

# Virginia Board of Nursing

## Instructions for Accessing October 14, 2020 at 8:30 A.M.

### Virtual Business Meeting/Public Hearing and Providing Public Comment

- ❖ **Access:** Perimeter Center building access remains restricted to the public due to the COVID-19 pandemic. To observe this virtual meeting, use one of the options below. Participation capacity is limited and is on a first come, first serve basis due to the capacity of CISCO WebEx technology.
- ❖ **Public comment:** Comments will be received during the public hearings and during the board meeting from those persons who have submitted an email to [huong.vu@dhp.virginia.gov](mailto:huong.vu@dhp.virginia.gov) no later than 8 am on October 14, 2020 indicating that they wish to offer comment. Be sure to specify if the comment is associated with the public hearing or the board meeting. Comment may be offered by these individuals when their names are announced by the chairman.
- ❖ Public participation connections will be muted following the public comment periods.
- ❖ Should the Board enter into a closed session, public participants will be blocked from seeing or hearing the discussion. When the Board re-enters into open session, public participation connections to see and hear the discussions will be restored.
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**VIRGINIA BOARD OF NURSING**  
**VIRTUAL BUSINESS MEETING**

**Final Agenda**

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

**October 14, 2020 at 8:30 A.M. – Quorum of the Board**

**CALL TO ORDER:** Jennifer Phelps, BS, LPN, QMHP-A, CSAC; President

**ESTABLISHMENT OF A QUORUM.**

**ANNOUNCEMENT**

- Yvette L. Dorsey, DNP, RN, was reappointed to the Board of Nursing as a RN Member on August 14, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024
- Ann Tucker Gleason, PhD, was reappointed to the Board of Nursing as a Citizen Member on August 14, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024
- Meenakshi Shah, BA, RN, was reappointed to the Board of Nursing as a RN Member on August 14, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024
- Dawn M. Hogue, MA, LMT was reappointed to the Massage Therapy Advisory Board on August 20, 2020 for the a second four-year term beginning July 1, 2020 and ending on June 30, 2024.
- Maria Mercedes Olivieri, LMT was appointed to the Massage Therapy Advisory Board on August 20, 2020 for a first four-year term beginning July 1, 2020 and ending on June 30, 2024.
- On September 11, 2020, NCSBN issued announcement that Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director, Virginia Board of Nursing, has taken over as president of the NCSBN Board of Directors (BOD) due to the resignation of former president.

**Staff Update:**

- Melvina Baylor accepted new position as Compliance/Safety Officer II position effective September 10, 2020. She vacated the Nursing Discipline Specialist position

**A. UPCOMING MEETINGS:**

- The NCSBN Board of Directors Strategy VIRTUAL meeting is scheduled for October 19-20, 2020 – Ms. Douglas will attend as the NCSBN President of the Board of Directors.
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, October 21, 2020 at 9:00 am in Board Room 2. Disciplinary proceedings will follow.

**REVIEW OF THE AGENDA:**

- Additions, Modifications
- Adoption of a Consent Agenda
- **CONSENT AGENDA**
  - B1** July 21, 2020 Board of Nursing Business Meeting\*
  - B2** July 21, 2020 Panel A - Formal Hearings\*
  - B3** July 21, 2020 Panel B – Formal Hearings\*
  - B4** July 22, 2020 Panel A – Agency Subordinate Recommendations & Formal Hearings\*
  - B5** July 22, 2020 Panel B - Agency Subordinate Recommendations & Formal Hearings\*
  - B6** August 13, 2020 Telephone Conference Call\*
  - B7** September 2, 2020 Telephone Conference Call\*
  - B8** September 15, 2020 Panel A – Formal Hearings\*
  - B9** September 15, 2020 Panel B – Formal Hearings\*
  - B10** September 16, 2020 Panel A – Formal Hearings\*
  - B11** September 16, 2020 Panel B – Formal Hearings\*
  - B12** September 29, 2020 Webex Training Session for Board Members\*\*

- C1** Agency Subordinate Tracking Log\*\*
- C2** Financial Report as of August 31, 2020\*
- C3** Board of Nursing Monthly Tracking Log\*
- C4** HPMP Quarterly Report ending September 30, 2020\*\*
- C5** The Committee of the Joint Boards of Nursing and Medicine July 21, 2020 DRAFT Agency Subordinate Recommendation minutes\*
- C6** The Committee of the Joint Boards of Nursing and Medicine August 18, 2020 DRAFT Telephone Conference Call minutes\*
- C8** Informal Conference Schedule from January through June 2021
- C9** Executive Director Report\*\*
  - ❖ **C9a** - September 30, 2020 Letter from the NCSBN President, Jay Douglas\*\*

- E1** Education Special Conference Committee September 2, 2020 Minutes & Recommendations\*
- E2** Nursing and Nurse Aide Education Programs Update\*\*

Healthcare Workforce Data Center (HWDC) Reports:

- Pathways to BSN: A Look at Virginia’s Registered Nurse Workforce
- Virginia’s Licensed Nurse Practitioner Workforce: 2019 -
- Virginia’s Licensed Nurse Practitioner Workforce: Comparison by Specialty

**F1** Status of Regulatory Actions

**DIALOGUE WITH DHP DIRECTOR – Dr. Brown**

**B. DISPOSITION OF MINUTES:**

None

**C. REPORTS:**

- C7** Board of Health Professions August 20, 2020 Meeting DRAFT Minutes\* – Ms. Hershkowitz

**D. OTHER MATTERS:**

- Board Counsel Update – Ms. Mitchell (**verbal report**)
- Selection of Nominating Committee, three Board Members needed – Ms. Phelps (**verbal discussion**)
  - ❖ **D1** - Virginia Board of Nursing By Laws (Guidance Document 90-57)\*\*
- Alternate Plan for 2021 meetings – Ms. Phelps and Ms. Douglas (**verbal discussion**)
  - ❖ January 25–26, 2021
  - ❖ March 22–25, 2021
  - ❖ May 17–20, 2021
  - ❖ July 19-22, 2021
  - ❖ September 13-16, 2021
  - ❖ November 15-16, 2021

**E. EDUCATION:**

**E3** Recommendations from October 5, 2020 Education Special Conference Committee – Ms. Wilmoth\*\*

**10:00 A.M. – PUBLIC COMMENT**

**F. REGULATIONS/GUIDANCE DOCUMENTS – Ms. Yeatts/Ms. Douglas**

**F2** Regulatory action - Proposed Rules for Prohibition on Practice of Conversion Therapy\*\*

**F3 Guidance Document 90-36:** Guidelines for Training of Public School Employees in the Administration of Insulin and Glucagon\*\*

**11:30 A.M. – PUBLIC HEARING** regarding Proposed Regulations for Nurse Aide Education Programs\*\*

**11:45 A.M. – AGENCY SUBORDINATE RECOMMENDATION CONSIDERATION (Closed Session)**

- #1 – Penny Francine Mcallister Kidd, RN\*
- #2 – Robin Dawn Bidot, RN\*
- #4 – Alison Christine Ahrens Maddox, RN\*

**G. CONSENT ORDERS: (Closed Session)**

**None**

**MEETING DEBRIEF**

**ADJOURNMENT**

(\* mailed 9/30) (\*\* mailed 10/7)

**VIRGINIA BOARD OF NURSING  
MINUTES  
July 21, 2020**

- TIME AND PLACE:** The meeting of the Board of Nursing was called to order at 9:03 A.M. on July 21, 2020, in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- PRESIDING:** Marie Gerardo, MS, RN, ANP-BC; First Vice President
- BOARD MEMBERS PRESENT:**  
Mark D. Monson, Citizen Member; 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  
Louise Hershkowitz, CRNA, MSHA  
Brandon A. Jones, MSN, RN, CEN, NEA-BC  
Dixie L. McElfresh, LPN – **joined at 9:12 A.M.**  
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC  
Mark D. Monson, Citizen Member  
Meenakshi Shah, BA, RN  
Felisa A. Smith, RN, MSA, MSN/Ed, CNE  
Cynthia M. Swineford, RN, MSN, CNE
- MEMBERS ABSENT:** Jennifer Phelps, BS, LPN, QMHP-A, CSAC; President
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
Claire Morris, RN, LNHA; Deputy Executive Director  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice  
Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
Stephanie Willinger; Deputy Executive Director for Licensing  
Jacquelyn Wilmoth, RN, MSN; Nursing Education Program Manager  
Claire Morris, RN, LNHA; Discipline Case Manager  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Huong Vu, Executive Assistant
- OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
- IN THE AUDIENCE:** Howie Goodman, President of Virginia Association of Nurse Anesthetists (VANA)  
Andrienne Hartgerink, President-Elect of VANA  
Janet Setnor, MSN, CRNA, VANA  
Kassie Schroth, McGuireWoods Consulting (MWC)  
Scott Johnson, Hancock, Daniel & Johnson, PC

**ESTABLISHMENT OF A QUORUM:**

Ms. Gerardo asked Board Members and Staff to introduce themselves. With 12 members present, a quorum was established.

**REVIEW OF SOCIAL DISTANCING GUIDELINES:**

Ms. Douglas highlighted the social distancing guidelines and Board staff logistics for Board of Nursing meeting and formal hearings.

**ANNOUNCEMENTS:**

Ms. Gerardo highlighted the announcements on the agenda.

- Recognition of Service of Louise Hershkowitz as President of the Virginia Board of Nursing
- Ann Tiller, Board of Nursing Compliance Manager, was appointed to the Nurse Licensure Compact (NLC) Technology Task Force
- Jodi P. Power, RN, JD, Senior Deputy Executive Director for the Virginia Board of Nursing, retired effective April 1, 2020
- Claire Morris, RN, LNHA, started the Deputy Executive Director position on March 25, 2020 (**replacing Jodi Power**)
- Terri Clinger, DNP, RN, CPNP-PC, Deputy Executive Director for Advanced Practice, resigned effective April 24, 2020
- Robin Hills, RN, DNP, WHNP, transferred to the Deputy Executive Director for Advanced Practice position effective June 1, 2020 (**replacing Terri Clinger**)
- Marian McLean, RN, CCM, started the Nursing Probable Cause Reviewer position on June 22, 2020
- Francesca Iyengar, MSN, RN, accepted the Discipline Case Manager position and started on July 10, 2020 (**replacing Claire Morris**)
- Jay P. Douglas, RN, MSM, CSAC, FRE, Executive Director for the Board of Nursing, is on the Slate of Candidates for NCSBN as President-elect

Ms. Douglas added the following regarding staff:

- ❖ Anne Joseph, former Deputy Director of the Administrative Proceedings Division (APD) has transitioned into the role of an Adjudication Consultant in APD focusing on presenting disciplinary cases for the Board of Medicine, and nurse practitioners' cases for the Board of Nursing. Ms. Joseph continues to handle mandatory suspension, suspensions for dishonored payment, and special projects as assigned.

- ❖ Julia Bennett, Assistant Attorney General in the Health Profession Unit of the Office of the Attorney General presenting cases before the health regulatory boards, has accepted the APD's Deputy Director effective July 27, 2020.

Ms. Gerardo added the following regarding Board Members:

- ❖ Ann Tucker Gleason, PhD, Citizen Board Member was elected a Fellow of the American Speech-Language-Hearing Association (ASHA) for her outstanding professional achievements.
- ❖ Brandon Jones, MSN, RN, CEN, NEA-BC, Board Member, was appointed by the NCSBN Board of Directors as a member of the Fiscal Year 2021 NCLEX Item Review Subcommittee for a two-year term.

Ms. Gerardo thanked Ms. Hershkowitz for her exceptional services to the Board as Board Member and as Board President. Ms. Hershkowitz stated that it was her honor to work with Board Members and Board Staff. Ms. Douglas thanked Ms. Hershkowitz for her extraordinary leadership.

Ms. McElfresh joined the meeting at 9:12 A.M.

UPCOMING MEETINGS: The upcoming meetings listed on the agenda:

- NCSBN Nurse Licensure Compact (NLC) Commission Annual Meeting is scheduled virtually for August 11, 2020 in Chicago, IL – Ms. Douglas will attend as Commissioner for the NLC.
- NCSBN Annual Meeting is scheduled virtually for August 12, 2020 in Chicago, IL – Board Members and Staff may participate as registration allows
- The Committee of the Joint Boards of Nursing and Medicine meeting is scheduled for Wednesday, October 21, 2020 at 9:00 am in Board Room 2

ORDERING OF AGENDA: Ms. Gerardo asked if Board Members wish to add any items to the Agenda. There were no item added.

Ms. Gerardo asked staff to provide updates to the Agenda.

Ms. Douglas provided the following:

- Two additional Consent Orders have been added for consideration
- The formal hearing of Julie Jackson, RN Reinstatement Applicant scheduled for Tuesday, 7/21/2020, on Panel B has been continued

- The formal hearings of Crystal D. Bell, LPN and Lavonne S. Lucas, CNA scheduled for Wednesday, 7/22/2020, on Panel B has been continued
- Tiffany C. Thompson, RN, and Megan S. Hardesty, RN signed their Consent Orders. Their formal hearings scheduled for Wednesday, 7/22/2020, on Panel B have been cancelled

**CONSENT AGENDA:** The Board removed Financial Report as of May 31, 2020 (C2) 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**

<b>B1</b> January 27, 2020	Board of Nursing Officer Meeting
<b>B2</b> January 27, 2020	Formal Hearings
<b>B3</b> January 28, 2020	Board of Nursing Business Meeting
<b>B4</b> January 29, 2020	Formal Hearings – Panel A
<b>B5</b> January 29, 2020	Formal Hearings – Panel B
<b>B6</b> January 30, 2020	Formal Hearings
<b>B7</b> March 18, 2020	Telephone Conference Call
<b>B8</b> April 21, 2020	Telephone Conference Call
<b>B9</b> May 7, 2020	Telephone Conference Call
<b>B10</b> June 17, 2020	Telephone Conference Call
<b>B11</b> June 29, 2020	Telephone Conference Call

**C1** Agency Subordinate Tracking Log

**C3** Board of Nursing Monthly Tracking Log

**C4** HPMP Quarterly Report as of June 30, 2020

**C5** Criminal Background Check (CBC) Unit Annual Report

**C6** Board of Nursing January 1 – December 31, 2019 Licensure & Discipline Statistic

**C7** The Committee of the Joint Boards of Nursing and Medicine February 12, 2020 DRAFT Business Meeting and Informal Conference minutes

**C8** Board of Health Professions February 27, 2020 Meeting DRAFT Minutes

**C9** Informal Conference Schedule from August through December 2020

**C10** Board of Nursing 2021 Business meeting and formal hearing dates

**C11** Executive Director Report

- ❖ February 12, 2020 Letter from Julia George, MSN, RN, FRE, NCSBN President
- ❖ July 1, 2020 Notification from Committee of the Joint Boards of Nursing and Medicine regarding Certified Register Nurse Anesthetists (CRNAs) with Prescriptive Authority

- E1** Memorandum – 2019 NCLEX Pass Rates
- E2** Memorandum – Nursing Education Programs Closed in 2019
- E3** Memorandum – Nursing Education Program Application Update
- E4** Education Special Informal Conference Schedule
- E5** Nursing Education and Nurse Aide Education Programs Update
- E6** Education Special Conference Committee July 8, 2020 Minutes and Recommendations

- F1** Status of Regulatory Actions
- F2** Report of the 2020 General Assembly

DISPOSITION OF  
MINUTES:

None

REPORTS:

**C2 Financial Report as of May 31, 2020:**

Dr. Gleason asked for the clarification of \$70,172.07 in Postal Services on page 3 of the report. Ms. Douglas replied that this was the cost of mailing of cases and licenses. Ms. Douglas noted that the increase in size and the number of cases contributed to the cost increase. Ms. Douglas stated that this cost should decrease since the Board is now utilizing paperless licensing.

Ms. Hershkowitz moved to accept C2 report as present. The motion was second and carried unanimously.

LEGISLATION/  
REGULATION:

**F3 Adoption of Final Regulations – Exempt Action to Regulations for the Licensure of Massage Therapy (18VAC90-50-40)**

Ms. Yeatts stated that amendments to 18VAC90-50-40 by exempt action is needed to conform with HB1121(Educational programs and qualifications of foreign-trained massage therapists) that was passed by General Assembly in 2020.

Ms. Yeatts suggested adding the word “*educational*” right after “**therapy**” in 18VAC90-50-40.A.2 to ensure applicants must graduate from a massage therapy education program with minimum of 500 hours of training instead of just completing the 500 hours of training.

Mr. Monson moved to adopt 18VAC90-50-40 by Exempt Action with additional suggested amendment. The motion was seconded and carried unanimously.

**F4 Proposed Amendments to Regulations for use of Simulation in Nursing Education by a Fast-Track Action**

Ms. Yeatts stated that the motion to adopt the amendments to regulations for the use of Simulation in Nursing Education by a fast-track action is needed.

Ms. Yeatts noted that Notice of Intended Regulatory Action (NOIRA) was published on February 3, 2020 and the comment period ended on March 4, 2020 with no comments received.

Dr. Dorsey asked if the Board can publish the amendments of regulations for additional public comment before taking action.

Ms. Yeatts suggested that the Board can adopt as proposed regulations instead of adopting by fast-track action. Ms. Yeatts added that this will require the Board to publish the regulations for additional public comment of 60 days.

Ms. Hershkowitz moved to adopt the proposed regulations as suggested. The motion was seconded and carried unanimously.

**F5 Proposed Amendments to the Regulations for Waiver of Electronic Prescribing for Practitioners**

Ms. Yeatts stated that adoption of the proposed amendments is needed to replace emergency regulations currently in effect.

Ms. Yeatts added that a Notice of Intended Regulatory Action (NOIRA) was published on January 6, 2020 and the comment period ended on February 5, 2020 with no comments received.

Ms. Douglas noted that the Board approved about 250 waivers for economic hardship, technological limitations, or other exceptional circumstances that are good for one year only and cannot be further extended. Ms. Douglas added that as of July 1, 2021, all prescriptions for drugs containing an opioid must be transmitted to a pharmacy electronically.

Ms. Yeatts said that the Board of Medicine will adopt amendments at its August meeting.

Mr. Monson moved to adopt the proposed amendments as present. The motion was seconded and carried unanimously.

**F6 Adoption of Final Regulations for Clinical Nurse Specialist Registration**

Ms. Yeatts stated that Board action is needed in response to a petition for rulemaking. Ms. Yeatts noted that most comments received are in support of the proposed changes to the regulations for Clinical Nurse Specialists.

Mr. Hermansen-Parker moved to adopt the final amendments identical to the proposed regulations as presented. The motion was seconded and carried unanimously.

**PUBLIC COMMENT:** Howie Goodman, President of Virginia Association of Nurse Anesthetists (VANA) acknowledged Ms. Hershkowitz' contribution to the VANA and their appreciation for her service on the Board of Nursing.

**CONSIDERATION OF CONSENT ORDERS:**

**CLOSED MEETING:** Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:45 A.M. for the purpose of considering the Consent Orders. Additionally, Dr. Gleason moved that Ms. Douglas, Dr. Hills, Ms. Wilmoth, Ms. Ridout, Ms. Willinger, Ms. Morris, Ms. Iyengar, 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 9:51 A.M.  
Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**G1 Erica Crenshaw Lawal, RN** **0001-188174**

Ms. Hershkowitz moved to accept the consent order to indefinitely suspend the license of Erica Crenshaw Lawal to practice professional nursing in the Commonwealth of Virginia with suspension stayed contingent upon Ms. Lawal's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

**G2 Michele K. Lucht, RN** **0001-180884**

Ms. Hershkowitz moved to accept the consent order of voluntary surrender for indefinite suspension of Michele K. Lucht's license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**G3 Hye Kyung Lee, LMT** **0019-015260**

Ms. Hershkowitz moved to accept the consent order of voluntary surrender for revocation of Hye Kyung Lee's license to practice massage therapy in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**G4 Tiffany Cheyenne Thompson, RN**

**0001-179813**

Ms. Hershkowitz moved to accept the consent order of voluntary surrender for indefinite suspension of Tiffany Cheyenne Thompson's license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**ADJOURNMENT:**

The Board adjourned at 10:00 A.M.

