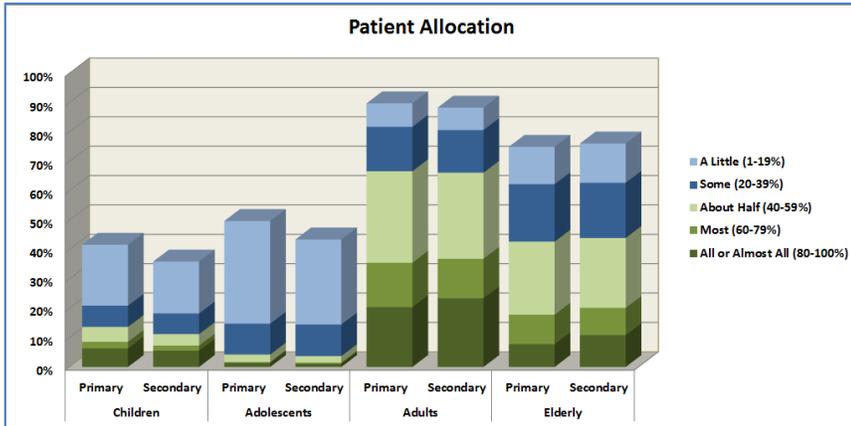
Source: Va. Healthcare Workforce Data Center

A typical RN spends most of her time on patient care activities. Two-thirds of all RNs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Allocation												
Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	5%	4%	3%	2%	56%	62%	2%	6%	0%	0%	2%	2%
Most (60-79%)	2%	1%	2%	2%	10%	7%	1%	1%	0%	0%	1%	0%
About Half (40-59%)	5%	3%	5%	3%	8%	5%	2%	2%	0%	0%	1%	1%
Some (20-39%)	9%	6%	9%	7%	7%	5%	10%	6%	1%	1%	2%	1%
A Little (1-19%)	25%	19%	21%	15%	8%	6%	36%	22%	10%	6%	7%	4%
None (0%)	55%	67%	59%	71%	12%	14%	50%	63%	89%	93%	88%	92%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

The typical RN devotes most of her time to treating adults and the elderly. More than one-third of all RNs serve an adult patient care role, meaning that at least 60% of their patients are adults.

**At a Glance:
(Primary Locations)**

Typical Patient Allocation

Children: 0%
 Adolescents: 0%
 Adults: 50%-59%
 Elderly: 30%-39%

Roles

Children: 9%
 Adolescents: 2%
 Adults: 35%
 Elderly: 18%

Source: Va. Healthcare Workforce Data Center

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	6%	6%	1%	1%	20%	23%	8%	11%
Most (60-79%)	2%	2%	0%	0%	15%	13%	10%	9%
About Half (40-59%)	5%	4%	3%	2%	31%	29%	25%	24%
Some (20-39%)	7%	7%	11%	11%	15%	15%	20%	19%
A Little (1-19%)	21%	18%	35%	29%	8%	8%	13%	13%
None (0%)	58%	64%	50%	57%	10%	12%	25%	24%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All RNs		RNs 50 and Over	
	#	%	#	%
Under Age 50	1,534	2%	-	-
50 to 54	1,949	3%	104	0%
55 to 59	5,725	8%	1,197	4%
60 to 64	18,482	26%	6,397	23%
65 to 69	28,386	40%	12,855	46%
70 to 74	8,827	12%	4,575	16%
75 to 79	2,015	3%	1,049	4%
80 or Over	913	1%	415	1%
I Do Not Intend to Retire	3,144	4%	1,375	5%
Total	70,975	100%	27,967	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All RNs

Under 65: 39%
Under 60: 13%

RNs 50 and Over

Under 65: 28%
Under 60: 5%

Time Until Retirement

Within 2 Years: 7%
Within 10 Years: 23%
Half the Workforce: By 2044

Source: Va. Healthcare Workforce Data Center

Nearly 40% of RNs expect to retire by the age of 65, while 28% of RNs who are age 50 or over expect to retire by the same age. Meanwhile, 21% of all RNs expect to work until at least age 70, including 4% who do not intend to retire at all.

Within the next two years, 27% of RNs plan on pursuing additional educational opportunities, and 8% expect to increase their patient care hours.