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Marie Gerardo, MS, RN, ANP-BC  
First Vice-President

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
July 21, 2020  
Panel - A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:31 A.M. on July 21, 2020 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  
Margaret J. Friedenberg, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Brandon A. Jones, MSN, RN, CEN, NEA-BC  
Meenakshi Shah, BA, RN  
Felisa A. Smith, RN, MSA, MSN/Ed, CNE

**STAFF PRESENT:**

Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director (**A.M. cases**)  
Leila Claire Morris, RN, LNHA, Deputy Executive Director (**P.M. cases**)  
Sylvia Tamayo-Suijk, Discipline Team Coordinator

**OTHERS PRESENT:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Francesca Iyengar, Discipline Case Manager

**ESTABLISHMENT OF A PANEL:**

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

**FORMAL HEARINGS:**

**Rachel Y. Craddock, LPN** **0002-059799**  
Ms. Craddock did not appear.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, recorded the proceeding.

Kimberly Martin, Senior Investigator, Department of Health Professions and Rebecca Britt, Virginia Health Practitioners' Monitoring Program Case Manager testified by phone.

**CLOSED MEETING:**

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:49 A.M., for the purpose of deliberation to reach a decision in the matter of Rachel Y. Craddock. Additionally, Mr. Hermansen-Parker 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 11:00 A.M.

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

ACTION: Ms. Shah moved that the Board of Nursing continue Ms. Craddock on indefinite suspension 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. Craddock 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: **Nina Shawnquail Grantham, LPN Reinstatement 0002-074376**  
Ms. Grantham appeared.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, recorded the proceeding.

Patricia Dewey, RN, BSN, Discipline Case Manager and former Senior Investigator, Department of Health Professions, was present and testified. Alexandra Aloba, Senior Investigator, Department of Health Professions testified by phone.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:30 P.M., for the purpose of deliberation to reach a decision in the matter of Nina Shawnquail Grantham. Additionally, Mr. Hermansen-Parker 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 12:45 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from

open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Ms. Shah moved that the Board of Nursing approve the application of Nina Shawnquail Grantham for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Grantham 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 12:45 P.M.

**RECONVENTION:**

The Board reconvened in open session at 1:33 P.M.

**FORMAL HEARINGS:**

**Teresa Thayer Emerson, RN Reinstatement                      0001-200106**

Ms. Emerson appeared, accompanied by her attorney, Danielle Stone and her friend, Nancy Doss.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, recorded the proceeding.

Nancy Doss was 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 2:52 P.M., for the purpose of deliberation to reach a decision in the matter of Teresa Thayer Emerson. Additionally, Ms. Smith moved that Ms. Morris, 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 3:53 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:**

Ms. Shah moved that the Board of Nursing approve the application of Teresa Thayer Emerson for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia contingent receiving written evidence of successful completion of a Board approved course on Pain Management and the following three NCSBN courses within 90 days: “*Professional Accountability & Legal Liability for Nurses*”, “*Righting a Wrong: Ethics & Professionalism in Nursing*”, and “*Sharpening Critical Thinking Skills*”. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Emerson at her address of record. The motion was seconded and passed with six votes in favor of the motion. Ms. Smith opposed the motion.

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

**RECESS:**

The Board recessed at 4:00 P.M.

**RECONVENTION:**

The Board reconvened in open session at 4:12 P.M.

**FORMAL HEARINGS:**

**Britany Nicole Whitaker, LPN**  
Ms. Whitaker appeared.

**0002-095279**

Anne Joseph, Adjudication Consultant for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, recorded the proceeding.

Kim Martin, Senior Investigator, Department of Health Professions testified by phone.

**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 5:29 P.M., for the purpose of deliberation to reach a decision in the matter of Britany Nicole Whitaker. Additionally, Ms. Smith moved that Ms. Morris, 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 5:42 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:**

Ms. Shah moved that the Board of Nursing continue the license of Britany Nicole Whitaker to practice practical nursing in the Commonwealth of Virginia on indefinite suspension, and stay the suspension contingent upon Ms. Whitaker's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Whitaker 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:**

**Sherri Brown, LPN**

**0002-071111**

Ms. Brown did not appear.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Colleen Good, court reporter with Commonwealth Court Reporters, recorded the proceeding.

Jennifer Baker, Senior Investigator, Department of Health Professions and Stacey Taylor, RN, DON at Abingdon Health and Rehab testified by phone.

**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 6:13 P.M., for the purpose of deliberation to reach a decision in the matter of Sherri Brown. Additionally, Ms. Smith moved that Ms. Morris, Ms. Tamayo-Suijk, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 6:32 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:**

Ms. Shah moved that the Board of Nursing reprimand Sherri Brown and require her to submit written evidence of successful completion of the following two NCSBN courses within 90 days: “*Professional Accountability & Legal Liability for Nurses*” and “*Documentation: A Critical Aspect of Client Care*”. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Brown 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 6:40 P.M.

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Leila Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
July 21, 2020  
Panel - B**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:39 A.M. on July 21, 2020 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Mark D. Monson, Citizen Member, Second Vice President  
Ann Tucker Gleason, PhD, Citizen Member  
Louise Hershkowitz, CRNA, MSHA  
Dixie McElfresh, LPN  
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC  
Cynthia M. Swineford, MSN, RN, CNE

**STAFF PRESENT:**

Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director  
Darlene Graham, Senior Discipline Specialist

**OTHERS PRESENT:**

Erin Barrett, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:**

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

**FORMAL HEARINGS:**

**Capri M. Williams, LPN Reinstatement 0002-087154**

Ms. Williams appeared and was accompanied by Nathan Mortier, her attorney, and Adrienne Long, MSW, Counselor at Behavioral Awareness Center.

Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cheryl Renee Lane, court reporter with Able Forces Professional Services, recorded the proceeding.

Amber Gray, Senior Investigator, Department of Health Professions, and Sherri Foster, Enforcement Regional Manager, Department of Health Professions, testified via telephone.

Adrienne Long, MSW, Counselor at Behavioral Awareness Center, was present and testified.

**CLOSED MEETING:**

Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:16 P.M., for the purpose of deliberation to reach a decision in the matter of Capri M. Williams. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Graham, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence

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

RECONVENTION: The Board reconvened in open session at 12:47 P.M.

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

ACTION: Ms. Hershkowitz moved that the Board of Nursing approve the application for reinstatement of Capri M. Williams to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Williams 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 1:00 P.M.

RECONVENTION: The Board reconvened at 1:37 P.M.

FORMAL HEARINGS: **Myra Jo Easter, RN** **0001-159451**  
Ms. Easter appeared.

Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cheryl Renee Lane, court reporter with Able Forces Professional Services, recorded the proceeding.

Anna Badgley, Senior Investigator, Department of Health Professions, and Amy Stewart, Case Manager Coordinator at Virginia Health Practitioners Monitoring Program (HPMP), testified via telephone.

CLOSED MEETING: Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:09 P.M., for the purpose of deliberation to reach a decision in the matter of Myra Jo Easter. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Graham, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:30 P.M.

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

ACTION:

Ms. Swineford moved that the Board of Nursing deny the application for reinstatement of Myra Jo Easter to practice professional nursing in the Commonwealth of Virginia and continue Ms. Easter on indefinite suspension for a period of not less than one year. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Easter 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:

**Angela Mitchell, LPN Reinstatement**

**0002-098506**

Ms. Mitchell appeared.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Cheryl Renee Lane, court reporter with Able Forces Professional Services, recorded the proceeding.

Amber Gray, Senior Investigator, Department of Health Professions, testified via telephone.

CLOSED MEETING:

Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:30 P.M., for the purpose of deliberation to reach a decision in the matter of Angela Mitchell. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Graham, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION:

The Board reconvened in open session at 4:31 P.M.

Ms. Hershkowitz 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 approve the application for reinstatement of Angela Mitchell to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Mitchell 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 4:33 P.M.

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

**VIRGINIA BOARD OF NURSING**  
**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS**  
**MINUTES**  
**July 22, 2020**  
**Panel - A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:07 A.M. on July 22, 2020 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  
Margaret J. Friedenberg, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Brandon A. Jones, MSN, RN, CEN, NEA-BC  
Meenakshi Shah, BA, RN  
Felisa A. Smith, RN, MSA, MSN/Ed, CNE

**STAFF PRESENT:** Charlette N. Ridout, RN, MS, CNE; Deputy Executive Director  
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

**ESTABLISHMENT OF A PANEL:**

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

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**#17 Katherine Mary Culbertson, RN**  
Ms. Culbertson appeared.

**0001-196467**

**CLOSED MEETING:** Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:14 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Culbertson. Additionally, Ms. Shah moved that 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 9:26 A.M.

Ms. Shah moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open

meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Jones moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of Katherine Mary Culbertson to practice professional nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Culbertson'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.

**#1 – Katherine Colleen Knopke, RN**

**0001-206959**

Ms. Knopke appeared.

**CLOSED MEETING:**

Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:38 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Knopke. Additionally, Ms. Shah moved that 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 9:45 A.M.

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

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Katherine Colleen Knopke to practice professional nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Knopke's reentry 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.

**#33 – Hykeshia Michelle Hood, CNA**

**1401-092351**

Ms. Hood appeared.

**CLOSED MEETING:**

Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:53 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Hood. Additionally, Ms. Shah moved that 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 10:04 A.M.

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

Mr. Jones moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification Hykeshia Michelle Hood 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.

**#14 – Susan Loomis, RN**

**0001-207690**

Ms. Loomis appeared.

**CLOSED MEETING:**

Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:11 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Loomis. Additionally, Ms. Shah moved that 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 10:20 A.M.

Ms. Shah moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and

only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Shah moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Susan Loomis and to indefinitely suspend the license of Ms. Loomis 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. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:26 A.M., for the purpose of consideration of the remaining agency subordinate recommendations. Additionally, Ms. Shah moved that 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 10:39 A.M.

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

**#3 – Haley Joelle Collins, CNA**

**1401-190550**

Ms. Collins did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Haley Joelle Collins to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry, based on a single occurrence. The motion was seconded and carried unanimously.

**#5 – Cristel Bratcher, CNA**

**1401-197396**

Ms. Bratcher did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate

of Cristel Bratcher to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**#7 – Christine Koscienski, CNA** **1401-125026**  
Ms. Koscienski did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Christine Koscienski. The motion was seconded and carried unanimously.

**#9 – Penny Lynn Nyquist Trentham, RN** **0001-167597**  
Ms. Trentham did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Penny Lynn Nyquist Trentham and to indefinitely suspend the license of Ms. Trentham 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.

**#11– Sydney Thomas, CNA** **1401-191070**  
Ms. Thomas did not appear.

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

**#15 – Emily Anne King, RN** **0001-222785**  
Ms. King did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Emily Anne King 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.

**#19 – Megan Marie Hervey, LPN** **0002-095033**  
Ms. Hervey did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Megan Marie Hervey. The motion was seconded and carried unanimously.

**#21 – Kathy Lynn Mullins, RN**

**0001-192943**

Ms. Mullins did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Kathy Lynn Mullins 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.

**#23 – Shaneia Gary, CNA**

**1401-195212**

Ms. Gary did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Shaneia Gary to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**#26 – Lara Lea Looney Strebeck, LPN**

**0002-060229**

Ms. Strebeck did not appear.

Mr. Jones moved that the Board of Nursing modify the recommended decision of the agency subordinate to indefinitely suspend the license of Lara Lea Looney Strebeck to practice practical nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Strebeck'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 passed with six votes in favor of the motion. Mr. Hermansen-Parker opposed the motion.

**#27 – Claudia Marie Price, LPN**

**0002-095611**

Ms. Price did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the license of Claudia Marie Price to practice as a practical nurse in the Commonwealth of Virginia, said suspension applies to any multistate privilege to practice practical nursing. The motion was seconded and carried unanimously.

**#29 – Rosemary Tambra Jenkins, RN**

**0001-170076**

Ms. Jenkins did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Rosemary Tambra Jenkins to practice professional nursing in the Commonwealth of Virginia, with said suspension stayed upon proof of Ms. Jenkins' 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.

**#31 – Stephanie N. Kirkbride, RN**

**0001-258140**

Ms. Kirkbride did not appear.

Mr. Hermansen-Parker moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Stephanie N. Kirkbride and indefinitely suspend the license of Ms. Kirkbride 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.

**#35– Christa Rae Twig, RN**

**0001-164349**

Ms. Twig did not appear.

Ms. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Stephanie N. Kirkbride 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.

**#37 – Teresita Estrada, CNA**

**1401-178004**

Ms. Estrada did not appear, but submitted a written response.

Mr. Smith moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Teresita Estrada. The motion was seconded and carried unanimously.

ADJOURNMENT:           The Board adjourned at 10:46 A.M.

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

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
July 22, 2020  
Panel - A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 10:56 A.M. on July 22, 2020 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  
Margaret J. Friedenberg, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Brandon A. Jones, MSN, RN, CEN, NEA-BC  
Meenakshi Shah, BA, RN  
Felisa A. Smith, RN, MSA, MSN/Ed, CNE  
Dawn Hogue, LMT, Advisory Board Member (**LMT cases only**)

**STAFF PRESENT:** Charlette N. Ridout, RN, MS, CNE, Deputy Executive Director (LMT cases)  
Leila Claire Morris, RN, LNHA, Deputy Executive Director (RN/LPN cases)  
Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director (joined at 6:47 PM)  
Sylvia Tamayo-Suijk, Discipline Team Coordinator

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General, Board Counsel  
Sally Ragsdale, Board staff observing  
Huong Vu, Board staff observing

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

**FORMAL HEARINGS:** **Harold V. Olmos, LMT** **0019-014929**  
Mr. Olmos appeared, accompanied by his wife.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting, recorded the proceeding.

Client A testified by phone, Clients B and C were present and testified.

**CLOSED MEETING:** Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:35 P.M., for the purpose of deliberation to reach a decision in the matter of Harold V. Olmos. Additionally, Ms. Shah moved that 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 1:53 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. Jones moved that the Board of Nursing revoke the license of Harold V. Olmos 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. Olmos at his address of record. The motion was seconded and carried unanimously.

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

RECESS: The Board recessed at 1:55P.M.

RECONVENTION: The Board reconvened in open session at 2:25 P.M.

FORMAL HEARINGS: **Jacob Todd Owens, LMT** **0019-012484**  
Mr. Owens did not appear.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting, recorded the proceeding.

James Wall and Brittany Kitchen, Senior Investigators, Department of Health Professions, testified by phone. Clients A and C, were present and testified.

CLOSED MEETING: Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:18 P.M., for the purpose of deliberation to reach a decision in the matter of Jacob Todd Owens. Additionally, Ms. Shah moved that 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 3:24 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. Jones moved that the Board of Nursing reprimand Charles Edward Jacobs require written evidence of successful completion of the following four NCSBN courses within 90 days: “*Communication & Teamwork*”, “*Diversity: Building Cultural Competence*”, “*Professional Boundaries in Nursing*”, and “*Righting a Wrong: Ethics & Professionalism in Nursing*”. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Jacobs at his address of record. The motion was seconded and passed with six votes in favor of the motion. Dr. Dorsey opposed the motion.

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

**RECESS:**

The Board recessed at 5:47 P.M.  
Ms. Smith left the meeting.  
Ms. Douglas joined the meeting.

**RECONVENTION:**

The Board reconvened in open session at 6:04 P.M.

**FORMAL HEARINGS:**

**Cabria Sheron Banks, LPN**

**0002-077724**

Ms. Banks appeared, accompanied by her friend, Tiffany Robertson, her mother, Debbie Banks, and her brother, Christopher Banks.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Andrea Pegram, court reporter with Andrea Pegram Court Reporting, recorded the proceeding.

Ashley Hester, Senior Investigator, Department of Health Professions and Amy Stewart, Virginia Health Practitioners’ Monitoring Program Case Manager testified by phone. Tiffany Robertson, Debbie Banks, and Christopher Banks, were present and testified.

**CLOSED MEETING:**

Ms. Shah moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 8:08 P.M., for the purpose of deliberation to reach a decision in the matter of Cabria Sheron Banks. Additionally, Ms. Shah moved that Ms. Douglas, Ms. Morris, 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 8:40 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. Jones moved that the Board of Nursing reprimand Cabria Sheron Banks and continue the license of Ms. Banks to practice practical nursing in the Commonwealth of Virginia on indefinite suspension, and stay the suspension contingent upon Ms. Banks' reentry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with the with all terms and conditions of the HPMP for the period specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Banks 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 8:44 P.M.

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Leila Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING**  
**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS**  
**MINUTES**  
**July 22, 2020**  
**Panel - B**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:02 A.M. on July 22, 2020 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Mark D. Monson, Citizen Member, Second Vice-President  
A Tucker Gleason, PhD, Citizen Member  
Louise Hershkowitz, CRNA, MSHA  
Dixie L. McElfresh, LPN  
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC  
Cynthia Swineford, RN, MSN, CNE

**STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director  
Darlene Graham, Senior Discipline Specialist

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

**ESTABLISHMENT OF A PANEL:**

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

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**CLOSED MEETING:** 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 9:08 A.M., for the purpose of consideration of the agency subordinate recommendations. Additionally, Ms. McElfresh moved that Ms. Douglas, Ms. Graham, 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 9:25 A.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.

**#2 – Yolanda Lyn Jones Dillard, LPN** **0002-077353**

Ms. Dillard did not appear.

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

**#4 – Faith Smith, CNA** **1401-192853**

Ms. Smith did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Faith Smith to practice as a nurse aide in the Commonwealth of Virginia and enter Findings of Abuse and Neglect against Ms. Smith in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**#6 – LaDawn Nicole Brown, RMA** **0031-007086**

Ms. Brown did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand LaDawn Nicole Brown. The motion was seconded and carried unanimously.

**#8 – Claudia Rose Guerra, RN** **0001-241773**

Ms. Guerra did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Claudia Rose Guerra and suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Guerra’s entry into a Contract with the Virginia Health Practitioners’ Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried with five votes in favor of the motion. Mr. Monson opposed the motion.

**#10 – Heather Carolyn Jackson, RMA** **0031-011395**

Mr. Jackson did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of Heather Carolyn Jackson to renew her registration to practice as medication aide in the

Commonwealth of Virginia. The motion was seconded and carried unanimously.

**#12 – Tayler Rena Worth, CNA** **1401-195857**  
Ms. Worth did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Taylor Rena Worth to practice as a nurse aide in the Commonwealth of Virginia and enter the Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**#13 – Glenda Washington, CNA** **1401-090124**  
Mr. Washington did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Glenda Washington to practice as a nurse aide in the Commonwealth of Virginia and enter the Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

**#16 – Sharon Crowner Alls, RN** **0001-193817**  
Ms. Alls did not appear.

Dr. Gleason moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand Sharon Crowner Alls, to indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Alls' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried with five votes in favor of the motion. Mr. Monson opposed the motion.

**#18 – Cheyenne R. Crosby, RN** **0001-251576**  
Ms. Crosby did not appear.

Ms. Hershkowitz moved that the Board of Nursing modify the recommended decision of the agency subordinate to reprimand Cheyenne R. Crosby and within 60days from the date of entry of the Order to provide written proof satisfactory to the Board of successful completion of the NCSBN course: *Professional Accountability & Legal Liability for Nurses*. The motion was seconded and carried unanimously.

**#20 – Morgan Laney Harrell, LPN** **0002-098008**

Ms. Harrell did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Morgan Laney Harrell and to suspend her license to practice practical nursing in the Commonwealth of Virginia with suspension stayed upon proof of Ms. Harrell's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**#22 – Jessica Fleming Bomar, RN** **0001-237139**

Ms. Bomar did not appear.

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

**#24 – Amber Crihfield, LPN** **0002-097077**

Ms. Crihfield did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to require Amber Crihfield provide written proof satisfactory to the Board of successful completion of the NCSBN course: *Professional Accountability & Legal Liability for Nurses* within 60 days from the date of entry of the Order. The motion was seconded and carried unanimously.

**#25 – Roxanna Leigh Ramey, CNA** **1401-175458**

Ms. Ramey did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Roxanna Leigh Ramey. The motion was seconded and carried unanimously.