Future Plans

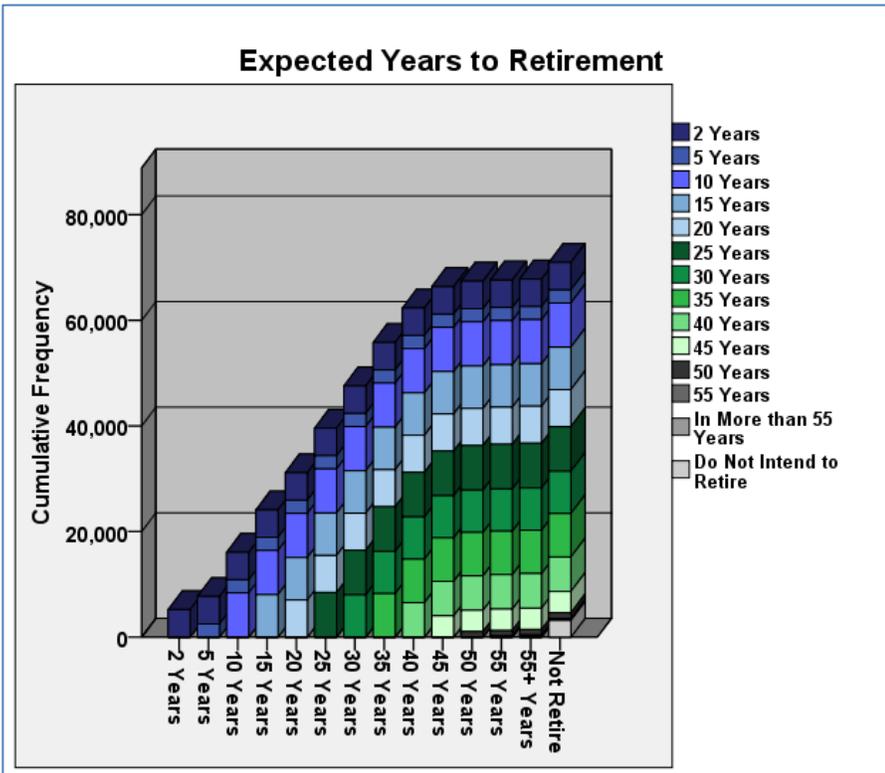
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	1,463	2%
Leave Virginia	3,141	3%
Decrease Patient Care Hours	7,475	8%
Decrease Teaching Hours	395	0%
Increase Participation		
Increase Patient Care Hours	7,323	8%
Increase Teaching Hours	5,059	5%
Pursue Additional Education	25,920	27%
Return to Virginia's Workforce	1,473	2%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for RNs. While 7% of RNs expect to retire in the next two years, 23% expect to retire in the next ten years. More than half of the current RN workforce expect to retire by 2044.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	5,210	7%	7%
5 Years	2,476	3%	11%
10 Years	8,372	12%	23%
15 Years	8,037	11%	34%
20 Years	7,027	10%	44%
25 Years	8,451	12%	56%
30 Years	8,002	11%	67%
35 Years	8,235	12%	79%
40 Years	6,524	9%	88%
45 Years	4,040	6%	94%
50 Years	1,042	1%	95%
55 Years	216	0%	95%
In More than 55 Years	197	0%	96%
Do Not Intend to Retire	3,144	4%	100%
Total	70,974	100%	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2029. Retirement will peak at 12% of the current workforce around 2044 before declining to under 10% of the current workforce again around 2059.

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 81,369
 FTEs/1,000 Residents³: 9.55
 Average: 0.90

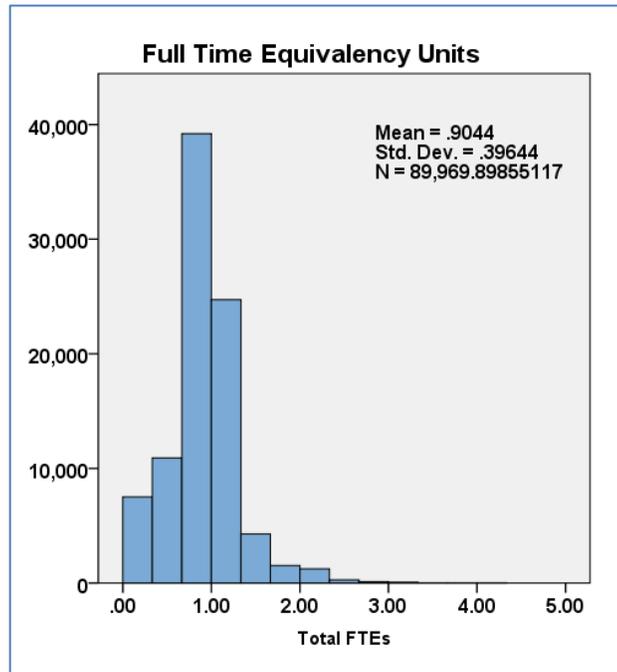
Age & Gender Effect

Age, Partial Eta²: Negligible
 Gender, Partial Eta²: Negligible

Partial Eta² Explained:
 Partial Eta² is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

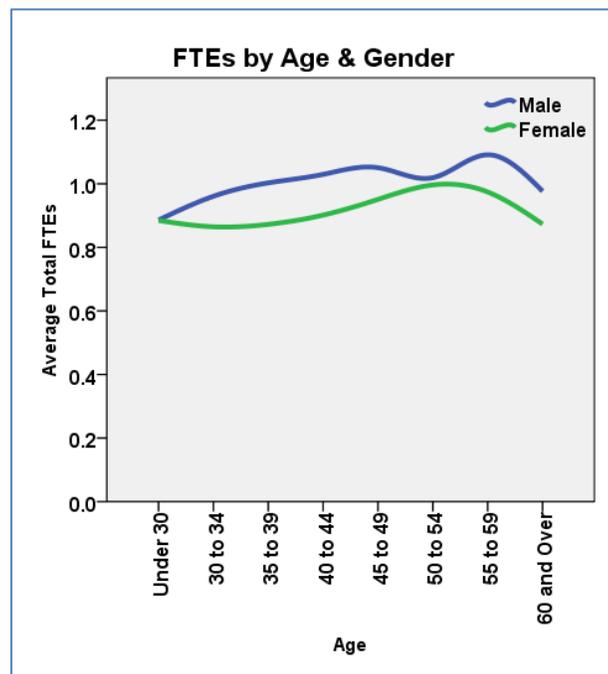


Source: Va. Healthcare Workforce Data Center

The typical (median) RN provided 0.93 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.⁴

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 30	0.88	0.93
30 to 34	0.88	0.96
35 to 39	0.87	0.91
40 to 44	0.89	0.93
45 to 49	0.96	0.94
50 to 54	0.99	0.96
55 to 59	0.97	0.96
60 and Over	0.86	0.81
Gender		
Male	1.00	0.97
Female	0.91	0.94

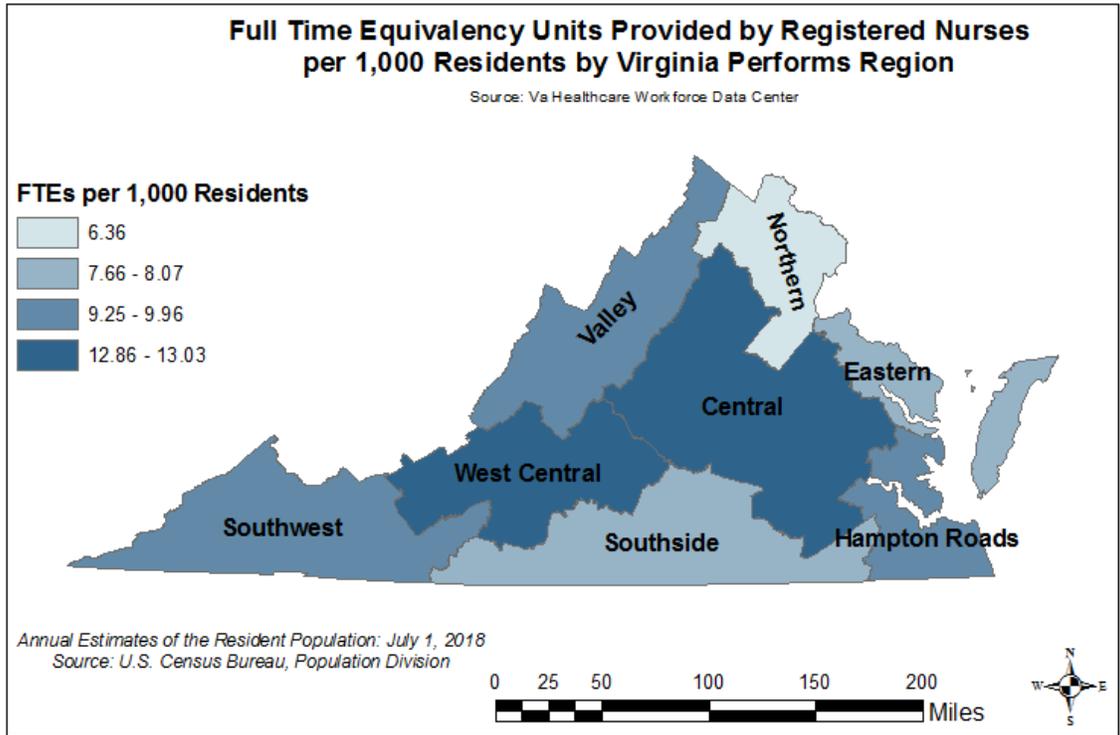
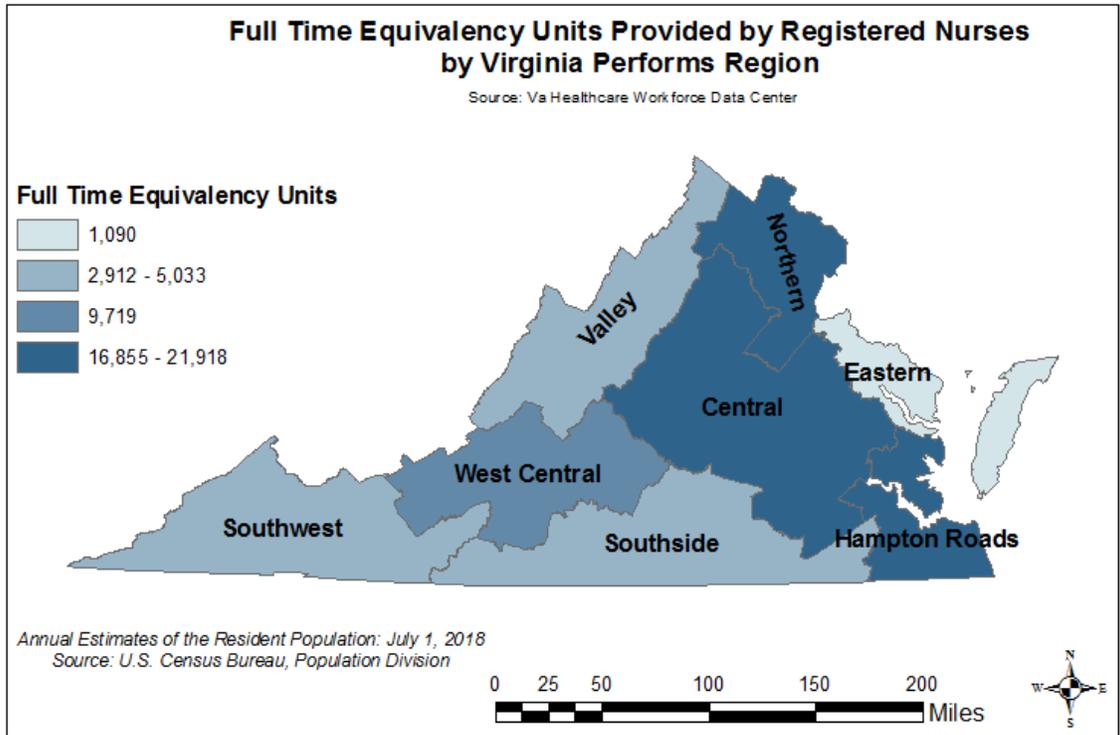
Source: Va. Healthcare Workforce Data Center