**#28 – Nickelson Lee Showalter, RN** **0001-266675**

Mr. Showalter did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of

Nickelson Lee Showalter to practice professional nursing in the Commonwealth of Virginia with suspension stayed upon proof of Mr. Bomar's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

**#30 – Shelvey Huntley Lanum, RN**

**0001-107033**

Mr. Lanum did not appear.

Dr. Gleason moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the right of Shelvey Huntley Lanum to renew her license to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**#32 – Amanda Dawn Pagan, LPN**

**0002-087846**

Ms. Pagan did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Amanda Dawn Pagan and to indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**#34 – Lisa D. Lindsey, CNA**

**1401-176728**

Ms. Lindsey did not appear.

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

**#36 – Amber Michelle Burgess, RN**

**0001-258263**

Mr. Burgess did not appear.

Ms. Hershkowitz moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license Amber Michelle Burgess to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**#38 – Angel Cierra Ingram, CNA**

**1401-179037**

Ms. Ingram did not appear.

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

**ADJOURNMENT:**

The Board adjourned at 9:30 A.M.

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

**VIRGINIA BOARD OF NURSING**  
**FORMAL HEARINGS**  
**July 22, 2020**  
**Panel - B**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 1:08 P.M. on July 22, 2020 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Mark D. Monson, Citizen Member, Second Vice President  
Ann Tucker Gleason, PhD, Citizen Member  
Louise Hershkowitz, CRNA, MSHA  
Dixie McElfresh, LPN  
Ethlyn McQueen-Gibson, DNP, MSN, RN, BC  
Cynthia M. Swineford, MSN, RN, CNE

**STAFF PRESENT:**

Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director  
Darlene Graham, Senior Discipline Specialist

**OTHERS PRESENT:**

James Rutkowski, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:**

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

**FORMAL HEARINGS:**

**Crysta Ray Cozelos, RN Florida License # RN9494996 with  
Multistate Privilege**

Ms. Cozelos appeared.

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

Debra Hay-Pierce, Senior Investigator, Department of Health Professions, Dawn Gryder, RN and Michelle Deane, RN, Southside Regional Medical Center, testified via telephone.

**CLOSED MEETING:**

Dr. McQueen-Gibson moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:55 P.M., for the purpose of deliberation to reach a decision in the matter of Crysta Ray Cozelos. Additionally, Dr. McQueen-Gibson moved that Ms. Douglas, Ms. Graham, 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 3:39 P.M.

Dr. McQueen-Gibson 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. Hershkowitz moved that the Board of Nursing continue the privilege of Crysta Ray Cozelos to practice professional nursing in the Commonwealth of Virginia on indefinite suspension with suspension stayed contingent upon Ms. Cozelos' entry into a Contract with Virginia Health Practitioners' Monitoring Program (HPMP) or a similar monitoring program approved by the Board and her obtaining licensure in Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Cozelos at her address of record. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 3:40 P.M.

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

**VIRGINIA BOARD OF NURSING**  
**POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL**  
**August 13, 2020**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held August 13, 2020 at 4:30 P.M.

**The Board of Nursing members participating in the meeting were:**

Marie Gerardo, MS, RN, ANP-BC; Chair	Louise Hershkowitz, CRNA, MSHA
Yvette L. Dorsey, DNP, RN	Dixie L. McElfresh, LPN
Margaret Friedenberg, 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	

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
 Wayne Halbleib, Senior Assistant Attorney General/Chief  
 Cynthia Gaines, Adjudication Specialist, Administrative Proceedings Division  
 Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director  
 Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
 Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
 Patricia L. Dewey, RN, BSN; Discipline Case Manager  
 Huong Vu, Executive Assistant

The meeting was called to order by Ms. Gerardo. With 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 **Brooke Ashley Mevey Sutton, LPN (0002-085077)** may present a substantial danger to the health and safety of the public.

Mr. Halbleib and Ms. Gaines left the meeting at 4:55 P.M.

**CLOSE MEETING:** Ms. Hershkowitz moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:55 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Sutton. Additionally, Ms. Hershkowitz moved that Ms. Douglas, Ms. Ridout, Dr. Hills, Ms. Dewey, 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 5:06 P.M.

Dr. Gleason moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
August 13, 2020

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 summarily suspend the license of **Brooke Ashley Mevey Sutton** to practice practical nursing pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license with suspension stayed contingent upon Ms. Sutton's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 5:10 P.M.

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

**VIRGINIA BOARD OF NURSING  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
September 2, 2020**

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held September 2, 2020 at 4:31 P.M.

**The Board of Nursing members participating in the meeting were:**

Mark Monson, Citizen Member; Second Vice-President, Chair

Margaret Friedenber, Citizen Member  
A Tucker Gleason, PhD, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Louise Hershkowitz, CRNA, MSHA  
Brandon Jones, MSN, RN, CEN, NEA-BC

Dixie L. McElfresh, LPN  
Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
Meenakshi Shah, BA, RN  
Felisa Smith, RN, MSA, MSN/Ed, CNE  
Cynthia M. Swineford, RN, MSN, CNE

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Sean Murphy, Assistant Attorney General  
James Schliessmann, Assistant Attorney General  
David Kazzie, Adjudication Specialist, Administrative Proceedings Division  
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division  
Julia Bennett, Deputy Director, Administrative Proceedings Division  
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director  
Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Claire Morris, RN, LNHA; Deputy Executive Director  
Francesca Iyengar, MSN, RN; Discipline Case Manager  
Huong Vu, Executive Assistant

The meeting was called to order by Mr. Monson. With 11 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 nurse aide by **Paul J. Landsdown, CNA (0014-108490)** may present a substantial danger to the health and safety of the public.

Dr. Gleason moved to summarily suspend the nurse aide certificate of **Paul J. Landsdown** pending a formal administrative hearing and to offer a consent order for revocation of his certificate with the Finding of Abuse in lieu of a formal hearing. The motion was seconded and carried unanimously.

James Schliessmann, Assistant Attorney General, presented evidence that the continued practice of professional nursing by **Heather Poe, RN (0001-216599)** may present a substantial danger to the health and safety of the public.

Virginia Board of Nursing  
Possible Summary Suspension Telephone Conference Call  
September 2, 2020

Mr. Murphy, Mr. Schliessmann, Mr. Kazzie, Ms. Joseph, and Ms. Bennette left the meeting at 4:53 P.M.

**CLOSE MEETING:** Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:53 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Poe. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Ms. Ridout, Dr. Hills, Ms. Morris, Ms. Iyengar, 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 5:03 P.M.

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

Ms. Phelps moved to summarily suspend the registered nurse license of **Heather Poe** pending a formal administrative hearing and to offer a consent order for indefinite suspension of her license until such time she can come to the Board and prove that she is safe and competent to practice in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 5:07 P.M.

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Charlette Ridout, RN, MS, CNE  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 15, 2020  
Panel - A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:04 A.M. on September 15, 2020 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Marie Gerardo, MS, RN, ANP-BC, First Vice President  
Margaret J. Friedenberg, Citizen Member  
Ann Tucker Gleason, PhD, Citizen Member  
James Hermansen-Parker, MSN, RN, PCCN-K  
Louise Hershkowitz, CRNA, MSHA  
Brandon A. Jones, MSN, RN, CEN, NEA-BC

**STAFF PRESENT:** Lelia Claire Morris, RN, LNHA, Deputy Executive Director (A.M. cases)  
Jay P. Douglas, MSM, RN, CSAC, FRE Executive Director (P.M. cases)  
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

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

**FORMAL HEARINGS:** **Kenyatta Powell, LPN Reinstatement Applicant                      0002-057080**  
Ms. Powell appeared, accompanied by Angela Caison, Director of Nursing, Sentara, Teresa Richardson, LPN, and Quintina Smallwood, her sister.

Lori Pound, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Pamela Lima Vasquez, court reporter, recorded the proceeding.

Amber Gray, Senior Investigator, Department of Health Professions testified by phone. Angela Caison, Teresa Richardson, and Quintina Smallwood were present and testified.

**CLOSED MEETING:** Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:29 A.M., for the purpose of deliberation to reach a decision in the matter of Kenyatta Powell. Additionally, Mr. Hermansen-Parker moved that Ms. Morris, Ms. Tamayo-Suijk, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed

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

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

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

ACTION: Ms. Hershkowitz moved that the Board of Nursing approve the application of Kenyatta Powell for reinstatement of her license to practice practical nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Powell 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: **Carissa Brooks Allen, RN Reinstatement Applicant 0001-210490**  
Ms. Allen appeared.

Lori Pound, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Pamela Lima Vasquez, court reporter, recorded the proceeding.

Amber Gray, Senior Investigator, Department of Health Professions, testified by phone.

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

RECONVENTION: The Board reconvened in open session at 10:01 A.M.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:25 A.M., for the purpose of deliberation to reach a decision in the matter of Carissa Brooks Allen. Additionally, Mr. Hermansen-Parker moved that Ms. Morris, Ms. Tamayo-Suijk, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:35 A.M.

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

ACTION: Ms. Hershkowitz moved that the Board of Nursing approve the application of Carissa Brooks Allen for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Allen at her address of record. The motion was seconded and carried unanimously.

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

FORMAL HEARINGS: **Holly Denise Hicks, LPN** **0002-073111**  
Ms. Hicks appeared.

Lori Pound, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Pamela Lima Vasquez, court reporter, recorded the proceeding.

Wendy Morris, Retired Investigator, Department of Health Professions, testified by phone. Amy Stewart, LCSW, Program Administrator for the Virginia Health Practitioners' Monitoring Program, was present and testified.

CLOSED MEETING: Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:42 A.M., for the purpose of deliberation to reach a decision in the matter of Holly Denise Hicks. Additionally, Mr. Hermansen-Parker moved that Ms. Morris, 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.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully

exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:** Mr. Jones moved that the Board of Nursing continue the license of Holly Denise Hicks to practice practical nursing in the Commonwealth of Virginia on indefinite suspension, and stay the suspension contingent upon Ms. Hicks' re-entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Hicks at her address of record. The motion was seconded and passed with five votes in favor of the motion. Ms. Hershkowitz opposed the motion.

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

**RECESS:** The Board recessed at 12:04 P.M.  
Ms. Morris left the meeting.

**RECONVENTION:** The Board reconvened in open session at 1:35 P.M.  
Ms. Douglas joined the meeting.

**FORMAL HEARINGS:** **Anju Prasad, RN** **0001-278837**  
Ms. Prasad appeared.

Janice Redinger and Grace Stewart, Adjudication Specialists for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Pamela Lima Vasquez, court reporter, recorded the proceeding.

Wendy Morris, Retired Investigator, Department of Health Professions, and Gretchen Miller, Case Manager, Virginia Health Practitioners' Monitoring Program, testified by phone.

**CLOSED MEETING:** Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:34 P.M., for the purpose of deliberation to reach a decision in the matter of Anju Prasad. Additionally, Mr. Jones moved that Ms. Douglas, 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 1:48 P.M.

Mr. Jones 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. Jones moved that the Board of Nursing continue the license of Anju Prasad to practice professional nursing in the Commonwealth of Virginia on indefinite suspension, and stay the suspension contingent upon Ms. Prasad's re-entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Prasad 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: **Brooke Ashley Mevey Sutton, LPN** **0002-085077**  
Ms. Sutton appeared.

Cynthia Gaines, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Pamela Lima Vasquez, court reporter, recorded the proceeding.

Bryan Horowitz, Senior Investigator, Department of Health Professions testified by phone. Diane Wakatsuki, RN, DON, Martha Jefferson House and Jamie Wells, CNA, Martha Jefferson House were present and testified.

CLOSED MEETING: Mr. Jones moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:23 P.M., for the purpose of deliberation to reach a decision in the matter of Brooke Ashley Mevey Sutton. Additionally, Mr. Jones moved that Ms. Douglas, 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 3:35 P.M.

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

ACTION: Mr. Jones moved that the Board of Nursing continue the license of Brooke Ashley Mevey Sutton to practice practical nursing in the Commonwealth of Virginia on indefinite suspension, and stay the suspension contingent upon Ms. Sutton's re-entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Sutton at her address of record. The motion was seconded and carried unanimously.

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

ADJOURNMENT: The Board adjourned at 3:36 P.M.

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Lelia Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 15, 2020  
Panel - B**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on September 15, 2020 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:**

Mark D. Monson, Citizen Member, Second Vice President  
Yvette L. Dorsey, DNP, RN  
Dixie McElfresh, LPN  
Meenakshi Shah, BA, RN  
Felisa A. Smith, RN, MSA, MSN/Ed. CNE

**STAFF PRESENT:**

Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director for Advanced Practice  
Charlette Ridout, RN, MS, CNE, Deputy Executive Director – **joined at 1:00 P.M.**  
Darlene Graham, Senior Discipline Specialist

**OTHERS PRESENT:**

James Rutkowski, Assistant Attorney General, Board Counsel

**ESTABLISHMENT OF A PANEL:**

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

**CONSIDERATION OF CONSENT ORDER:**

**CLOSED MEETING:**

Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 9:03 A.M. for the purpose of considering the Consent Order. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Graham and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 9:06 A.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.

**G1 Tracey Stebbins Smith, RN**

**0001-102933**

Ms. Shah moved to accept the consent order of voluntary surrender for indefinite suspension of Tracey Stebbins Smith's license to practice

professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

**CONTINUED FACULTY EXCEPTION REQUEST CONSIDERATION:**

Ms. McElfresh moved to accept the recommendation of the September 2, 2020 Education Special Conference Committee to approve the continued faculty exception for Eastern Mennonite University. The motion was seconded and carried unanimously.

**FORMAL HEARINGS:**

**Pamela M. Logsdon, LPN**

**0002-061919**

Ms. Logsdon did not appear.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Cheryl Lane, court reporter with Able Forces Professional Services, recorded the proceeding.

Robin Carroll, Senior Investigator, Department of Health Professions, testified via telephone.

Anissa Bailey, RN, former Interim Director of Nursing at Heritage Hall – Big Stone Gap, 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 10:46 A.M., for the purpose of deliberation to reach a decision in the matter of Pamela M. Logsdon. Additionally, Ms. McElfresh moved that Dr. Hills, Ms. Graham, 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 11:01 A.M.

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

**ACTION:**

Ms. Shah moved that the Board of Nursing suspend the license of Pamela M. Logsdon to practice practical nursing in the Commonwealth of Virginia for the period of not less than two (2) years. The basis for this decision will be

set forth in a final Board Order which will be sent to Ms. Logsdon 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 11:05 A.M.

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

Dr. Hills left the meeting.

Ms. Ridout joined the meeting.

FORMAL HEARINGS: **Tabatha Nichole Rush, RN** **0001-276572**  
Ms. Rush did not appear.

Wayne Halbleib, Senior Assistant Attorney General/Section Chief, and Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Cheryl Lane, court reporter with Able Forces Professional Services, recorded the proceeding.

Patricia Scott, RN, Nurse Manager at Sentara Martha Jefferson Hospital, was present and testified.

CLOSED MEETING: Ms. McElfresh moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:45 P.M., for the purpose of deliberation to reach a decision in the matter of Tabatha Nichole Rush. Additionally, Ms. McElfresh moved that Ms. Ridout, Ms. Graham, 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 2:08 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 reprimand Tabatha Nichole Rush and require Ms. Rush to complete the following NCSBN courses within 90 days of the entry of the Order:

- *Documentation: A Critical Aspect of Client Care*
- *Medication Errors: Causes & Prevention*
- *Nurse Practice Act*
- *Disciplinary Actions – What Every Nurse Should Know*

The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Rush 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:** **Crystal D. Bell, LPN** **0002-068111**  
Ms. Bell appeared.

Anne Joseph, Adjudication Consultant for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Cheryl Lane, court reporter with Able Forces Professional Services, recorded the proceeding.

Christopher Moore, Senior Investigator, Department of Health Professions, 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 3:49 P.M., for the purpose of deliberation to reach a decision in the matter of Crystal D. Bell. Additionally, Ms. Shah moved that Ms. Ridout, Ms. Graham, 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 4:08 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. Shah moved that the Board of Nursing indefinitely suspend the license of Crystal D. Bell to practice practical nursing in the Commonwealth of Virginia for a period of not less than two (2) years. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Bell 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:** **Elizabeth Ann Hileman, RN Reinstatement** **0002-267790**  
Ms. Hileman appeared.

Erin Weaver, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Cheryl Lane, court reporter with Able Forces Professional Services, recorded the proceeding.

Amber Gray, Senior Investigator, Department of Health Professions, 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 4:45 P.M., for the purpose of deliberation to reach a decision in the matter of Elizabeth Ann Hileman. Additionally, Ms. Shah moved that Ms. Ridout, Ms. Graham, 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 5:02 P.M.

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

**ACTION:** Ms. Shah moved that the Board of Nursing approve the application of Elizabeth Ann Hileman for reinstatement to practice professional nursing in the Commonwealth of Virginia, suspend her license with suspension stayed contingent upon her entry into and compliance with terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP), and continue her compliance with the current terms of probation in Tennessee. The basis for this decision will be set forth in a final Board Order which will be sent to

Ms. Hileman 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 5:05 P.M.

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Charlette Ridout, RN, MS, CNE  
Deputy Executive Director

DRAFT

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 16, 2020  
Panel - A**

**TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:09 A.M. on September 16, 2020 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**BOARD MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC, First Vice President  
Yvette L. Dorsey, DNP, RN  
Ann Tucker Gleason, PhD, Citizen Member  
Louise Hershkowitz, CRNA, MSHA, President  
Dixie McElfresh, LPN  
Felisa A. Smith, RN, MSA, MSN/Ed, CNE  
Erin Osiol, MSW, LMT, Advisory Board Member (**LMT case only**)

**STAFF PRESENT:** Lelia Claire Morris, RN, LNHA, Deputy Executive Director  
Charlette N. Ridout, RN, MS, CNE, Deputy Executive Director - **joined at 10:26 A.M.**  
Sylvia Tamayo-Suijk, Discipline Team Coordinator

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

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

**FORMAL HEARINGS:** **Lina Hu, LMT** **0019-012351**  
Ms. Hu did not appear.

Rebecca Ribley and Grace Stewart, Adjudication Specialists for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Stephen Grider, court reporter with Veteran Reporters, recorded the proceeding.

Anna Badgley, Senior Investigator, Department of Health Professions, testified by phone. Officer Zachary Stellwag and Investigator Kevin Martin, Hanover County Sheriff's Office, were present and testified.

**CLOSED MEETING:** Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:29 A.M., for the purpose of deliberation to reach a decision in the matter of Lina Hu. Additionally, Dr. Gleason moved that Ms. Morris, Ms. Tamayo-Suijk, and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:29 A.M.

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

ACTION: Ms. Osiol moved that the Board of Nursing revoke the right of Lina Hu to renew her license 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. Hu 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 9:38 A.M.  
Ms. Osiol left the meeting.

RECONVENTION: The Board reconvened in open session at 9:45 A.M.

FORMAL HEARINGS: **Mary Boggan, RN** **NM License #82789**  
**with Multistate Privilege**

Ms. Boggan did not appear.

Grace Stewart, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Stephen Grider, court reporter with Veteran Reporters, recorded the proceeding.

Ashley Andrews (Baird), RN, Emergency Department, Centra Southside Community Hospital, was present and testified.

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

RECONVENTION: The Board reconvened in open session at 10:25 A.M.

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

ACTION: Ms. Hershkowitz moved that the Board of Nursing indefinitely suspend the privilege of Mary Boggan 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. Boggan 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 10:26 A.M.  
Ms. Morris left the meeting.  
Ms. Ridout joined the meeting.

RECONVENTION: The Board reconvened in open session at 10:41 A.M.

FORMAL HEARINGS: **Angela Lewis, RN** **MS License #863419**  
**with Multistate Privilege**  
Ms. Lewis did not appear.

Grace Stewart, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Stephen Grider, court reporter with Veteran Reporters, recorded the proceeding.

Christopher Moore, Senior Investigator with the Department of Health Professions, testified by phone. Karlene Bloom, RN, Nurse Manager, Sentara Halifax Regional Hospital, was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:07 A.M., for the purpose of deliberation to reach a decision in the matter of Angela Lewis. Additionally, Dr. Gleason moved that 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 11:19 A.M.