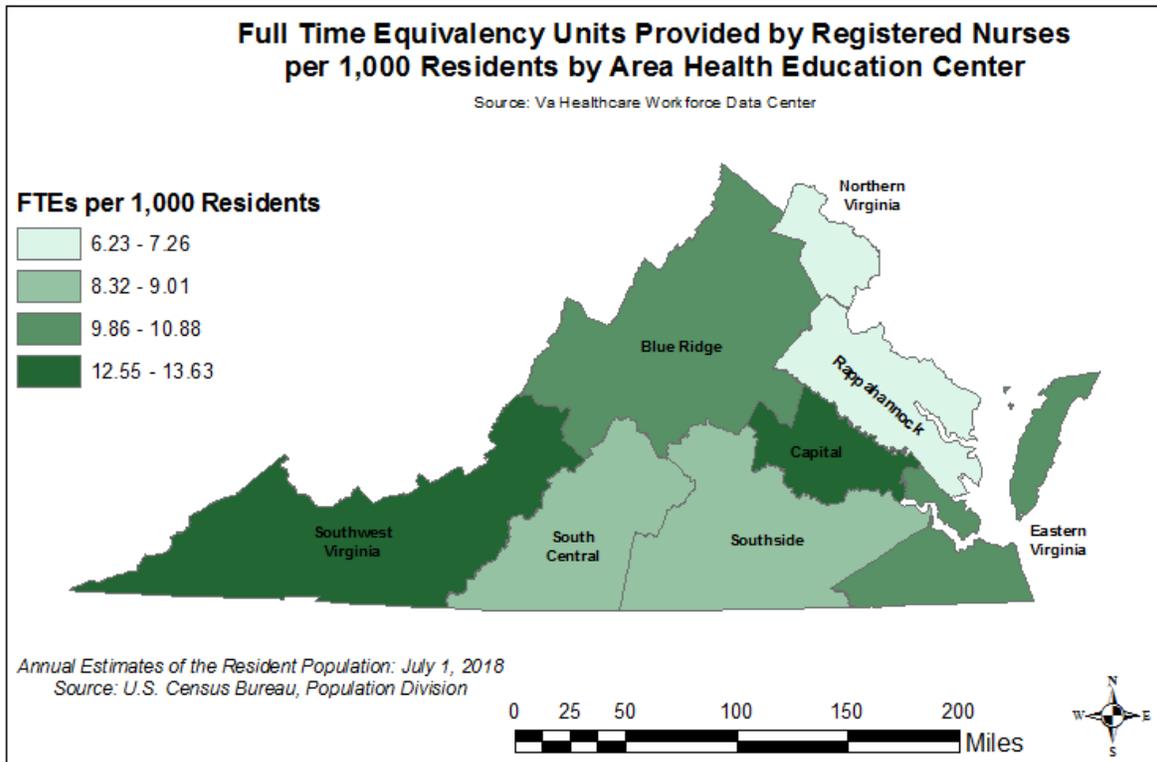
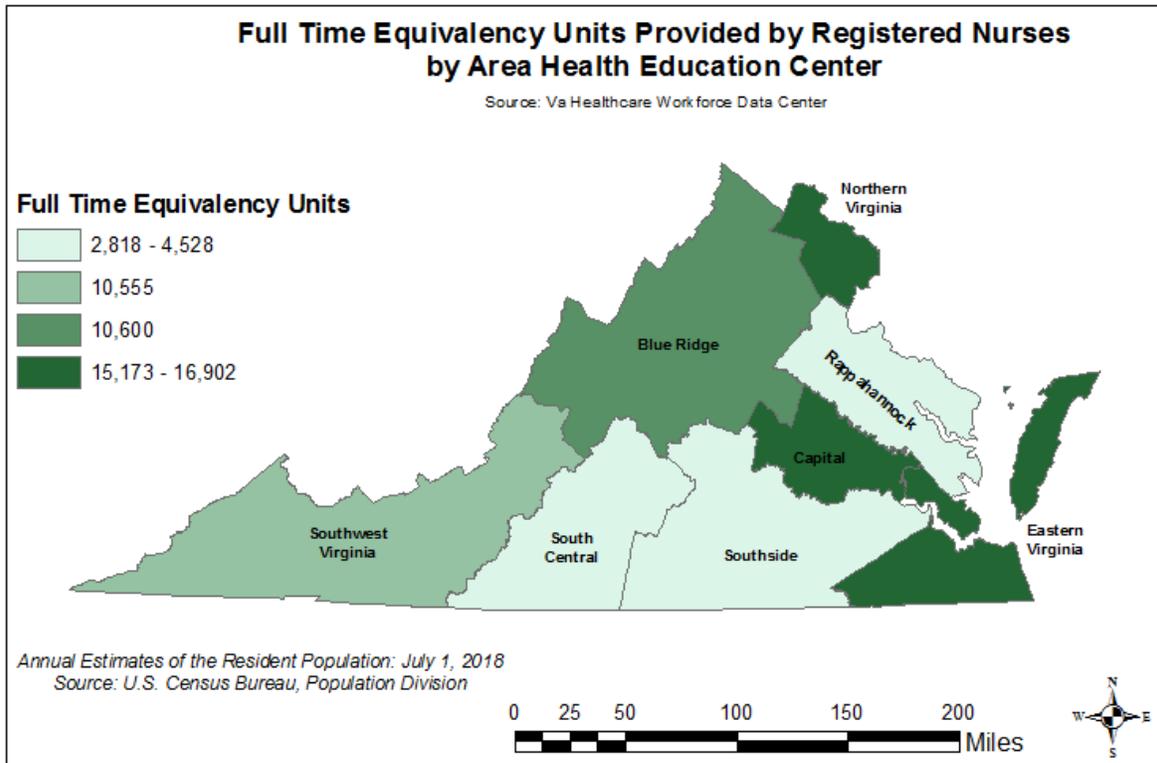


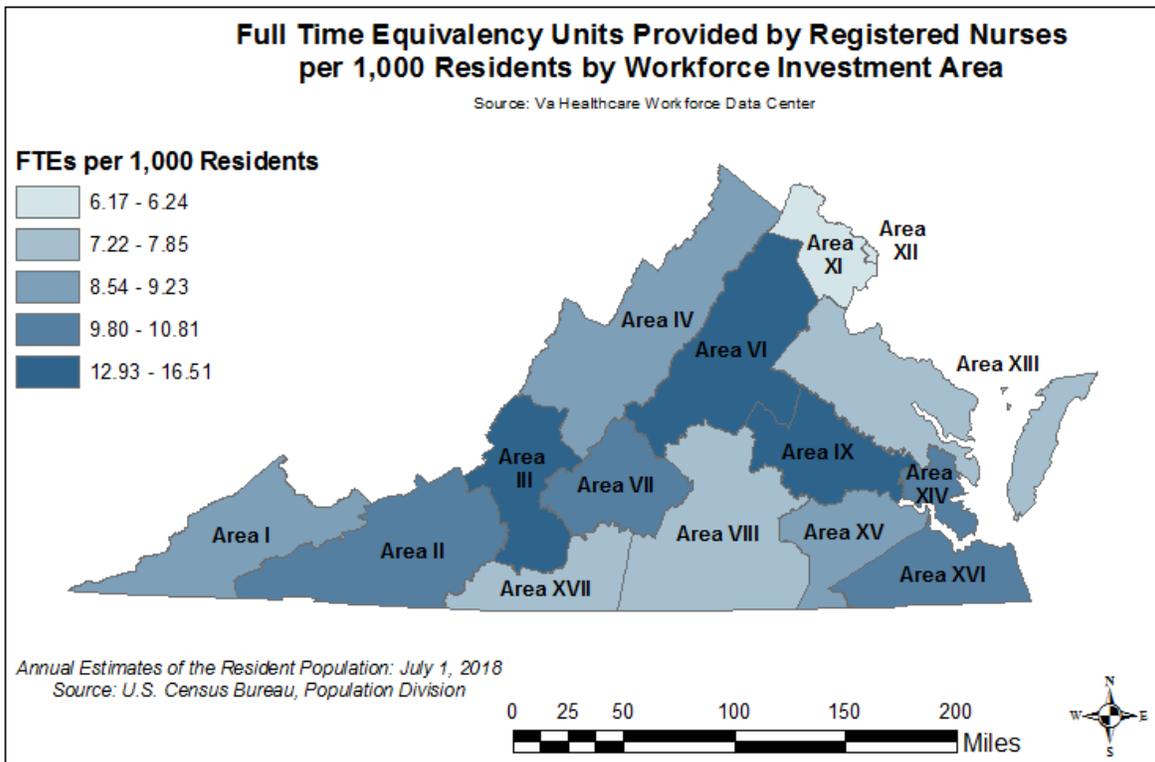
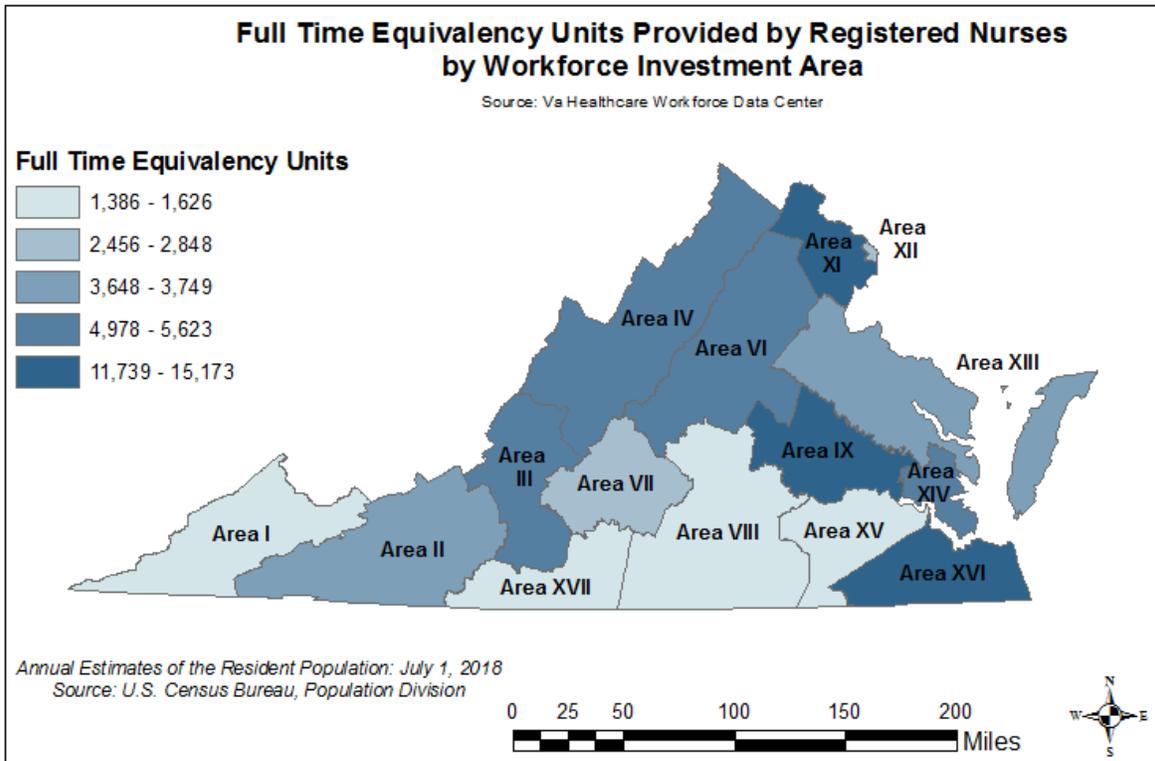
Source: Va. Healthcare Workforce Data Center