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

ACTION: Ms. McElfresh moved that the Board of Nursing indefinitely suspend the privilege of Angela Lewis to practice professional nursing in the Commonwealth of Virginia. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Lewis 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: **Murillo Badenas Millin, LPN** **0002-090574**  
Mr. Millin did not appear.

Sean Murphy, Assistant Attorney General and Tammie Jones, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Stephen Grider, court reporter with Veteran Reporters, recorded the proceeding.

Rosemarie Doyon, RN, Clinical Manager, Sentara Nursing Center, Norfolk was present and testified.

CLOSED MEETING: Dr. Gleason moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:50 A.M., for the purpose of deliberation to reach a decision in the matter of Murillo Badenas Millin. Additionally, Dr. Gleason moved that 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 12:27 P.M.

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

**ACTION:**

Ms. McElfresh moved that the Board of Nursing reprimand Murillo Badenas Millin and require completion of the following three NCSBN courses prior to renewal of his license to practice as a practical nurse: “*Documentation: A Critical Aspect of Client Care*”, “*Medication Errors: Causes and Prevention*”, and “*Ethics of Nursing Practice*”. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Millin 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 12:28 P.M.

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Lelia Claire Morris, RN, LNHA  
Deputy Executive Director

**VIRGINIA BOARD OF NURSING  
FORMAL HEARINGS  
September 16, 2020  
Panel - B**

- TIME AND PLACE:** The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on September 16, 2020 in Board Room 3, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.
- BOARD MEMBERS PRESENT:**  
 Mark D. Monson, Citizen Member, Second Vice President  
 Margaret J. Friedenberg, Citizen Member  
 James L. Hermansen-Parker, MSN, RN, PCCN-K  
 Brandon A. Jones, MSN, RN, CEN, NEA-BC  
 Meenakshi Shah, BA, RN
- STAFF PRESENT:**  
 Robin L. Hills, DNP, RN, WHNP, Deputy Executive Director for Advanced Practice  
 Jay P. Douglas, MSM, RN, CSAC, FRE, Executive Director – **joined at 2:30 P.M.**  
 Darlene Graham, Senior Discipline Specialist
- OTHERS PRESENT:** Erin Barrett, Assistant Attorney General, Board Counsel
- ESTABLISHMENT OF A PANEL:**  
 With five members of the Board present, a panel was established.
- FORMAL HEARINGS:** **Robin Hensley, RN Reinstatement** **0001-213485**  
 Ms. Hensley appeared.  
 David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Wanda Blanks, court reporter with Farnsworth & Taylor Reporting, recorded the proceeding.  
 Amber Gray, Senior Investigator, Department of Health Professions, 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 9:55 A.M., for the purpose of deliberation to reach a decision in the matter of Robin Hensley. Additionally, Ms. Shah moved that Dr. Hills, Ms. Graham, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.
- RECONVENTION:** The Board reconvened in open session at 10:51 A.M.

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

**ACTION:**

Ms. Shah moved that the Board of Nursing approve the application of Robin Hensley for reinstatement of her license to practice professional nursing in the Commonwealth of Virginia with terms for the period one (1) year. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. Hensley 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:**

**Jimmy Louis Ellis, Jr., RN**

**0001-234586**

Mr. Ellis appeared.

David Kazzie, Adjudication Specialist for the Department of Health Professions, represented the Commonwealth. Ms. Barrett was legal counsel for the Board. Wanda Blanks, court reporter with Farnsworth & Taylor Reporting, recorded the proceeding.

Kimberly Lynch, Senior Investigator, Department of Health Professions, was present and testified.

Allyson Turner, Regional Operations Director at Davita Dialysis, and Kathy Boyle, RN, Clinical Services Specialist at Davita Dialysis, 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 1:21 P.M., for the purpose of deliberation to reach a decision in the matter of Jimmy Louis Ellis, Jr. Additionally, Ms. Shah moved that Dr. Hills, Ms. Graham, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 1:50 P.M.

Mr. Hermansen-Parker moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act

and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

**ACTION:**

Ms. Shah moved that the Board of Nursing indefinitely suspend the license of Jimmy Louis Ellis, Jr., to practice professional nursing in the Commonwealth of Virginia for a period of six (6) months. The basis for this decision will be set forth in a final Board Order which will be sent to Mr. Ellis at his address of record. The motion was seconded and carried unanimously.

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

**RECESS:**

The Board recessed at 1:55 P.M.

Dr. Hills left the meeting.

**RECONVENTION:**

The Board reconvened at 2:30 P.M.

Ms. Douglas joined the meeting.

**FORMAL HEARINGS:**

**Diana V. McCauley, CNA**

**0014-098310**

Ms. McCauley did not appear.

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

Steven Keene, Senior Investigator, Department of Health Professions, and Briana Collier, RMA at the Harbor at Renaissance, testified via telephone.

**CLOSED MEETING:**

Mr. Hermansen-Parker moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:54 P.M., for the purpose of deliberation to reach a decision in the matter of Diana V. McCauley. Additionally, Mr. Hermansen-Parker moved that Ms. Douglas, Ms. Graham, and Ms. Barrett, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:**

The Board reconvened in open session at 3:03 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. Jones moved that the Board of Nursing revoke the certificate of Diana V. McCauley to practice as a nurse aide in the Commonwealth of Virginia and enter the Finding of Abuse against her in the Virginia Nurse Aide Registry. The basis for this decision will be set forth in a final Board Order which will be sent to Ms. McCauley at her address of record. The motion was seconded and carried unanimously.

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

**ADJOURNMENT:**

The Board adjourned at 3:05 P.M.

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

**VIRGINIA BOARD OF NURSING  
WEBEX TRAINING SESSION  
MINUTES  
September 29, 2020**

- TIME AND PLACE:** The Virginia Board of Nursing Webex Training meeting was called to order virtually at 4:04 P.M. on September 29, 2020.
- PRESIDING:** Jennifer Phelps, BS, LPN, QMHP-A, CSAC; President
- BOARD MEMBERS PRESENT:**  
 Marie Gerardo, MS, RN, ANP-BC; First Vice President  
 Mark D. Monson, Citizen Member; Second Vice President  
 Yvette L. Dorsey, DNP, RN  
 Margaret J. Friedenberg, Citizen Member  
 Ann Tucker Gleason, PhD, Citizen Member  
 Louise Hershkowitz, CRNA, MSHA  
 Brandon A. Jones, MSN, RN, CEN, NEA-BC  
 Dixie L. McElfresh, LPN  
 Meenakshi Shah, BA, RN  
 Felisa A. Smith, RN, MSA, MSN/Ed, CNE  
 Cynthia M. Swineford, RN, MSN, CNE
- MEMBERS ABSENT:** James L. Hermansen-Parker, MSN, RN, PCCN-K  
 Ethlyn McQueen-Gibson, DNP, MSN, RN, BC
- STAFF PRESENT:** Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director  
 Claire Morris, RN, LNHA; Deputy Executive Director  
 Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advance Practice  
 Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
 Stephanie Willinger; Deputy Executive Director for Licensing  
 Jacquelyn Wilmoth, RN, MSN; Nursing Education Program Manager  
 Patricia Dewey, RN, BSN; Discipline Case Manager  
 Francesca Iyengar, MSN, RN; Discipline Case Manager  
 Ann Tiller, Compliance Manager  
 Huong Vu, Executive Assistant  
 Sally Ragsdale, Discipline Specialist  
 Beth Yates, Nursing and Nurse Aide Education Coordinator
- OTHERS PRESENT:** Matt Treacy, DHP Media Production Specialist
- ESTABLISHMENT OF A QUORUM:** Ms. Phelps welcomed Board Members and Staff and asked Ms. Vu to take roll call. With 12 members present, a quorum was established.
- TRAINING SESSION:** Ms. Douglas and Mr. Treacy went over the expectations and procedures for the upcoming virtual board meeting to be conducted on October 14, 2020.

Board Members raised questions regarding certain function of the Webex.

The Board decided the following:

- The chat function would be disabled during the public meetings
- Meeting materials would only be shared on the screen if they are not included in the packet or they were related to special presentations
- Ms. Vu and Ms. Ragsdale will serve as meeting co-hosts. All agenda materials will be managed by Ms. Vu
- The audio recording of the meeting will be retained for posting
- Board Members and Staff will be required to identify themselves by full name upon signing in and will appear by video during the meeting

ADJOURNMENT:

The Board adjourned at 10:00 A.M.

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Jennifer Phelps, BS, LPN, QMHP-A, CSAC  
President

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

Considered		Accepted		Modified*				Rejected				Final Outcome:** Difference from Recommendation				
		Total	Total %	Total %	# present	# ↑	# ↓	Total %	# present	# Ref. to FH	# Dismissed	↑	↓	Same	Pending	N/A
<b>Total to Date:</b>	<b>3207</b>	<b>2859</b>	<b>89.1%</b>	<b>272</b>	<b>8.5%</b>			<b>97</b>	<b>3.0%</b>			<b>74</b>	<b>79</b>	<b>96</b>	<b>0</b>	
<b>CY2020 to Date:</b>	<b>59</b>	<b>53</b>	<b>89.8%</b>	<b>4</b>	<b>0.7%</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>3.4%</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>N/A</b>	
Nov-20																
Sep-20																
Jul-20	38	34	89.5%	4	10.5%	1	4	0	0.0%	0	0	1	0	0	0	
May-20	0	0		0	0.0%	0	0	0	0.0%	0	0	0	0	0	0	
Mar-20	0	0		0	0.0%	0	0	0	0.0%	0	0	0	0	0	0	
Jan-20	21	19	90.5%	0	0.0%	0	0	2	9.5%	0	2	1	0	0	0	
<b>Annual Totals:</b>																
Total 2019	143	129	90.2%	12	9.1%	0	10	2	1.4%	2	0	2	0	1	N/A	
Total 2018	201	172	85.6%	25	12.4%	4	17	7	2.0%	0	4	4	10	7	N/A	
Total 2017	230	220	95.7%	8	3.5%	0	5	3	0.8%	0	2	2	4	6	N/A	
Total 2016	241	227	94.2%	9	3.7%	0	8	0	2.1%	2	4	4	8	2	N/A	
Total 2015	240	218	90.8%	14	5.8%	2	12	2	3.3%	3	6	1	9	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	1.9%	1	3	2	3	3	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	191	166	85.6%	21	10.8%			7	3.6%			7	9	9	N/A	

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

C2

Virginia Department of Health Professions  
Cash Balance  
As of August 31, 2020

	<b>Nursing</b>
<b>Board Cash Balance as June 30, 2020</b>	9,306,557
<b>YTD FY21 Revenue</b>	2,237,287
<b>Less: YTD FY21 Direct and Allocated Expenditures</b>	<u>2,569,730</u> *
<b>Board Cash Balance as Augsut 31, 2020</b>	<u><u>8,974,114</u></u>

\* Includes \$6,955 deduction for Nurse Scholarship Fund



Virginia Department of Health Professions  
 Revenue and Expenditures Summary  
 Department 10100 - Nursing  
 For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount	% of Budget
				Under(Over) Budget	
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	405,995.00	2,488,425.00	2,082,430.00	16.32%
4002406	License & Renewal Fee	1,570,047.00	9,192,645.00	7,622,598.00	17.08%
4002407	Dup. License Certificate Fee	4,240.00	23,750.00	19,510.00	17.85%
4002408	Board Endorsement - In	10,200.00	64,790.00	54,590.00	15.74%
4002409	Board Endorsement - Out	310.00	18,270.00	17,960.00	1.70%
4002421	Monetary Penalty & Late Fees	28,720.00	231,415.00	202,695.00	12.41%
4002432	Misc. Fee (Bad Check Fee)	300.00	1,750.00	1,450.00	17.14%
	<b>Total Fee Revenue</b>	<b>2,019,812.00</b>	<b>12,021,045.00</b>	<b>10,001,233.00</b>	<b>16.80%</b>
<b>4003000</b>	<b>Sales of Prop. &amp; Commodities</b>				
4003020	Misc. Sales-Dishonored Payments	1,020.00	-	(1,020.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>1,020.00</b>	<b>-</b>	<b>(1,020.00)</b>	<b>0.00%</b>
<b>4009000</b>	<b>Other Revenue</b>				
4009060	Miscellaneous Revenue	6,800.00	28,500.00	19,900.00	24.91%
	<b>Total Other Revenue</b>	<b>6,800.00</b>	<b>28,500.00</b>	<b>19,900.00</b>	<b>24.91%</b>
	<b>Total Revenue</b>	<b>2,027,432.00</b>	<b>12,047,545.00</b>	<b>10,020,113.00</b>	<b>16.83%</b>
<b>5011110</b>	<b>Employer Retirement Contrib.</b>	<b>54,085.47</b>	<b>343,334.77</b>	<b>289,249.30</b>	<b>15.75%</b>
5011120	Fed Old-Age Ins- Sal St Emp	34,765.64	203,457.33	168,691.69	17.09%
5011140	Group Insurance	5,332.16	31,816.64	26,484.48	16.76%
5011160	Medical/Hospitalization Ins.	81,437.50	511,740.00	430,302.50	15.91%
5011160	Retiree Medical/Hospitalizatn	4,517.47	28,593.01	22,075.54	16.99%
5011170	Long term Disability Ins	2,357.47	14,483.69	12,126.22	16.28%
	<b>Total Employee Benefits</b>	<b>182,495.71</b>	<b>1,131,425.45</b>	<b>948,929.74</b>	<b>16.13%</b>
<b>5011200</b>	<b>Salaries</b>				
5011230	Salaries, Classified	396,808.21	2,374,376.00	1,977,567.79	16.71%
5011250	Salaries, Overtime	6,621.32	-	(6,621.32)	0.00%
	<b>Total Salaries</b>	<b>403,429.53</b>	<b>2,374,376.00</b>	<b>1,970,946.47</b>	<b>16.99%</b>
<b>5011300</b>	<b>Special Payments</b>				
5011380	Deferred Compnatin Match Pmts	1,800.00	18,720.00	17,120.00	8.55%
	<b>Total Special Payments</b>	<b>1,800.00</b>	<b>18,720.00</b>	<b>17,120.00</b>	<b>8.55%</b>
<b>5011400</b>	<b>Wages</b>				
5011410	Wages, General	67,279.68	307,996.00	240,716.34	21.84%
5011430	Wages, Overtime	132.00	-	(132.00)	0.00%
	<b>Total Wages</b>	<b>67,411.68</b>	<b>307,996.00</b>	<b>240,584.34</b>	<b>21.89%</b>
<b>5011600</b>	<b>Terminatn Personal Svce Costs</b>				
5011660	Defined Contribution Match - Hy	3,052.35	-	(3,052.35)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>3,052.35</b>	<b>-</b>	<b>(3,052.35)</b>	<b>0.00%</b>
<b>5011930</b>	<b>Turnover/Vacancy Benefits</b>				
	<b>Total Personal Services</b>	<b>657,989.25</b>	<b>3,832,517.45</b>	<b>3,174,528.20</b>	<b>17.17%</b>
<b>5012000</b>	<b>Contractual Svcs</b>				
5012100	Communication Services				
5012110	Express Services	-	4,395.00	4,395.00	0.00%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
5012120	Outbound Freight Services	517.14	10.00	(507.14)	5171.40%
5012140	Postal Services	28,349.64	85,633.00	57,283.36	33.11%
5012150	Printing Services	-	1,322.00	1,322.00	0.00%
5012160	Telecommunications Svcs (VITA)	2,803.27	21,910.00	19,106.73	12.79%
5012170	Telecomm. Svcs (Non-State)	112.50	-	(112.50)	0.00%
5012190	Inbound Freight Services	2.25	17.00	14.75	13.24%
	<b>Total Communication Services</b>	<b>31,784.80</b>	<b>113,287.00</b>	<b>81,602.20</b>	<b>28.06%</b>
5012200	Employee Development Services				
5012210	Organization Memberships	6,000.00	8,764.00	2,764.00	68.46%
5012220	Publication Subscriptions	-	120.00	120.00	0.00%
5012240	Employee Training/Workshop/Conf	-	482.00	482.00	0.00%
	<b>Total Employee Development Services</b>	<b>6,000.00</b>	<b>9,366.00</b>	<b>3,366.00</b>	<b>64.06%</b>
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	4,232.00	4,232.00	0.00%
	<b>Total Health Services</b>	<b>-</b>	<b>4,232.00</b>	<b>4,232.00</b>	<b>0.00%</b>
5012400	Mgmt and Informational Svcs	-			
5012420	Fiscal Services	29,303.60	197,340.00	168,036.40	14.85%
5012440	Management Services	680.02	370.00	(310.02)	183.79%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	970.00	5,616.00	4,646.00	17.27%
	<b>Total Mgmt and Informational Svcs</b>	<b>30,953.62</b>	<b>203,375.00</b>	<b>172,421.38</b>	<b>15.22%</b>
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	395.28	-	(395.28)	0.00%
5012530	Equipment Repair & Maint Srvc	2,059.05	3,001.00	941.95	68.61%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	<b>Total Repair and Maintenance Svcs</b>	<b>2,454.33</b>	<b>3,370.00</b>	<b>915.67</b>	<b>72.83%</b>
5012600	Support Services				
5012630	Clerical Services	38,960.11	317,088.00	278,127.89	12.29%
5012640	Food & Dietary Services	1,103.86	-	(1,103.86)	0.00%
5012660	Manual Labor Services	3,605.19	38,508.00	34,902.81	9.36%
5012670	Production Services	18,489.27	158,515.00	140,025.73	11.66%
5012680	Skilled Services	134,923.20	1,164,774.00	1,029,850.80	11.58%
	<b>Total Support Services</b>	<b>197,081.63</b>	<b>1,678,885.00</b>	<b>1,481,803.37</b>	<b>11.74%</b>
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	247.25	5,260.00	5,012.75	4.70%
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	-	6,835.00	6,835.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtbl	-	3,597.00	3,597.00	0.00%
	<b>Total Transportation Services</b>	<b>247.25</b>	<b>17,947.00</b>	<b>17,699.75</b>	<b>1.38%</b>
	<b>Total Contractual Svcs</b>	<b>268,521.63</b>	<b>2,030,462.00</b>	<b>1,761,940.37</b>	<b>13.22%</b>
5013000	Supplies And Materials				
5013100	Administrative Supplies				