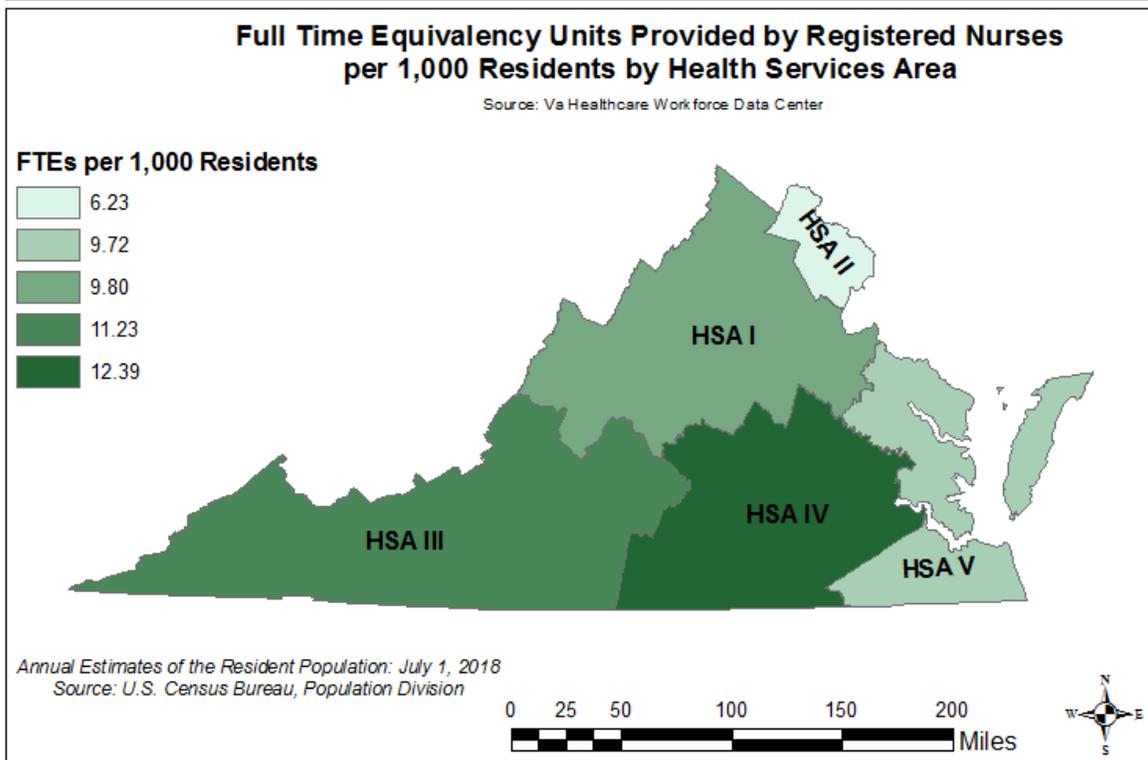
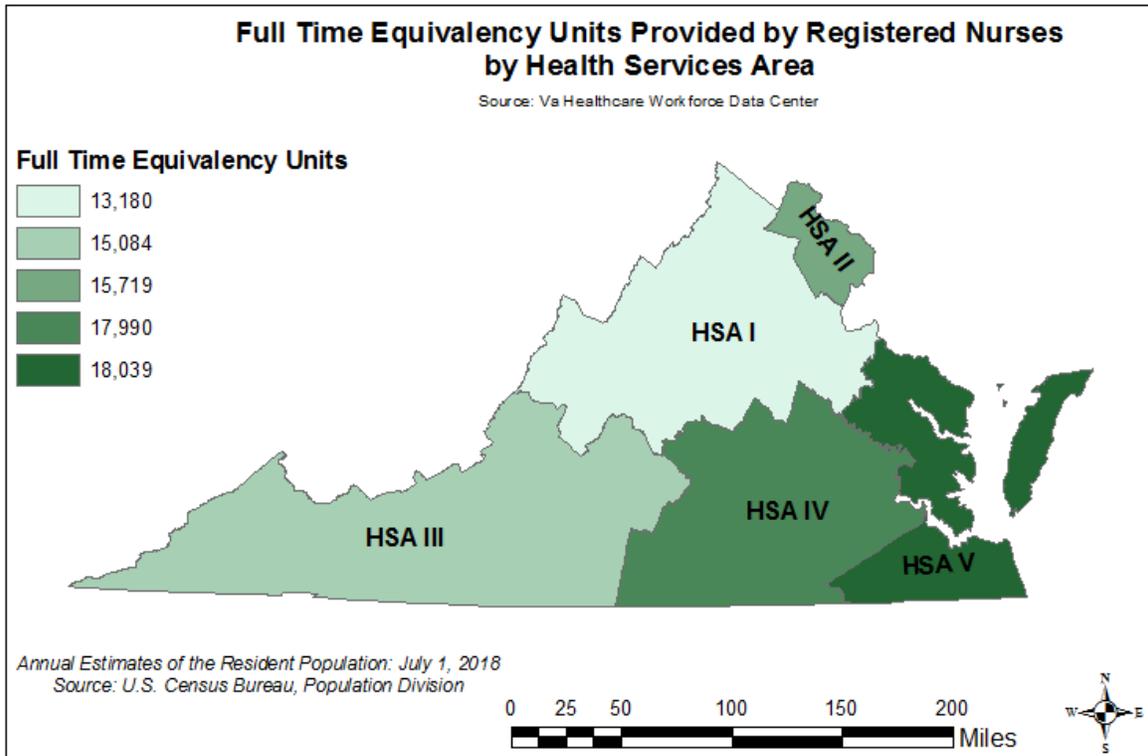
³ Number of residents in 2018 was used as the denominator.