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over)		% of Budget
				Budget		
5013110	Apparel Supplies	43.17	-	(43.17)		0.00%
5013120	Office Supplies	3,674.90	11,698.00	8,021.10		31.42%
5013130	Stationery and Forms	-	3,780.00	3,780.00		0.00%
	<b>Total Administrative Supplies</b>	<b>3,718.07</b>	<b>15,488.00</b>	<b>11,767.93</b>		<b>24.01%</b>
5013300	Manufactgng and Merch Supplies					
5013350	Packaging & Shipping Supplies	-	99.00	99.00		0.00%
	<b>Total Manufactgng and Merch Supplies</b>	<b>-</b>	<b>99.00</b>	<b>99.00</b>		<b>0.00%</b>
5013500	Repair and Maint. Supplies					
5013510	Building Repair & Maint Materl	61.92	-	(61.92)		0.00%
5013520	Custodial Repair & Maint Matrl	8.54	29.00	20.46		29.45%
	<b>Total Repair and Maint. Supplies</b>	<b>70.46</b>	<b>29.00</b>	<b>(41.46)</b>		<b>242.97%</b>
5013600	Residential Supplies					
5013620	Food and Dietary Supplies	-	408.00	408.00		0.00%
5013630	Food Service Supplies	-	1,108.00	1,108.00		0.00%
5013640	Laundry and Linen Supplies	-	22.00	22.00		0.00%
	<b>Total Residential Supplies</b>	<b>-</b>	<b>1,538.00</b>	<b>1,538.00</b>		<b>0.00%</b>
5013700	Specific Use Supplies					
5013730	Computer Operating Supplies	215.00	182.00	(33.00)		118.13%
	<b>Total Specific Use Supplies</b>	<b>215.00</b>	<b>182.00</b>	<b>(33.00)</b>		<b>118.13%</b>
	<b>Total Supplies And Materials</b>	<b>4,003.53</b>	<b>17,334.00</b>	<b>13,330.47</b>		<b>23.10%</b>
5015000	Continuous Charges					
5015100	Insurance-Fixed Assets					
5015120	Automobile Liability	-	163.00	163.00		0.00%
5015160	Property Insurance	-	504.00	504.00		0.00%
	<b>Total Insurance-Fixed Assets</b>	<b>-</b>	<b>667.00</b>	<b>667.00</b>		<b>0.00%</b>
5015300	Operating Lease Payments					
5015340	Equipment Rentals	2,298.44	9,014.00	6,715.56		25.50%
5015360	Land Rentals	-	275.00	275.00		0.00%
5015390	Building Rentals - Non State	41,138.15	239,574.00	198,435.85		17.17%
	<b>Total Operating Lease Payments</b>	<b>43,436.59</b>	<b>248,863.00</b>	<b>205,426.41</b>		<b>17.45%</b>
5015400	Service Charges					
5015460	SPCC And EEI Check Fees	-	5.00	5.00		0.00%
5015470	Private Vendor Service Charges:	28.54	-	(28.54)		0.00%
	<b>Total Service Charges</b>	<b>28.54</b>	<b>5.00</b>	<b>(23.54)</b>		<b>570.80%</b>
5015500	Insurance-Operations					
5015510	General Liability Insurance	-	1,897.00	1,897.00		0.00%
5015540	Surety Bonds	-	112.00	112.00		0.00%
	<b>Total Insurance-Operations</b>	<b>-</b>	<b>2,009.00</b>	<b>2,009.00</b>		<b>0.00%</b>
	<b>Total Continuous Charges</b>	<b>43,465.13</b>	<b>251,544.00</b>	<b>208,078.87</b>		<b>17.28%</b>
5022000	Equipment					
5022200	Educational & Cultural Equip					
5022240	Reference Equipment	-	1,123.00	1,123.00		0.00%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10100 - Nursing  
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
	<b>Total Educational &amp; Cultural Equip</b>	-	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%
	<b>Total Electrnc &amp; Photographic Equip</b>	-	1,666.00	1,666.00	0.00%
5022600	<b>Office Equipment</b>				
5022810	Office Appurtenances	-	202.00	202.00	0.00%
5022830	Office Incidentals	-	75.00	75.00	0.00%
	<b>Total Office Equipment</b>	-	277.00	277.00	0.00%
5022700	<b>Specific Use Equipment</b>				
5022710	Household Equipment	-	133.00	133.00	0.00%
	<b>Total Specific Use Equipment</b>	-	133.00	133.00	0.00%
	<b>Total Equipment</b>	-	3,199.00	3,199.00	0.00%
	<b>Total Expenditures</b>	<b>973,979.54</b>	<b>6,135,056.45</b>	<b>5,161,076.91</b>	<b>15.88%</b>
	<b>Allocated Expenditures</b>				
20400	Nursing / Nurse Aid	6,526.10	107,104.00	100,577.89	6.09%
30100	Data Center	258,428.16	2,003,610.03	1,745,181.87	12.90%
30200	Human Resources	1,417.05	152,114.81	150,897.76	0.93%
30300	Finance	159,368.01	920,415.04	761,047.03	17.31%
30400	Director's Office	57,580.23	330,712.89	273,132.67	17.41%
30500	Enforcement	511,718.54	2,594,922.12	2,594,922.12	19.72%
30600	Administrative Proceedings	96,875.14	694,701.51	597,826.37	13.94%
30700	Impaired Practitioners	60,999.27	117,466.76	56,467.49	51.93%
30800	Attorney General	52,085.99	173,388.26	121,302.26	30.04%
30900	Board of Health Professions	43,250.76	248,934.17	205,683.41	17.37%
31100	Maintenance and Repairs	-	14,748.58	14,748.58	0.00%
31300	Emp. Recognition Program	45.11	11,013.89	10,968.78	0.41%
31400	Conference Center	120.10	2,136.89	2,016.79	5.62%
31500	Pgm Devlpmnt & Implmntn	21,369.82	148,273.06	126,903.23	14.41%
	<b>Total Allocated Expenditures</b>	<b>1,269,784.27</b>	<b>7,519,541.99</b>	<b>6,249,757.72</b>	<b>16.89%</b>
	<b>Net Revenue In Excess (Shortfall) of Expenditures</b>	<b>\$ (216,331.81)</b>	<b>\$ (1,607,053.44)</b>	<b>\$ (1,390,721.63)</b>	<b>13.46%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	825.00	300.00	(525.00)	275.00%
4002406	License & Renewal Fee	208,965.00	1,200,800.00	991,835.00	17.40%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	35.00	700.00	665.00	5.00%
	<b>Total Fee Revenue</b>	<b>209,825.00</b>	<b>1,202,130.00</b>	<b>992,305.00</b>	<b>17.45%</b>
<b>4003000</b>	<b>Sales of Prop. &amp; Commodities</b>				
4003007	Sales of Goods/Svces to State	-	536,395.00	536,395.00	0.00%
4003020	Misc. Sales-Dishonored Payments	30.00	-	(30.00)	0.00%
	<b>Total Sales of Prop. &amp; Commodities</b>	<b>30.00</b>	<b>536,395.00</b>	<b>536,365.00</b>	<b>0.01%</b>
<b>4009000</b>	<b>Other Revenue</b>				
4009060	Miscellaneous Revenue	-	536,395.00	536,395.00	0.00%
	<b>Total Other Revenue</b>	<b>-</b>	<b>536,395.00</b>	<b>536,395.00</b>	<b>0.00%</b>
	<b>Total Revenue</b>	<b>209,855.00</b>	<b>2,274,920.00</b>	<b>2,065,065.00</b>	<b>9.22%</b>
<b>5011110</b>	<b>Employer Retirement Contrib.</b>	<b>1,804.16</b>	<b>10,664.97</b>	<b>8,860.81</b>	<b>16.92%</b>
5011120	Fed Old-Age Ins- Sal St Emp	2,550.19	14,938.92	12,388.73	17.07%
5011140	Group Insurance	204.98	988.32	783.34	20.74%
5011150	Medical/Hospitalization Ins.	3,410.00	16,488.00	13,078.00	20.68%
5011160	Retiree Medical/Hospitalizatn	173.63	826.06	652.43	21.02%
5011170	Long term Disability Ins	94.06	449.91	355.85	20.91%
	<b>Total Employee Benefits</b>	<b>8,237.02</b>	<b>44,356.17</b>	<b>36,119.15</b>	<b>18.57%</b>
<b>5011200</b>	<b>Salaries</b>				
5011230	Salaries, Classified	15,365.60	73,755.00	58,389.40	20.83%
	<b>Total Salaries</b>	<b>15,365.60</b>	<b>73,755.00</b>	<b>58,389.40</b>	<b>20.83%</b>
<b>5011300</b>	<b>Special Payments</b>				
5011380	Deferred Compnstrn Match Pmts	-	960.00	960.00	0.00%
	<b>Total Special Payments</b>	<b>-</b>	<b>960.00</b>	<b>960.00</b>	<b>0.00%</b>
<b>5011400</b>	<b>Wages</b>				
5011410	Wages, General	18,579.42	121,525.00	102,945.58	15.29%
	<b>Total Wages</b>	<b>18,579.42</b>	<b>121,525.00</b>	<b>102,945.58</b>	<b>15.29%</b>
<b>5011600</b>	<b>Terminatn Personal Svce Costs</b>				
5011660	Defined Contribution Match - Hy	388.80	-	(388.80)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>388.80</b>	<b>-</b>	<b>(388.80)</b>	<b>0.00%</b>
<b>5011930</b>	<b>Turnover/Vacancy Benefits</b>				
	<b>Total Personal Services</b>	<b>42,570.84</b>	<b>240,596.17</b>	<b>198,025.33</b>	<b>17.69%</b>
<b>5012000</b>	<b>Contractual Svcs</b>				
<b>5012100</b>	<b>Communication Services</b>				
5012140	Postal Services	9,167.63	32,117.00	22,949.37	28.54%
5012150	Printing Services	-	276.00	276.00	0.00%
5012160	Telecommunications Svcs (VITA)	198.28	2,500.00	2,301.72	7.93%
5012190	Inbound Freight Services	0.39	-	(0.39)	0.00%
	<b>Total Communication Services</b>	<b>9,366.30</b>	<b>34,893.00</b>	<b>25,526.70</b>	<b>28.84%</b>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2020 and Ending August 31, 2020

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	3,895.82	24,920.00	21,024.18	15.63%
5012440	Management Services	116.75	530.00	413.25	22.03%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmt and Informational Svcs	4,012.57	25,460.00	21,447.43	15.76%
5012500	Repair and Maintenance Svcs				
5012510	Custodial Services	61.60	-	(61.60)	0.00%
5012530	Equipment Repair & Maint Srvc	4.61	-	(4.61)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	66.21	72.00	5.79	91.98%
5012600	Support Services				
5012660	Manual Labor Services	406.45	2,454.00	2,047.55	16.56%
5012670	Production Services	1,825.98	10,300.00	8,474.02	17.73%
5012680	Skilled Services	2,587.95	48,303.00	45,715.05	5.36%
	Total Support Services	4,820.38	61,057.00	56,236.62	7.89%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	-	6,893.00	6,893.00	0.00%
5012840	Travel, State Vehicles	-	310.00	310.00	0.00%
5012850	Travel, Subsistence & Lodging	-	912.00	912.00	0.00%
5012880	Trvl, Meal Reimb- Not Rprtbl	-	528.00	528.00	0.00%
	Total Transportation Services	-	8,643.00	8,643.00	0.00%
	Total Contractual Svcs	18,265.46	130,250.00	111,984.54	14.02%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013110	Apparel Supplies	7.41	-	(7.41)	0.00%
5013120	Office Supplies	382.66	1,092.00	709.34	35.04%
5013130	Stationery and Forms	-	1,203.00	1,203.00	0.00%
	Total Administrative Supplies	390.07	2,295.00	1,904.93	17.00%
5013300	Manufactg and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufactg and Merch Supplies	-	20.00	20.00	0.00%
5013500	Repair and Maint. Supplies				
5013510	Building Repair & Maint Materl	9.65	-	(9.65)	0.00%
5013520	Custodial Repair & Maint Matri	1.33	-	(1.33)	0.00%
	Total Repair and Maint. Supplies	10.98	-	(10.98)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	401.05	2,621.00	2,219.95	15.30%

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 11200 - Certified Nurse Aides  
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
<b>5015000</b>	<b>Continuous Charges</b>				
<b>5015100</b>	<b>Insurance-Fixed Assets</b>				
<b>5015160</b>	<b>Property Insurance</b>	-	106.00	106.00	0.00%
	<b>Total Insurance-Fixed Assets</b>	-	106.00	106.00	0.00%
<b>5015300</b>	<b>Operating Lease Payments</b>				
<b>5015340</b>	<b>Equipment Rentals</b>	5.25	-	(5.25)	0.00%
<b>5015360</b>	<b>Land Rentals</b>	-	50.00	50.00	0.00%
<b>5015390</b>	<b>Building Rentals - Non State</b>	5,500.10	30,203.00	24,702.90	18.21%
	<b>Total Operating Lease Payments</b>	5,505.35	30,253.00	24,747.65	18.20%
<b>5015400</b>	<b>Service Charges</b>				
<b>5015470</b>	<b>Private Vendor Service Charges:</b>	60.62	-	(60.62)	0.00%
	<b>Total Service Charges</b>	60.62	-	(60.62)	0.00%
<b>5015500</b>	<b>Insurance-Operations</b>				
<b>5015510</b>	<b>General Liability Insurance</b>	-	399.00	399.00	0.00%
<b>5015540</b>	<b>Surety Bonds</b>	-	24.00	24.00	0.00%
	<b>Total Insurance-Operations</b>	-	423.00	423.00	0.00%
	<b>Total Continuous Charges</b>	5,565.97	30,782.00	25,216.03	18.08%
<b>5022000</b>	<b>Equipment</b>				
<b>5022200</b>	<b>Educational &amp; Cultural Equip</b>				
<b>5022240</b>	<b>Reference Equipment</b>	-	162.00	162.00	0.00%
	<b>Total Educational &amp; Cultural Equip</b>	-	162.00	162.00	0.00%
<b>5022600</b>	<b>Office Equipment</b>				
<b>5022680</b>	<b>Office Equipment Improvements</b>	-	4.00	4.00	0.00%
	<b>Total Office Equipment</b>	-	4.00	4.00	0.00%
	<b>Total Equipment</b>	-	166.00	166.00	0.00%
	<b>Total Expenditures</b>	66,803.32	404,415.17	337,611.85	16.52%
	<b>Allocated Expenditures</b>				
<b>20400</b>	<b>Nursing / Nurse Aid</b>	394.81	34,904.36	34,509.56	1.13%
<b>30100</b>	<b>Data Center</b>	21,559.26	165,265.70	143,706.44	13.05%
<b>30200</b>	<b>Human Resources</b>	101.43	11,882.01	11,780.58	0.85%
<b>30300</b>	<b>Finance</b>	35,077.85	202,579.54	167,501.69	17.32%
<b>30400</b>	<b>Director's Office</b>	12,675.45	72,788.54	60,113.08	17.41%
<b>30500</b>	<b>Enforcement</b>	156,741.07	870,305.25	713,564.17	18.01%
<b>30600</b>	<b>Administrative Proceedings</b>	10,265.73	176,122.15	165,856.42	5.83%
<b>30700</b>	<b>Impaired Practitioners</b>	623.60	2,498.17	1,874.57	24.96%
<b>30800</b>	<b>Attorney General</b>	512.97	55,054.77	54,541.80	0.93%
<b>30900</b>	<b>Board of Health Professions</b>	9,527.65	54,789.38	45,261.73	17.39%
<b>31100</b>	<b>Maintenance and Repairs</b>	-	2,278.49	2,278.49	0.00%
<b>31300</b>	<b>Emp. Recognition Program</b>	3.09	860.32	857.23	0.36%
<b>31400</b>	<b>Conference Center</b>	18.55	330.13	311.57	5.82%
<b>31500</b>	<b>Pgm Devlpmnt &amp; Implmentn</b>	4,706.31	32,634.29	27,927.98	14.42%

**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 11200 - Certified Nurse Aides**  
**For the Period Beginning July 1, 2020 and Ending August 31, 2020**

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	<b>Total Allocated Expenditures</b>	<u>252,207.77</u>	<u>1,682,293.08</u>	<u>1,430,085.31</u>	<u>14.99%</u>
	<b>Net Revenue In Excess (Shortfall) of Expenditures</b>	<u>\$ (109,156.09)</u>	<u>\$ 188,211.75</u>	<u>\$ 297,367.84</u>	<u>58.00%</u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 20400 - Nursing / Nurse Aide  
For the Period Beginning July 1, 2020 and Ending August 31, 2020

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5011120	Fed Old-Age Ins- Sal St Emp	3.15	5,693.36	5,690.21	0.06%
	Total Employee Benefits	3.15	5,693.36	5,690.21	0.06%
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,500.00	-	(1,500.00)	0.00%
	Total Special Payments	1,500.00	-	(1,500.00)	0.00%
5011400	Wages				
5011410	Wages, General	41.10	74,423.00	74,381.90	0.06%
	Total Wages	41.10	74,423.00	74,381.90	0.06%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	1,544.25	80,116.36	78,572.11	1.93%
5012000	Contractual Svcs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	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	1,897.53	16,757.00	14,859.47	11.32%
5012830	Travel, Public Carriers	145.15	39.00	(106.15)	372.18%
5012850	Travel, Subsistence & Lodging	2,372.73	13,828.00	11,455.27	17.16%
5012880	Trvl, Meal Reimb- Not Rprtble	961.25	6,546.00	5,584.75	14.68%
	Total Transportation Services	5,376.66	37,170.00	31,793.34	14.47%
	Total Contractual Svcs	5,376.66	61,878.00	56,501.34	8.69%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022800	Stationary Equipment				
	Total Expenditures	6,920.91	142,008.36	135,087.45	4.87%

### 2020 Monthly Tracking Log



License Count	20-Jan	20-Feb	20-Mar	20-Apr	20-May	20-Jun	20-Jul	20-Aug	20-Sep	20-Oct	20-Nov	20-Dec
<b>Nursing</b>												
Pres Auth	8,727	0										
Massage Therapy	8,659	8,682	8,657	8,602	8,544	8,512	8,516	8,506				
Medication Aide	6,695	6,696	6,697	6,644	6,628	6,600	6,597	6,634				
Clinical Nurse Spec	415	411	408	408	405	403	404	403				
Nurse Practitioner	12,251	12,356	12,498	12,596	12,683	12,853	13,008	13,211				
Autonomous Practice	704	738	792	849	900	948	969	1,016				
Practical Nurse	28,404	28,458	28,409	28,331	28,329	28,312	26,361	28,390				
Registered Nurse	110,597	110,972	111,332	111,032	111,052	111,465	112,534	112,645				
<b>Total for Nursing</b>	<b>176,452</b>	<b>168,313</b>	<b>168,793</b>	<b>168,462</b>	<b>168,541</b>	<b>169,093</b>	<b>168,389</b>	<b>170,805</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Nurse Aide</b>	<b>52,984</b>	<b>53,105</b>	<b>53,010</b>	<b>54,454</b>	<b>51,652</b>	<b>50,858</b>	<b>50,920</b>	<b>50,743</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Advanced Nurse Aide	40	40	38	34	31	30	28	28				
<b>Total for Nurse Aide</b>	<b>53,024</b>	<b>53,145</b>	<b>53,048</b>	<b>54,488</b>	<b>51,683</b>	<b>50,888</b>	<b>50,948</b>	<b>50,771</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>License Count Grand Total</b>	<b>229,476</b>	<b>221,458</b>	<b>221,841</b>	<b>222,950</b>	<b>220,224</b>	<b>219,981</b>	<b>219,337</b>	<b>221,576</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Open Cases Count</b>												
Nursing	1547	1581	1564	1601	1542	1516	1490	1490				
Nurse Aide	413	419	429	451	421	404	410	399				
<b>Open Cases Total</b>	<b>1,960</b>	<b>2,000</b>	<b>1,993</b>	<b>2,052</b>	<b>1,963</b>	<b>1,920</b>	<b>1,900</b>	<b>1,889</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Case Count by Occupation													Total	
Rec'd RN	63	65	63	54	65	65	73	68						516
Rec'd PN	41	49	39	32	25	40	37	35						298
Rec'd NP, AP, CNS	41	40	24	23	15	24	22	21						210
Rec'd LMT	11	4	4	3	1	6	4	8						41
Rec'd RMA	11	13	12	9	4	6	6	3						64
Rec'd Edu Program	1	8	2	0	1	0	0	1						13
<b>Total Received Nursing</b>	<b>168</b>	<b>179</b>	<b>144</b>	<b>121</b>	<b>111</b>	<b>141</b>	<b>142</b>	<b>196</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,142</b>
Closed RN	56	123	63	34	81	89	59	52						557
Closed PN	26	52	28	19	37	33	47	31						273
Closed NP, AP, CNS	17	29	49	25	83	38	46	19						306
Closed LMT	7	5	3	4	5	7	2	2						35
Closed RMA	7	4	5	2	14	9	11	7						59
Closed Edu Program	0	6	4	1	2	2	0	1						16
<b>Total Closed Nursing</b>	<b>113</b>	<b>219</b>	<b>152</b>	<b>85</b>	<b>222</b>	<b>178</b>	<b>165</b>	<b>112</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,246</b>

Case Count - Nurse Aides													Total	
Received	55	79	55	47	45	54	55	47						437
Rec'd Edu Program	0	1	0	0	0	2	1	1						5
<b>Total Received CNA</b>	<b>55</b>	<b>80</b>	<b>55</b>	<b>47</b>	<b>45</b>	<b>56</b>	<b>56</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>442</b>
Closed	10	62	95	25	78	56	64	54						444
Closed Edu Program	0	1	1	0	0	0	0	3						5
<b>Total Closed CNA</b>	<b>10</b>	<b>63</b>	<b>96</b>	<b>25</b>	<b>78</b>	<b>56</b>	<b>64</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>449</b>
<b>All Cases Closed</b>	<b>123</b>	<b>282</b>	<b>248</b>	<b>110</b>	<b>300</b>	<b>234</b>	<b>229</b>	<b>169</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,695</b>
<b>All Cases Received</b>	<b>223</b>	<b>259</b>	<b>199</b>	<b>168</b>	<b>156</b>	<b>197</b>	<b>198</b>	<b>184</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,584</b>

Board	License	Admissions <sup>1</sup>		Stays <sup>2</sup>	Comp <sup>3</sup>	Vacated Stays <sup>4</sup>		Dismissals <sup>5</sup>				
		Req.	Vol.			Vac. Only	Vac. & Dism.	N/C	Incl.	Dism. Resig.	Resig.	Death
	` LNP	1			1				1			
	` LPN	8			1			6		1		
	` RN	13			12			8				
	` Massage Ther											
	` CNS											
<b>Nursing Total</b>		<b>22</b>			<b>14</b>			<b>14</b>		<b>1</b>	<b>1</b>	
	` CNA				1							
	` RMA											
<b>CNA Total</b>					<b>1</b>							
	` DC				1							
	` DO		1		2							
	` DPM											
	` Intern/Resident		1						1			
	` LAT											
	` LBA											
	` Lic Rad Tech											
	` MD		1	1	4		1	1		1		
	` OT											
	` PA											
	` RT							1				
	` LM											
	` OTA											
	` SA											
<b>Medicine Total</b>		<b>3</b>	<b>1</b>	<b>1</b>	<b>7</b>		<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>		
	` Pharmacist				2			1				
	` Pharm Tech											
	` Intern											
<b>Pharmacy Total</b>					<b>2</b>			<b>1</b>				
	` OD							1				
<b>Optometry Total</b>								<b>1</b>				
	` DVM	1										
	` Vet Tech	1										
<b>Veterinary Medicine Total</b>		<b>2</b>										
	` FSL	1										
	` FSP											
<b>Funeral Directors and Embalmers Total</b>		<b>1</b>										
<b>TOTALS</b>		<b>25</b>	<b>3</b>	<b>1</b>	<b>24</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

Admissions<sup>1</sup>: Req=Required (Board Referred, Board Ordered, Investigation); Vol=Voluntary (No known DHP involvement at time of intake)

Stays<sup>2</sup>: Stays of Disciplinary Action Granted

Comp<sup>3</sup>: Successful Completions

Vacated Stays<sup>4</sup>: Vac Only=Vacated Stay Only; Vac & Dism=Vacated Stay & Dismissal

Dismissals<sup>5</sup>: N/C=Dismissed Non-Compliant; Incl=Dismissed Ineligible; Dism Resig=Dismissed due to Resignation; Resig=Resignation

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
AGENCY SUBORDINATE RECOMMENDATION  
MINUTES  
July 21, 2020**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 8:37 A.M., July 21, 2020 in Board Room 4, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Chair  
Louise Hershkowitz, CRNA, MSHA  
Ann Tucker Gleason, PhD  
Kenneth Walker, MD  
Nathaniel Ray Tuck, Jr., DC

**MEMBERS ABSENT:** Karen A. Ransone, MD

**STAFF PRESENT:** Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing

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

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

**CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:**

**Diane Lee Burns, LNP**

**0024-164359**

Ms. Burns appeared.