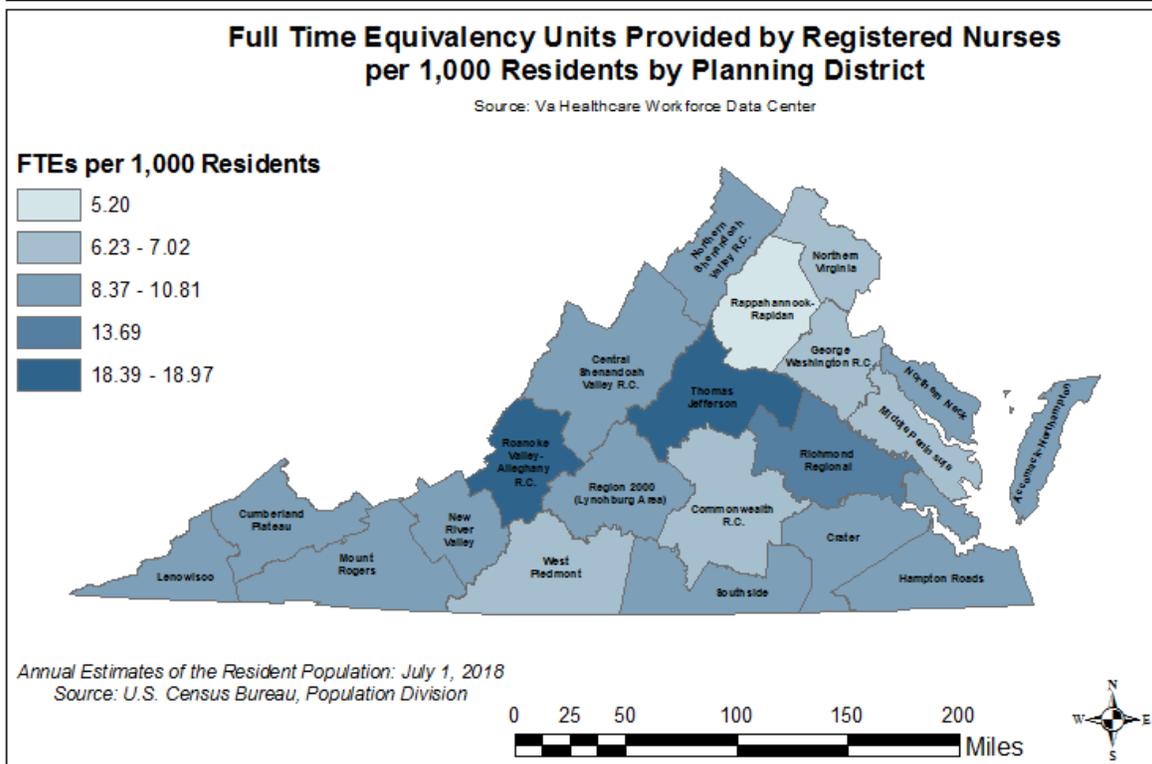
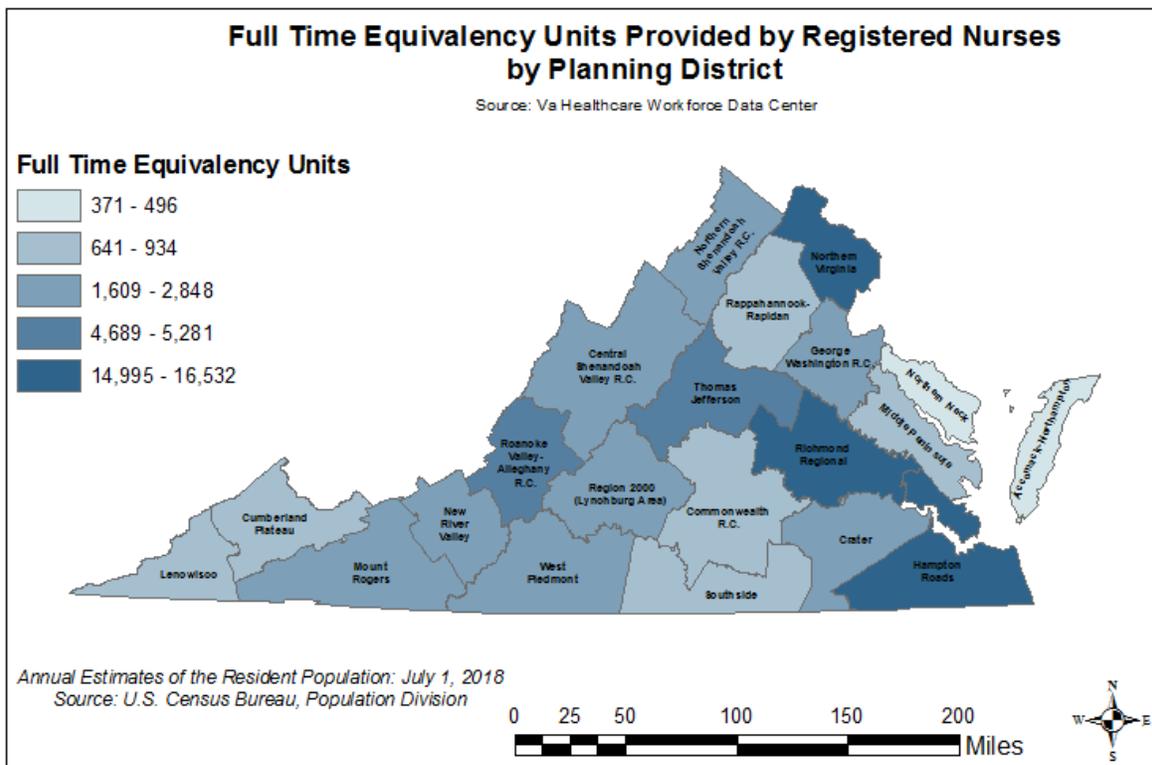
⁴ Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)