**CLOSED MEETING:** Ms. Hershkowitz moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 8:43 A.M., for the purpose of consideration of the agency subordinate recommendation. Additionally, Ms. Hershkowitz moved that Dr. Hills, Ms. Graham, and Ms. Mitchell, Committee 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 Committee reconvened in open session at 8:54 A.M.

Ms. Hershkowitz 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

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
July 21, 2020

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

Ms. Herhkowitz moved the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate to indefinitely suspend the license of Diane Lee Burns to practice as a nurse practitioner in the Commonwealth of Virginia for a period of not less than two years from the date of entry of the Order. The motion was seconded and carried unanimously.

ADJOURNMENT: The Committee adjourned at 8:57 A.M.

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

**THE COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL  
August 18, 2020**

A possible summary suspension telephone conference call of the Committee of the Joint Boards of Nursing and Medicine was held August 18, 2020 at 4:31 P.M.

**The Members of the Committee of the Joint Boards of Nursing and Medicine participating in the meeting were:**

Marie Gerardo, MS, RN, ANP-BC; Chair; Board of Nursing  
A Tucker Gleason, PhD; Board of Nursing  
Louise Hershkowitz, CRNA, MSHA; Board of Nursing  
Nathaniel Ray Tuck, Jr., DC; Board of Medicine

**Others participating in the meeting were:**

Charis Mitchell, Assistant Attorney General, Board Counsel  
Sean Murphy, Assistant Attorney General  
Anne Joseph, Adjudication Consultant, Administrative Proceedings Division  
Julia Bennett, Deputy Director, Administrative Proceedings Division  
Jay P. Douglas, RN, MSM, CSAC, FRE; Executive Director  
Charlette Ridout, RN, MS, CNE; Deputy Executive Director  
Robin Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice  
Huong Vu, Executive Assistant

The meeting was called to order by Ms. Gerardo. With 4 members of the Committee of the Joint Boards of Nursing and Medicine 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 **Harold E. Ramsey, LNP (0024-169909)** may present a substantial danger to the health and safety of the public.

Ms. Hershkowitz moved to summarily suspend the license of **Harold E. Ramsey** to practice as a nurse practitioner pending a formal administrative hearing and to offer a consent order for indefinite suspension of his license for a period of not less than two years in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 4:46 P.M.

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

**Virginia Board of Nursing**  
**Executive Director Report**

**October 14, 2020**

**Meetings/Speaking Engagements**

- On July 29, 2020, Jay P. Douglas, Executive Director for the Board of Nursing, met with Meg Scheaffel, CNO at Carillion Roanoke Memorial Hospital, and Deborah Zimmermann, CNO at VCU Health, via telephone. The topic of discussion was DHP mandatory board reporting requirement for licensed health professionals who may be in need of treatment for substance abuse or a psychiatric illness. They have concern about reporting being a deterrent to nurses seeking help. The process for how the Board handles these reports and the availability of HPMP were reviewed. The CNO's were not aware of the recent changes to these statutes.
- On July 30, 2020, Jacquelyn Wilmoth provided an update regarding clinical requirements and simulation at the Virginia State Simulation Alliance (VASSA) business meeting
- On Aug 4, 2020, Charlette Ridout, Deputy Executive Director at the Board of Nursing, participated in the Chapter 932 Workgroup WebEx call. The General Assembly has mandated in [Chapter 932 \(2020 Acts of Assembly\)](#) that VDH convene a work group to review and make recommendations on increasing the availability of the clinical workforce for nursing homes in the Commonwealth. VDH OLC invited the Department of Health Professions (DHP) to participate in this work group. This third call included the following presentations :
  - ❖ Suggestions for Health Care Curriculum and Career Pathways for Special Needs Populations presented by Department for the Deaf and Hard of Hearing and Department for the Blind and Vision Impaired
  - ❖ Suggestions for Transitions to Civilian Careers presented by Department of Veterans Services In Health Care and Nursing Homes
  - ❖ Initial Discussions on Health Care Financing Payer Mix Reimbursement Rates Financial Incentive Programs presented by Ms. Allen & Dr. Pratt.
  - ❖ Claude Moore Scholars - Dr. Bill Hazel
  - ❖ Medicaid Rate Setting and Sources of Virginia Medicaid Funding- Evelyn Hardwick Division for the Aging and Disabled, DMAS
  - ❖ Workforce Development Programs Meghan Green Office of the Chief Workforce Advisor
  - ❖ Recruitment & Retention: Keith Hare Virginia Health Care Association – Virginia Center for Assisted Living
  - ❖ Nursing Home Staffing and Supporting the Development of Virginia's Nursing Home Workforce presented by Brenden, Rivenbark Senior Policy
  - ❖ Analyst Office of Governmental and Regulatory Affairs

Ms. Ridout has subsequently represented the Department on three additional calls.

- On Wednesday, August 5, 2020, Robin Hills, Deputy Executive Director for Advanced Practice at the Board of Nursing, participated in a conference call with Patricia Morrison, Director, Division of Registered Apprenticeship, Virginia Department of Labor and Industry (DOLI) and representatives from the TalentGro Division of HAMILTON-RYKER® occurred as a result of a referral to the BON from Liz Carter regarding the healthcare workforce. Hamilton-Ryker TalentGro and Argentum Senior

Living were recently awarded a nearly \$6M grant from the USDOL to expand apprenticeships in healthcare across the country. The discussion focused on ensuring compliance with Virginia BON laws and regulations while initiating apprenticeship programs for CNAs upon completion of a nurse aide education program. It was learned on the call that establishing apprenticeships for RMAs is also a focus of DOLI.

- On Wednesday, August 5, 2020 - Jacquelyn Wilmoth, Nursing Education Program Manager at the Board of Nursing, presented to Riverside College of Health Sciences Nurse residency program regarding Board of Nursing authority and license renewal requirements.
- On Thursday, August 6, 2020, Jacquelyn Wilmoth, Nursing Education Program Manager at the Board of Nursing, presented to VCCS Deans and Directors regarding general updates and waivers.
- On August 10, 2020, Robin Hills, Deputy Executive Director for Advanced Practice at the Board of Nursing, virtually attended the Virginia Association of Clinical Nurse Specialists Membership meeting.
- On August 12, 2020, Claire Morris, Deputy Executive Director for Nursing, participated in the Enforcement Tracking System Meeting. This meeting held to discuss potential process of handling cases electronically through filenet.
- On August 12, 2020, several Board of Nursing Staff and Board Members attended NCSBN Annual Meeting virtually where the NCBN delegates voted to approve the Advanced Practice Registered Nurse Compact. Also, Jay Douglas, Board of Nursing Executive Director, was elected as President-Elect of NCSBN to serve from 2020-2022.
- On August 13, 2020, Jacquelyn Wilmoth, Nursing Education Program Manager at the Board of Nursing, provided a regulatory update on nursing and nurse aide programs at the modified VAHAMSEA (Virginia Health and Medical Sciences Educators Association) conference held by the Virginia Department of Education.
- On August 18 and August 21, 2020, Jacquelyn Wilmoth, Nursing Education Program Manager at the Board of Nursing, participated in a SCHEV/VDH webinar on contact tracing and keeping faculty and students safe in institutions of higher education.
- On September 8, 2020, Jay Douglas, Executive Director for Board of Nursing, attended the Virginia Nurses Association Board of Director meeting virtually and provided a Board update.
- On September 10, 2020, Claire Morris and Charlette Ridout, Deputy Executive Directors for the Board of Nursing, participated in the meeting with Enforcement and other Board disciplinary staff via telephone in preparation for Enforcement Training at end of month. The focus was on Probable Cause Review conducted by boards to give investigators insight into process and what the boards need.
- On September 11, 2020, Jay Douglas, Executive Director, Robin Hill, Deputy Executive Director for Advanced Practice, and Jacquelyn Wilmoth, Nursing Education Program Manager, met with Randall Stamper, Assistant Vice Chancellor Grants and Federal Workforce Programs at VCCS to discuss VCCS

grant proposals that would fund both curricular changes and upgrades, as well as new methods of deploying curricula in the face of COVID-19.

The Virginia Community College System (VCCS) proposes an innovative healthcare education initiative that will result in a seamless pathway for students to move from entry-level to advanced healthcare certification without unnecessary delay or loss of credit. The healthcare career ladder often includes the following licensed occupations:

- Certified nursing assistant (CNA)
- Licensed practical nurse (LPN) or National Registered Paramedic
- Associate degree in nursing (ADN) — registered nurse (RN)
- Bachelor of science in nursing (BSN)

The grant application is due October 15 and VCCS is seeking DHP/BON participation in review of application and long-term partnership on this project if they are awarded the grant. VCCS is seeking curriculum and nursing education regulation expertise.

- On September 16, 2020, Francesca Iyengar, Disciplinary Case Manager for Board of Nursing, attended the VDH Webinar on the updated National Tuberculosis Controllers Association and CDC Recommendations for Healthcare Personnel Tuberculosis Screening, Testing and Treatment (2019 Morbidity and Mortality Weekly Report - MMWR) and newly released "Companion Document" from the American College of Occupational and Environmental Medicine (ACOEM) and National Tuberculosis Controllers Association (NTCA) Joint Task Force on Implementation of the 2019 MMWR Recommendations. Goal is for facilities licensing boards, healthcare facilities/agencies and VDH come together to understand these recommendations and revise policy and procedures to allow for implementation. These recommendations reflect a shift in philosophy from serial screening and testing to a focus on improving education and increasing treatment of latent tuberculosis infection (LTBI) in Healthcare Personnel, in an overall effort to eliminate TB. The VDH TB Program supports these new recommendations and encourages implementation across the healthcare spectrum.
- On September 17, 2020, Charlette Ridout, Deputy Executive Director, Patricia Dewey, Discipline Case Manager, and Cathy Hanchey, Senior Licensing/Discipline Specialist, for the Board of Nursing, participated in a Florida State Board of Massage Therapy (FSBMT) Town Hall virtual education event. This meeting featured a presentation by Dr. Michael Fogel, PsyD, ABPP, entitled "***Sexual Misconduct allegations within massage therapy: An informed approach to protect both client and practitioners***". Enforcement staff and LMT Advisory Board Members were invited to attend this virtual presentation.
- NC-SARA State Portal Entity Conference 2020 - Robin Hills presented virtually on *SARA Implementation: A Board's Perspective* on Thursday, September 17, 2020
- Ann Tiller, Board of Nursing Compliance Manager, attended the *NPDB 101 Teleconference* on September 23, 2020. Its presenters were Paul Lotterer and Lorraine Lockett-Amaechi, Management Analysts with the Division of Practitioner Data Bank (DPDB), Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA). The agenda included a general overview of NPDB, including statistics; and NPDB reporting, querying, and costs. The hour-long presentation concluded with a question and answer period.

- Jay Douglas , Executive Director , Board of Nursing attended the NCSBN Board of Directors meeting September 22 and 23<sup>rd</sup>. Agenda items included an environmental scan of matters related to COVID -19, training workshop related to Board Governance , Board orientation and adoption of NCLEX administration policies necessary as a result of changes in exam administration due to the pandemic.
- On September 28-29, 2020, several disciplinary Board staff participated in Enforcement Fall Training to educate investigators about the Probable Cause Review process
- On October 1, 2020, Jay Douglas, Executive Director for Board of Nursing, Charlette Ridout, Deputy Executive Director for Board of Nursing, Elizabeth Carter, Executive Director for the Virginia Board of Health Professions, met with Neal Kauder and staff from Visual Research Inc., to discuss sanction reference point data analysis related to nurse aide discipline cases. Preliminary findings were discussed as well as proposed amendments to the nurse aide worksheet. A proposal will be presented to the full board in December 2020.

**New Issues/Developments/Projects/Updates** – COVID-19

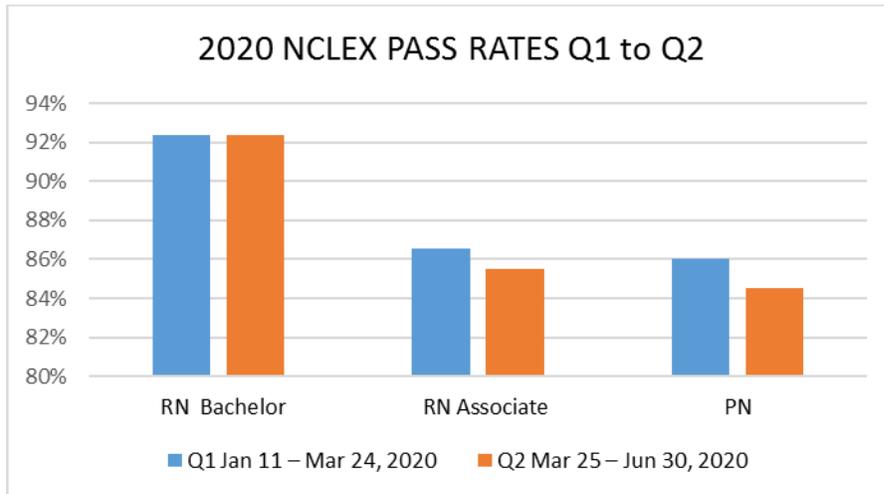
- Jay Douglas, Robin Hills, and Jacquelyn Wilmoth provided a clinical update of BON education programs on the Clinicals Workgroup call conducted by Fran Bradford, Deputy Secretary of Education, Office of the Governor. Topics discussed were related to the availability of clinical sites for nursing and nurse aide students as well as the use of simulation.
- Jay Douglas and Robin Hills participated in two meetings regarding the use of Doulas. The first meeting focused on possible reimbursement structure and eligibility issues for DMAS reimbursement for services. The second meeting that included representatives of VDH, DSS, Governor’s office staff and stakeholders provided an overview of the Doula role and identified information about a registry and regulation of Doulas that VDH is working on. It is anticipated that VDH will be reaching out to DHP in the future to discuss various levels of regulation. It is not clear at this point what the “ask “ will be from DHP.
- Temp License Reinstatements/Reactivation under EO 51 (61 approved out of 154). However, effective September 8, 2020 these license expiration dates have been extended until 2/1/2021 (per Amended EO 51).

**Current Status of NCLEX/NNAAP:**

- NCLEX pass rates for Q1 & Q2 2020 in both tabular and chart formats

	<u>Jan 11 – Mar 24, 2020*</u>	<u>Mar 25 – Jun 30, 2020*</u>
RN		
Bachelor	92.38%	92.39%
Associate	86.35%	85.50%
PN	86.01%	84.53%

\* Q1 and Q2 report date ranges have been modified due to COVID-19



### **Initial Faculty Exceptions:**

- Three bachelors programs have submitted initial faculty exception requests. Programs have reported recent faculty resignations as a result of COVID-19. Thirteen (13) initial faculty exception requests were approved.
  - Shenandoah University, BSN program: 2 exception requests approved
  - Liberty University, BSN program: 6 faculty exception requests approved
  - The George Washington University, BSN Program: 2 exception requests approved
  - Patrick Henry Community College: An Associate Degree program submitted a faculty exception request reporting early retirements and non-renewal of faculty contracts as the reason for needing additional faculty. One faculty exception request approved.
  - Southside Virginia Community College: An Associate Degree program submitted faculty exception requests reporting COVID as a reason for needing new faculty. Two faculty exception request approved.

### **Media Contacts:**

- The Board of Nursing provided *Gray TV* September 9, 2020 with the web link [to Regulations governing NP's](#) and explained it does not have authority for oversight of education programs that prepare individuals to be nurse practitioners. The information was provided in response to a request for a list of schools from which nurse practitioner degrees are not accepted. According to the station, the request is being made to all fifty states.

# Letter from the President

## POST-BOARD MEETING UPDATE

Sept. 30, 2020

Dear Colleagues,

I was sorely reminded of the state of the world as we came together virtually for the September Board of Directors (BOD) meeting in what has sadly become normal operating procedure for our interactions as an organization. I recall fondly our in-person time together in March of this year and look forward to those times again. I am currently reading *Poliomyelitis in Western Australia: A history* and share this excerpt with you that is referencing the epidemic in the early 1900s, "During the epidemics, more severe restrictions were placed on social activities in the community. Large gatherings were discouraged and long standing summer holiday traditions such as swimming lessons in the Swan River were cancelled. Businesses were affected too. On the other hand sales of fly spray and disinfectant soared." Sound familiar?

An underlying and important theme threaded among discussions at the BOD meeting was the need to acknowledge the agility of NCSBN and boards of nursing (BONs) in responding to the pandemic and to take stock of lessons learned that could serve us well in the future.

We began our time together as a newly constituted board with orientation assisted by a consultant and our legal counsel to examine the important aspects of governance as well as a review of the legal and fiduciary role of board members. Board members participated fully, raising issues and questions in an effort to "reset" expectations and roles during this time of transition.

Matters necessitating a closed session were then discussed to include a transition update, the October BOD virtual planning meeting, a Nurse Alert report and a post Delegate Assembly debrief of our first virtual meeting.

As is customary, we then began the meeting with an environmental scan from BOD members and staff. Significant issues presented included: cyber security, potential APRN Compact legislation, COVID-19 state restrictions and waiver updates, unintended consequences of state executive orders related to COVID, vaccines and adjustments in BON operations, and disciplinary proceedings as a result of the pandemic.

Elliott Vice, director, Government Affairs, provided us with a government affairs update indicating while staff are almost exclusively focused on issues related to COVID-19, broader policy issues such as licensure portability, occupational licensing, nursing workforce, immigration, trade and telehealth are being monitored. Discussions with stakeholders on matters related to the interests of NCSBN and BONs continue.

The BOD acted on reports from the treasurer and the Finance Committee, accepting the current financial statements, proposed budget for fiscal year 2021 (FY21) and the audit plan for FY20. Chief Operating Officer Phil Dickson presented proposed changes to three NCLEX® Administration policies, which the BOD accepted. This was followed by a discussion related to the theme and format for the 2021 Midyear meeting which, out of necessity, will be held virtually. Lessons learned from the Annual Meeting will be incorporated into the planning for the Midyear Meeting.

The BOD spent some time reflecting on the impact and loss of Jim Cleghorn as president of NCSBN. I have now had the opportunity to talk to Jim to communicate that the BOD and the members would like to acknowledge his contributions to NCSBN and his service as president-elect and president in the absence of any face-to-face meetings. Jim expressed to me that he would welcome any such opportunity so we are working on plans to make that happen.

It was also noted that there is a need to provide follow up to finance-related questions raised at the Annual Meeting. Subsequently, the treasurer in collaboration with the CFO identified the various questions and provided a response that was sent to EOs and presidents on Sept. 28.

The BOD will next meet virtually Dec. 15–16, 2020.

It is a privilege to serve as your new president although much earlier than expected.

I welcome hearing from you if you have any questions or concerns.

Warm Regards,

**Jay Douglas, MSM, RN, CSAC, FRE**

President

804.516.9028

[jay.douglas@dhp.virginia.gov](mailto:jay.douglas@dhp.virginia.gov)

**VIRGINIA BOARD OF NURSING  
EDUCATION SPECIAL CONFERENCE COMMITTEE MINUTES  
September 2, 2020**

**TIME AND PLACE:** The meeting of the Education Special Conference Committee was convened at 9:06 a.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Training Room 1, Henrico, Virginia.

**MEMBERS PRESENT:** Cynthia Swineford, RN, MSN, CNE, Chair  
Yvette L. Dorsey, DNP, RN

**STAFF PRESENT:** Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager  
Beth Yates, Nursing and Nurse Aide Education Coordinator

**PUBLIC COMMENT:** There was no public comment.

**CONFERENCES SCHEDULED:**

**CONTINUED FACULTY EXCEPTION:**

**Eastern Mennonite University, BSN Program, US28509700**

There were no program representatives present.

The Committee considered the Program's request for one continued faculty exception.

**RECOMMENDATION:** Dr. Dorsey moved to recommend that the Board approve the request for continued faculty exception for J. Alderfer. The motion was seconded and carried unanimously.

This recommendation will be presented to a committee of the Board on September 15, 2020.

**VOLUNTARY CLOSURE:**

Chesterfield County Public Schools, PN Program, Chesterfield, US28104300

Hampton University BSN Program, Virginia Beach, US28500400

**RECOMMENDATION:** Dr. Dorsey moved to recommend to accept the voluntary closures of Chesterfield County Public Schools PN program and Hampton University BSN Virginia Beach campus as information only.

The motion was seconded and carried unanimously.

## **DISCUSSION**

### **ITEMS:**

Ms. Wilmoth presented the following reports to the Committee:

#### NCSBN Annual Survey

Ms. Wilmoth explained that NCSBN has developed a Prelicensure Annual Report Core Data Survey (annual survey) based on core data results of a large mixed methods study of nursing program quality indicators and warning signs. NCSBN has also included questions regarding COVID-19 to assist in analyzing its impact. The survey questions are unable to be modified, however the board is able to add additional questions. Ms. Wilmoth explained that the survey could not be combined with the board's annual report as the foci are different. The annual survey will be sent out by NCSBN in either August or January to nursing programs in participating states.

Ms. Wilmoth proposed that the board participate in the January 2021 NCSBN annual survey as the states regulatory required annual report is sent out in October of each year. There would be no repercussion to the programs if they do not complete the NCSBN annual survey as it is not required by regulation.

Ms. Wilmoth stated that NCSBN will provide the raw data results of the survey to the board.

**RECOMMENDATION:** Dr. Dorsey moved to recommend that the board participate in the NCSBN annual survey in January 2021 to allow for the submission of the regulatory required annual report by all programs prior to completion of the NCSBN survey.

The motion was seconded and carried unanimously.

#### COVID – 19 Questionnaire

To assist in ascertaining the impact of COVID-19 and programs' use of regulatory waivers that are currently in place, board staff is working on a COVID-19 questionnaire to send out to all nursing programs.

Dr. Dorsey suggested questions be included to determine if there had been a decrease in enrollment due, an increase in faculty attrition, and an increase in lack of access to clinical facilities due to COVID-19.

#### Nursing Education Program Updates

Ms. Wilmoth provided the following information:

Bluefield College BSN program and Averett University –Norfolk BSN program have obtained initial approval and plan to admit students January 2021. Ferrum College, BSN program has an initial site visit scheduled

Chester Career College closed by board order on August 31, 2020.

Virginia Appalachian Tricollege separated into three programs at their three campuses; Mountain Empire Community College, Southwest Virginia Community College, and Virginia Highlands Community College have each obtained new program codes for their campuses. The curriculum, faculty, and clinical sites remain the same as before the separation.

Ms. Wilmoth stated the board had approved eleven initial faculty exceptions in the last two weeks.

#### Nurse Aide Education Program Updates

In Dr. Hills absence, Ms. Wilmoth advised the committee a COVID-19 questionnaire has been prepared and will be sent out to all nurse aide education programs for completion.

There are regulatory waivers in place to allow for clinical hours to be completed in a variety of clinical facilities. Simulation is not permitted for use to obtain clinical hours for nurse aide education programs.

Regulatory updates, approved by the Board November 2019, remain in process for final approval.

Meeting adjourned at 9:57 a.m.

  
\_\_\_\_\_  
Jacquelyn Wilmoth, RN, MSN  
Nursing Education Program Manager

**COMMONWEALTH of VIRGINIA**

David E. Brown, D.C.  
Director

*Department of Health Professions*

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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

**MEMORANDUM**

To: Board of Nursing  
From: Robin L. Hills, DNP, RN, WHNP  
Deputy Executive Director  
Jacquelyn Wilmoth, RN, MSN  
Nursing Education Program Manager  
Date: October 6, 2020  
Subject: Nursing and Nurse Aide Education Programs Update

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As we continue to navigate the COVID-19 pandemic, there are waivers in place to assist nursing and nurse aide education programs.

The nursing education program regulation waivers continue to provide nursing programs additional flexibility as they plan clinical instruction while remaining compliant with regulation. The Board of Nursing emailed an anonymous survey to all nursing programs (both LPN and RN programs) on September 22, 2020 in order to collect data regarding Fall 2020 and Spring 2021 nursing student clinical placements. The responses to this survey were due October 5, 2020.

Regarding nurse aide education programs, changes in federal CMS regulations directly impacted the decisions made regarding waiver recommendations at the state level. On March 19, 2020, 18VAC90-26-30(C) & (D) were waived 1) expanding the qualifications of other instructional personnel beyond RNs and LPNs, and 2) eliminating the requirement that all instructional personnel demonstrate competence in teaching adults.

The remainder of this report summarizes the recent developments surrounding nursing and nurse aide education programs during the COVID-19 pandemic.

## NURSING EDUCATION PROGRAMS UPDATE

<b>Nursing Education Waivers</b>	
Effective March 19, 2020-December 31, 2020	
<p><b>18VAC90-27-100(D)(2) Simulation for clinical hours in a single course</b> No more than 50% of the total clinical hours for any course may be used as simulation.</p>	<p>Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.</p>
<p><b>18VAC90-27-100(D)(1) Simulation for total clinical hours</b> No more than 25% of direct client contact hours may be simulation. For prelicensure registered nursing programs, the total of simulated client care hours cannot exceed 125 hours (25% of the required 500 hours). For prelicensure practical nursing programs, the total of simulated client care hours cannot exceed 100 hours (25% of the required 400 hours).</p>	<p>Waived for those students who are enrolled in nursing clinical courses from March 19, 2020 through December 31, 2020.</p>
Effective June 11, 2020	
<p><b>18VAC90-27-10 Definitions.</b> "Site visit" means a focused onsite review of the nursing program by board staff, usually completed within one day for the purpose of evaluating program components such as the physical location (skills lab, classrooms, learning resources) for obtaining initial program approval, in response to a complaint, compliance with NCLEX plan of correction, change of location, or verification of noncompliance with this chapter.  "Survey visit" means a comprehensive onsite review of the nursing program by board staff, usually completed within two days (depending on the number of programs or campuses being reviewed) for the purpose of obtaining and maintaining full program approval. The survey visit includes the program's completion of a self-evaluation report prior to the visit, as well as a board staff review of all program resources, including skills lab, classrooms, learning resources, and clinical facilities, and other components to ensure compliance with this chapter. Meetings with faculty, administration, students, and clinical facility staff will occur.</p>	<p>The requirement of 18 VAC 90-27-10 in the definitions of "site visit" and "survey visit" for onsite reviews is suspended for the duration of the state of emergency as declared by Executive Order 51 and for 30 days after the state of emergency expires or is rescinded.</p>
<p><b>18VAC90-27-220 (B) &amp; (C) Maintaining an approved nursing education program.</b> B. Prior to February 7, 2021, each registered nursing education program shall be reevaluated as follows:</p> <ol style="list-style-type: none"> <li>1. Every registered nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.</li> <li>2. A registered nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at</li> </ol>	<p>Waived for those programs whose reevaluations are due within the period of the state of emergency, the time period to complete the reevaluation shall be suspended and extended to 30 days after the state of emergency as declared by Executive Order 51 expires or is rescinded.</p>

least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

After February 7, 2021, each registered nursing education program shall have accreditation or candidacy status and shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

C. Each practical nursing education program shall be reevaluated as follows:

1. Every practical nursing education program that has not achieved accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every five years by submission of a comprehensive self-evaluation report based on Parts II (18VAC90-27-30 et seq.) and III (18VAC90-27-150 et seq.) of this chapter and a survey visit by a representative or representatives of the board on dates mutually acceptable to the institution and the board.

2. A practical nursing education program that has maintained accreditation as defined in 18VAC90-27-10 shall be reevaluated at least every 10 years by submission of a comprehensive self-evaluation report as provided by the board. As evidence of compliance with specific requirements of this chapter, the board may accept the most recent study report, site visit report, and final decision letter from the accrediting body. The board may require additional information or a site visit to ensure compliance with requirements of this chapter. If accreditation has been withdrawn or a program has been placed on probation by the accrediting body, the board may require a survey visit. If a program fails to submit the documentation required in this subdivision, the requirements of subdivision 1 of this subsection shall apply.

### **Status of Nursing Education Program Applications**

Three baccalaureate programs have been approved in 2020 (Bluefield College, ECPI VA Beach, and Averett University-Norfolk). There are 5 active applications for which the Board is awaiting additional documentation from the respective programs. One baccalaureate program application is pending initial approval. The site visit was conducted, however, full regulatory compliance was unable to be determined at that time.

### **Nursing Education Site/Survey Visits**

Administrators from nursing education programs continue to communicate with Board staff regarding upcoming survey visits that are scheduled for Fall 2020. While some visits have remained on the Fall schedule, other programs have requested to delay their previously-scheduled visit until 2021 due to the impact of COVID-19.

### **Faculty Exception Requests**

Programs report COVID-19 as rationale for needing additional faculty the shifting of faculty to other teaching responsibilities, early retirements, and resignations. As a result, there were 15 initial faculty exception requests from August 20 to September 23.

### **NCSBN Research Study**

The NCSBN research department is conducting a longitudinal cohort study looking at the impact of COVID-19 on nursing program outcomes. 162 BSN and 166 ADN programs were selected nationally to participate in the study. Eight programs were selected from Virginia: VCU BSN, South U BSN, VA. George Mason Accelerated BSN, ECPI Manassas ADN, J. Sargent Reynolds Community College ADN, Fortis Richmond ADN, Danville Community College ADN and Blue Ridge Community College ADN. However, Fortis Richmond ADN does not have full Board approval, therefore does not meet criteria for study inclusion.

### **Emails to Nursing Education Programs**

<b>Emails to all Nursing Education Programs</b> (Details available upon request)	
<b>Date of Email</b>	<b>Subject of Email</b>
8/24/2020	Modifications to NCLEX RN and NCLEX PN
8/27/2020	Reporting Program Changes
9/17/2020	NCLEX Updates from NCSBN Virtual NCLEX Conference
9/22/2020	Survey: Clinical Placement
9/30/2020	Clinical Placement Survey Reminder

## NCLEX Testing Summary

Testing centers remain open with limited capacity. Testing accommodations are available to testers. Approval from the Governor's office for testing sites to return to full capacity was obtained. Pearson Vue and NCSBN continue to develop a plan to implement full capacity at the testing centers.

NCLEX Updates taking place October 1, 2020:

	NCLEX RN	NCLEX PN
Pretest Items	15	15
Number of Items	75-145	75-145
Special Research Section	Optional	Optional
Removal of Tutorial	Online Only	Online Only
Testing Time	5 hours	5 hours
Passing Standard	0.0 logit	-0.18 logit
	*in effect until March 31, 2022	*in effect until March 31, 2023

- Continued use of Computer Adaptive Testing (CAT)
- Exam difficulty remains the same
- October 1 modifications are expected to stay in place until NGN launch
- NCSBN will continue to keep you informed through their website, FAQs, and educator webinars
- Due to the removal of the tutorial, it is suggested that graduates be encouraged to watch the NCLEX tutorial prior to test day

### NCLEX Test plan:

- NGN for NCLEX RN will not go in effect prior to April 2023. A solidified date has not been published. Stay up to date on NGN with resources on the NCSBN website.
- NCLEX RN test plan will update until April 2023 (previously scheduled for April 2022) due to the impact of COVID-19.
- NCLEX PN test plan will update April 2023.
- Test plans are available on the NCSBN website

## NURSE AIDE EDUCATION PROGRAMS

The need for a more in-depth analysis of the impact of the pandemic on nurse aide education programs became evident in mid-summer with reports from programs of the continued unavailability of clinical sites throughout the Commonwealth. It was determined that an additional waiver expanding clinical site options was warranted. On August 10, 2020, 18VAC90-26-20(B)(1)(e) was suspended until December 31, 2020. The suspension of this regulation enables programs to complete the 40-hour direct client care training of enrolled students in alternate clinical sites to include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units. Regulations/waivers do not provide for completion of the 40 direct client care hours in the laboratory setting.

To analyze the nurse aide education landscape even further, Board staff developed and distributed a COVID-19 Impact Questionnaire to 268 nurse aide education programs on September 2, 2020. A preliminary analysis of the results are as follows (as of October 5):

- The overall response rate was 75%
- 90% of the programs reported having experienced difficulties due to COVID-19
- 27% of the programs reported that all of their students enrolled between March 1<sup>st</sup> and August 31<sup>st</sup> did not complete the program as scheduled due to COVID-19, with 41% reporting that none of their students were delayed
- 33% of the programs that responded to the question regarding utilization of the regulatory waivers report that they utilized at least one
- Changes in program length and clinical sites represented 57% of the substantive programmatic changes reported by programs

The results of an in-depth analysis of the Questionnaire responses, including qualitative data, will be provided to the Board at a later date.

### Status of Nurse Aide Education Program Applications (as of October 2, 2020)

12 programs approved in 2020; 7 incomplete applications pending

### NNAAP Testing Summary

Pearson Vue NNAAP testing sites are operational as of July 13, 2020.

<b>Emails to all Nurse Aide Education Programs</b> (details available upon request)	
<b>Date of Email</b>	<b>Subject of Email</b>
August 10, 2020	Suspension of 18VAC90-26-20(B)(1)(e)
September 2, 2020	Distribution of COVID – 19 Impact Questionnaire to all programs

<b>BON Nurse Aide Education Program Waivers</b>	
Effective March 19, 2020-June 10, 2020	
<p><b>18VAC-90-26-30(C) Other Instructional Personnel</b>  <b>C. Other instructional personnel.</b>            1. Instructional personnel who assist the primary instructor in providing classroom or clinical supervision <i>shall be registered nurses or licensed practical nurses.</i></p>	<p>Waive the requirement that other instructional personnel who assist the primary instructor in providing classroom instruction be limited to registered nurses or licensed practical nurses.</p>
<p><b>18VAC90-26-30(D) Qualifications of Nurse Aide Instructors</b>  <b>D. Prior to being assigned to teach the nurse aide education program, all instructional personnel shall demonstrate competence to teach adults by one of the following:</b>            1. Satisfactory completion of a course in teaching adults that includes:                a. Basic principles of adult learning;                b. Teaching methods and tools for adult learners; and                c. Evaluation strategies and measurement tools for assessing the learning outcomes; or            2. Have experience in teaching adults or high school students.</p>	<p>Waive the requirement that all instructional personnel must demonstrate competence to teach adults.</p>
<p><b>18VAC90-26-20. Establishing and Maintaining a Nurse Aide Education Program.</b>            1. Demonstrate evidence of compliance with the following essential elements:            e. Skills training experience in a nursing facility that has not been subject to penalty or penalties as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, revised October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law</p>	<p>Suspended for current and incoming nurse aide students through December 31, 2020. Acceptable alternate sites would include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units.</p>
<b>Federal CMS Waivers</b>	
affecting Nurse Aide Education Programs	
Posted April 3, 2020 - Effective Retroactively to March 1, 2020	
<p><b>Training and Certification of Nurse Aides.</b> The requirement that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d) is waived through the end of the federal emergency declaration. CMS is waiving these requirements to assist in potential staffing shortages seen with the COVID-19 pandemic. We further note</p>	<p>Waived the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i))</p> <p>Note: This waiver allows nursing centers to temporarily employ individuals who have completed alternative training paths, as long as they are competent to provide relevant</p>

that we are not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

nursing and nursing related services. The BON does not have a role in approving this alternative training.

**VDH**  
Posted June 18, 2020

**VDH Nursing Home Guidance for Phased Reopening**

"Definition of Staff - Guidance in this document that refers to "staff" include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, emergency medical service personnel, contractual staff not employed by the facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)."

<https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf>

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# *Pathways to BSN: A Look at Virginia's Registered Nurse Workforce*

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Healthcare Workforce Data Center

May 2020

Virginia Department of Health  
Professions Healthcare Workforce Data  
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## Contents

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<b>Introduction</b> .....	<b>5</b>
Technical Notes.....	6
<b>Career Advancement among Virginia’s Registered Nurses</b> .....	<b>7</b>
Educational Advancement.....	7
Historical Shift in Education.....	8
Educational Advancement & Race/Ethnicity.....	8
Educational Advancement & Background .....	9
The Geography of Educational Advancement.....	9
Educational Debt & Advancement.....	11
Sectors and Establishments.....	12
<b>Conclusion</b> .....	<b>13</b>

*38,723 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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## Introduction

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The nursing profession is uniquely positioned to encourage academic advancement among its members. This stands in clear contrast to many other regulated health professions. Most regulated professions have a rigid entry structure, with only one or two educational paths to entry. Physicians are a prime example. Physicians, with few exceptions, must attend a traditional medical school and complete a residency. Physician assistants (PAs) are in an entirely separate profession, with their own educational and regulatory structures. Until recently there were few PA-to-physician educational bridges that would allow PAs to transfer their skills or work while growing in their profession<sup>1</sup>. Many other regulated healthcare professions follow this model, both in and out of the health industry.

These limited-pathway-to-progress models contrast starkly with the multiple entry pathways and opportunities to advance in nursing. Virginia alone regulates no fewer than four levels of nursing professions: licensed practical nurses (LPN), registered nurses (RN), clinical nurse specialists (CNS) and nurse practitioners (NP); and this list is exclusive of the Certified Nurse Aide (CNA). In Virginia, an individual hoping to become a nurse can also begin a nursing career with a GED and 120 hours of training as a certified nurse aide (CNA). It is reasonable for a CNA to imagine reaching the top of the nursing profession. Indeed, the data in the Virginia Certified Nurse Aide Workforce: 2019 report demonstrate that they can. Six percent of CNA respondents in the report were in an RN program. There are several pathways to connect from one level of nursing to a higher level. The availability of bridge, online and part-time programs helps to ease the transition up the nursing career ladder.