Appendices

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	64,156	36.38%	2.748522	2.146301	3.924405
Metro, 250,000 to 1 Million	10,111	36.10%	2.770137	2.16318	3.955267
Metro, 250,000 or Less	10,738	36.69%	2.725381	2.12823	3.891363
Urban Pop. 20,000+, Metro Adj.	1,935	36.90%	2.710084	2.116285	3.869522
Urban Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban Pop., 2,500-19,999, Metro Adj.	4,391	37.05%	2.698832	2.107498	3.853456
Urban Pop., 2,500-19,999, Non-Adj.	2,878	37.07%	2.697282	2.106288	3.851243
Rural, Metro Adj.	2,566	34.29%	2.915909	2.277012	4.163404
Rural, Non-Adj.	1,168	37.41%	2.672769	2.087146	3.816243
Virginia Border State/D.C.	3,443	22.16%	4.512451	3.52374	6.442984
Other U.S. State	10,661	21.57%	4.635217	3.619607	6.618273

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	13,176	24.20%	4.131703	3.816243	6.618273
30 to 34	13,349	38.09%	2.625688	2.425214	4.205899
35 to 39	12,866	29.12%	3.43368	3.171515	5.500162
40 to 44	11,272	42.71%	2.341504	2.162728	3.750684
45 to 49	11,887	31.80%	3.144709	2.904607	5.03728
50 to 54	11,095	44.25%	2.259674	2.087146	3.619607
55 to 59	12,131	31.29%	3.195732	2.951735	5.11901
60 and Over	26,277	35.78%	2.794534	2.581168	4.47636

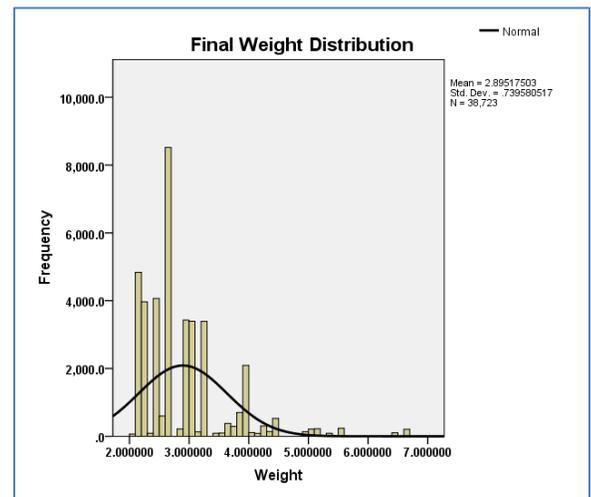
Source: Va. Healthcare Workforce Data Center

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

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

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

Overall Response Rate: 0.345578



Source: Va. Healthcare Workforce Data Center