Registered nurses, who constitute the largest segment of the nursing field and who play a critical role in delivering patient-centered healthcare, can enter the profession at four educational levels: Diploma, Associate (ADN), Baccalaureate (BSN), and Master's (MSN) levels. In addition, RN to BSN programs are available to help RNs progress to BSN status and, if desired, into master-level clinical nurse specialist and nurse practitioner professions. Accountability and standards of care are maintained with a uniquely flexible scope of practice. Before performing any activity, RNs are required to ask themselves if they have the knowledge and clinical skills needed to perform the activity, and whether they are willing to take professional responsibility for their action. If any of these are lacking, the activity is considered out of the individual nurse's scope of practice.<sup>2</sup>

In a 2010 report, "The Future of Nursing: Leading Change, Advancing Health," the Institute of Medicine quantified national nursing organizations' push for academic progression by recommending that 80% of RNs should possess at least a bachelor's of science in nursing degree (BSN) by 2020. The report argues that academic progression is critical to the healthcare system because it is a means of enhancing quality and safety. Research shows that hospitals and healthcare settings with a higher percentage of nurses with at least a BSN have better patient outcomes and lower death rates. Nationally, 56% of RNs now possess at least a BSN compared to 49% who did in 2010. The percent of Virginia's RNs with at least a BSN increased from 51.3% in 2013 to 65% in 2019.

This paper looks at how RNs in Virginia advanced through their careers using data from the Healthcare Workforce Data Center's 2019 Registered Nurse Workforce Survey. This paper examines how the educational attainment of nurses has advanced over time. It looks at differences in educational level and advancement patterns by age and race/ethnicity. Finally, it looks at the effect that different patterns of career advancement have on the economic well-being of RNs, focusing on educational debt and income.

<sup>1</sup> See Cornell, Stephen. Apr. 21, 2008. "Is it Time for a Bridge?" Advance Health Network for NPs&PAs. <http://nurse-practitioners-and-physician-assistants.advanceweb.com/Article/Is-It-Time-for-a-PA-to-Physician-Bridge.aspx>

<sup>2</sup>See Board of Nursing Guidance Document 90-23, "Decision-making Model for Determining RN/LPN Scope of Practice", available here: [http://www.dhp.virginia.gov/nursing/nursing\\_guidelines.htm](http://www.dhp.virginia.gov/nursing/nursing_guidelines.htm)

This report uses data from the 2019 Registered Nurse Workforce Survey. The survey asks respondents to provide information concerning both the initial professional degree that allowed them to practice nursing and the highest professional degree that they have obtained to date. The Healthcare Workforce Data Center has broken down these responses into five main categories: RN Diploma or Certificate, Associate Degree in Nursing (ADN), Baccalaureate Degree in Nursing (BSN), Master's Degree in Nursing, and Doctorate in Nursing.

This report includes all RNs with a Virginia license. However, it excludes any nurses who either failed to provide their initial and highest professional degrees or provided invalid responses to the two main questions (e.g., listing an initial professional education that was more advanced than their highest professional education). Of the 112,053 RNs who held a Virginia license at some point during the survey period, about half would have been eligible for the survey because RNs are surveyed during their license renewal which happens every two years. Of the eligible RNs, 38,723 completed the survey. From this group, 4,106 nurses were further excluded from the analysis because of problems with respect to their survey responses: 4,068 nurses failed to provide answers to one or both questions concerning their educational histories, while 38 nurses provided invalid responses to these two questions. Data in this study were subjected to HWDC's weighting procedures. See the [HWDC Methodology & Glossary](#) and the report titled ["Virginia's Registered Nurse Workforce: 2019"](#) for details.

This study is a retrospective study. It examines the current population of RNs in Virginia and looks back at how they have advanced through their careers. We do not have information on nurses who may have left the nursing profession prior to the survey. This limits the types of conclusions we are able to draw. For instance, while our data demonstrate that 36% of nurses who renewed their license in 2019 and who entered the profession with an ADN have since attained a higher degree, we cannot conclude that 39% of nurses who entered with ADN go on to attain higher degrees. We do not know how many ADNs may have switched professions, stopped working, retired, lost their license or otherwise not maintained a license in Virginia.

## Career Advancement Among Virginia's Registered Nurses

### Educational Advancement

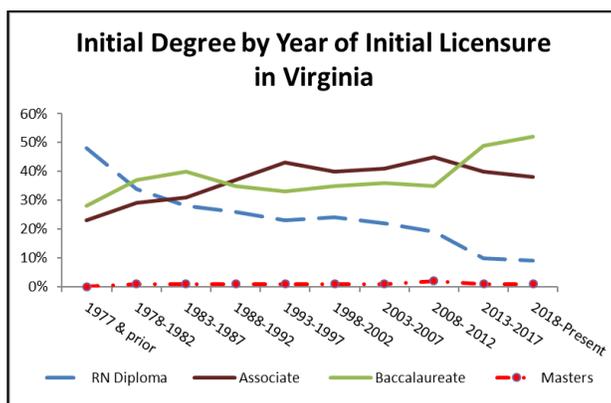
Nurses often do not limit themselves to the degree they have when they enter the nursing field. As seen in the following table, over 60% of nurses who started with a Diploma RN have obtained higher degrees during their career. In fact, 43% of nurses who started with a RN Diploma had a BSN or higher at the time of the 2019 RN Survey. For RNs who entered the field with ADN, 39% now have a BSN or higher. Further, of those who started with a BSN, 21% had at least a Master's degree or higher at the time of the survey. Although the survey did not ask about the intervening steps, the analysis in the table shows that 34% of RNs who completed the survey made educational advancement after initiating their career. For some, their advancement may have involved obtaining multiple degrees during their career.

Initial Degree	Highest Professional Degree									
	RN Diploma		RN Diploma		RN Diploma		RN Diploma		RN Diploma	
	#	%	#	%	#	%	#	%	#	%
RN Diploma	7,895	39%	3,576	18%	5,897	29%	2,436	12%	352	2%
Associate	-	-	23,903	61%	11,211	29%	3,858	10%	340	1%
Baccalaureate	-	-	-	-	31,332	79%	7,512	19%	953	2%
Masters	-	-	-	-	-	-	1,207	95%	58	5%

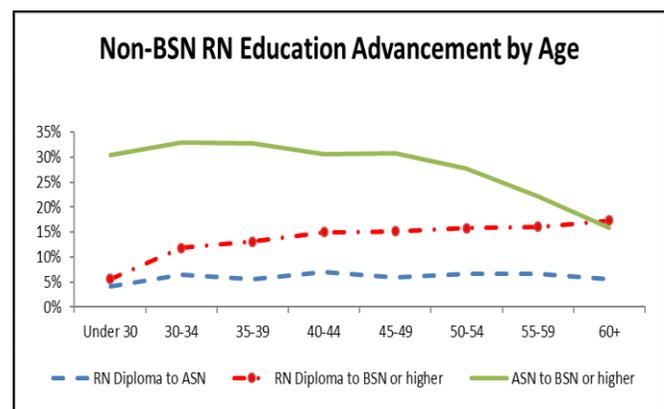
Source: Va. Healthcare Workforce Data Center

### Historical Shift in Education

Over the years, significant educational advancement has occurred for RNs. Compared to 1977 and earlier, fewer nurses are now entering the profession with just a RN Diploma. Compared to 48% who had just a RN Diploma at the point of entering the RN field in 1977 and prior years, only 9% of recent entrants into the RN field had a RN Diploma. In recent years, 52% possessed a BSN degree compared to 28% of those who entered prior to 1978. Another 38% have an ADN at entry compared to 23% who did among those entering prior to 1978.



Source: Va. Healthcare Workforce Data Center



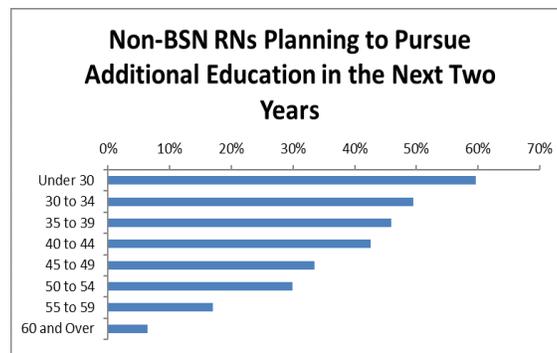
Source: Va. Healthcare Workforce Data Center

In addition to new RNs possessing more advanced educational attainment at initial entry into nursing, RNs in the system are also not staying stagnant with their educational attainment. They are increasing their educational attainment

as they age while registered as a RN. The cross-sectional data revealed that education advancement is lowest for those under age 30; 60% of this group have had no education advancement. Education advancement peaks at 53% for the 40-44 year old age group and then declines slowly to 39% for those above age 60.

The following chart reveals that 4%, 6%, and 30% of RNs under age 30 have moved from a RN diploma to an ADN, BSN or higher degree, and from an ADN to a BSN or higher degree, respectively; the comparative prevalence for those aged 40 to 44 years is 7%, 15%, and 31%, respectively. However, RNs age 60 and over reported the highest transition from RN diploma to a Baccalaureate degree or higher; 17% of RNs over age 60 who reported a RN diploma educational attainment at entry into the RN career now have a BSN or higher degree compared to 6% and 5% of under 30s and 40 to 44 year olds, respectively.

However, the youngest RNs are not staying stagnant either. Of those who do not have at least a BSN yet, the youngest age group had the highest proportion intending to pursue additional education in the next two years. Sixty percent of RNs under 30 years old who do not have a BSN plan to pursue additional education in the next two years. Between 40% to 50% of all age groups up to RNs aged 40 to 44 years plan to pursue additional education. The percent desiring additional education falls below 40% for 45-49 year old RNs and continues to fall up to the highest age group; only 6% of RNs aged 60 and over who do not have a BSN plan to pursue additional education in the next two years.



Source: Va. Healthcare Workforce Data Center

## Educational Advancement & Race/Ethnicity

The opportunity for educational advancement within the nursing career is a great benefit. Particularly, access to educational opportunities while employed may level the playing field by allowing nurses from lower income backgrounds, under-served communities, and disenfranchised minority groups to pursue additional education. Those who may not have had access to educational resources at the beginning of their career can use nursing’s educational ladder to advance their careers. Although there is no data on the socioeconomic status of nurses prior to obtaining their license, a look at educational advancement by race and ethnicity and by rural/urban childhood may provide some insight.

Among current RNs, non-Hispanic Blacks or African Americans (Blacks) are the most likely to have entered the profession without a BSN or higher degree, but only slightly so; they were 1% less likely than Whites. However, among Black RNs without a BSN, over 51% advanced to a BSN from a non-BSN degree, more than any other race group.

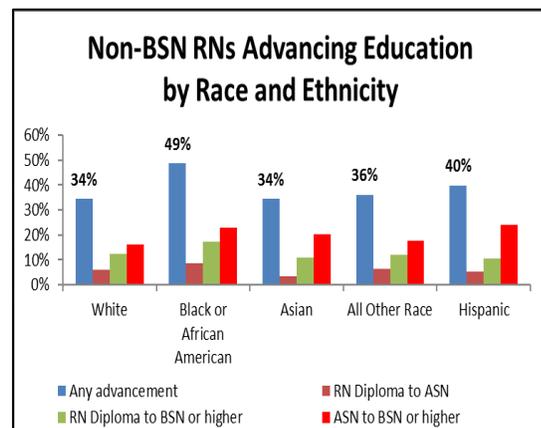
In fact, 49% of Black RNs who entered the profession without a BSN advanced their education, including 40% who attained a BSN or higher degree. They were followed by Hispanic RNs, of whom 40% advanced their education and 35% advanced to a BSN or higher degree. Ultimately, a higher proportion of Black, Hispanic, and Asian RNs hold a BSN or higher degree than the average Virginia RN population.

Blacks are underrepresented in the RN population—Blacks constitute 11% of the RN workforce but are 19% of the state population. However, they make up 32% of Virginia’s LPN workforce. Advancement in the LPN workforce will

may bring more Blacks into the RN workforce.

BSN or Higher Degree by Race and Ethnicity						
BSN or Higher Degree	White	Black or African American	Asian	All Other Race	Hispanic	All RNs
Initial Degree	39%	38%	69%	43%	45%	41%
Highest Degree	63%	69%	84%	68%	70%	65%
% of BSN w/o	38%	51%	47%	46%	45%	41%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

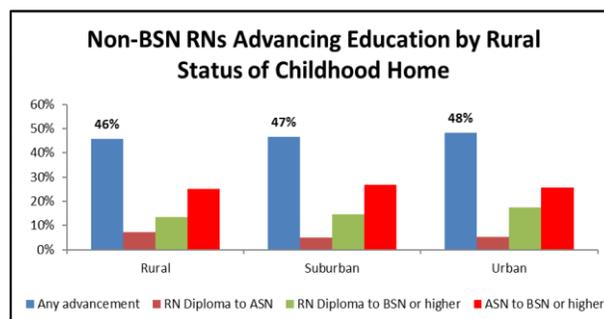
## Educational Advancement & Background

Only 42% of RNs with urban childhood had at least a BSN degree at entry into the profession. However, they have had significant gain since entering nursing and have significantly narrowed the gap between them and their suburban counterparts who still have the highest percent with at least a BSN degree.

Like the non-BSN Black RNs, RNs who grew up in a rural area in childhood were least likely to enter the profession with a BSN. Only 31% of rural childhood RNs had a BSN when they entered nursing. Unlike the pattern observed by racial breakdown though, RNs with a rural childhood do not recover from their initial disadvantage. The accompanying table shows that only 39% of them have advanced today compared to 43% of those with an urban childhood. In conclusion, only 57% of RNs with a rural childhood have a BSN or higher.

BSN or Higher Degree by Rural Childhood Status				
BSN or Higher Degree	Rural	Suburban	Urban	All RNs
Initial Degree	31%	48%	42%	41%
Highest Degree	57%	70%	67%	65%
% of BSN w/o	39%	42%	43%	41%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## The Geography of Educational Advancement

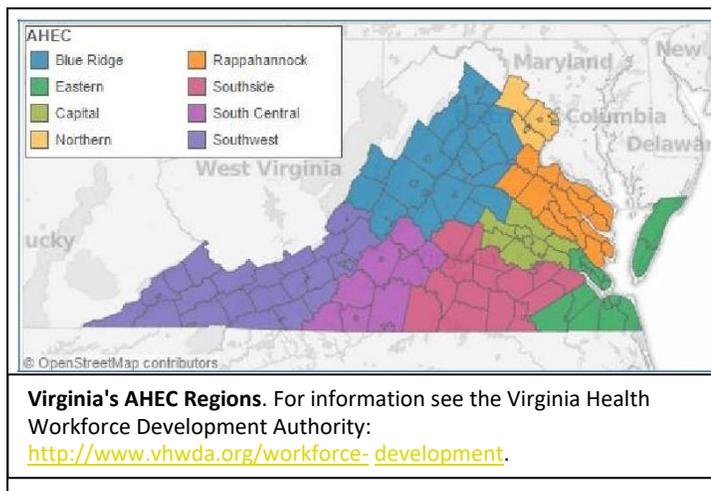
There is significant geographical variation in the proportion of RNs starting their nursing career with a BSN or higher. Over half of RNs whose primary work location is in the Northern Virginia Area Health Education Center region entered nursing with a BSN or higher degree, and two-thirds currently hold a BSN, whereas 17% of RNs in Southside Virginia entered the profession with a BSN or higher degree. Less than a third of RNs initially started with a BSN or higher in Rappahannock, South Central and Southwest Virginia. These initial starting points matter a lot, as less than 60% of RNs in Southside, Rappahannock, and Southcentral and Southwest Virginia have yet obtained a BSN. However, the

educational advancement that is possible in their career has resulted in close to an additional 30% of nurses obtaining a BSN in these communities since starting their career.

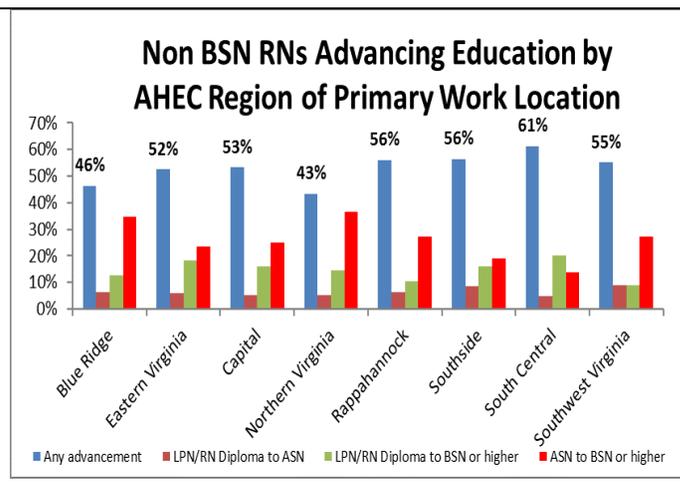
Northern Virginia not only has the highest proportion of nurses starting with a BSN or higher, it also boasts of the highest proportion of initial non-BSNs who now have a BSN or higher degree; 51% of Northern Virginia's RNs who initially entered nursing without a BSN have advanced their education to a BSN or higher. It is possible that non-BSN nurses in this region feel more compelled to pursue additional education due to difficulty in competing in a job market saturated by BSN holders. Of the AHEC regions with the lowest proportion of initial BSNs, none has a higher proportion of initial non-BSNs advancing their education than the state advancement average of 42%. Rappahannock, Southside, Southwest, and South Central have the lowest proportion of initial non-BSNs advancing their education.

BSN or Higher Degree by AHEC Region of Primary Work Location									
BSN or Higher Degree	Blue Ridge	Eastern Virginia	Capital	Northern Virginia	Rappahannock	Southside	South Central	Southwest Virginia	All RNs
Initial Degree	42%	36%	40%	60%	32%	17%	32%	26%	41%
Highest Degree	70%	63%	65%	80%	57%	46%	55%	53%	66%
% of BSN w/o	47%	42%	41%	51%	37%	35%	34%	36%	42%

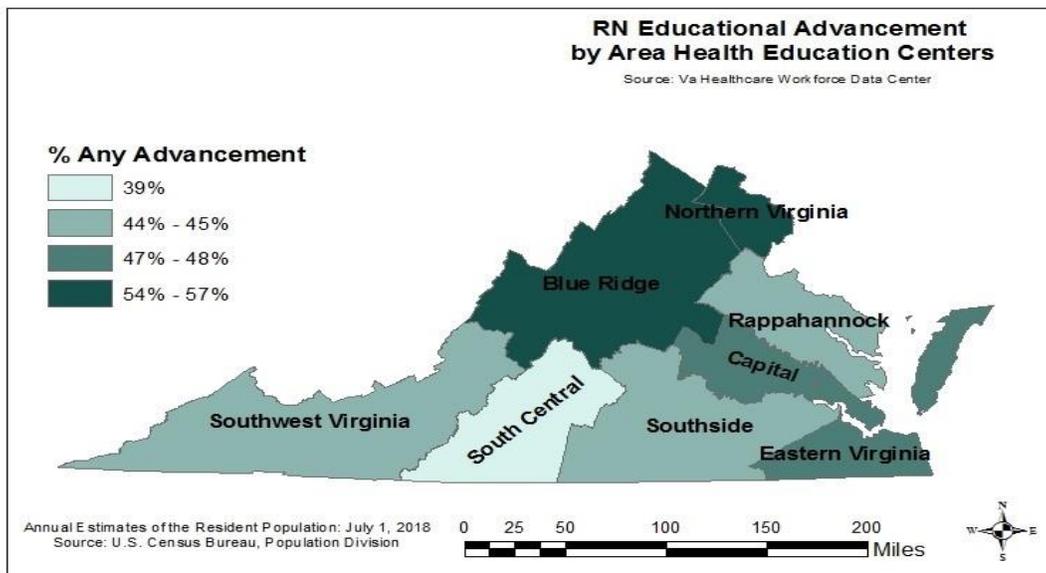
Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center



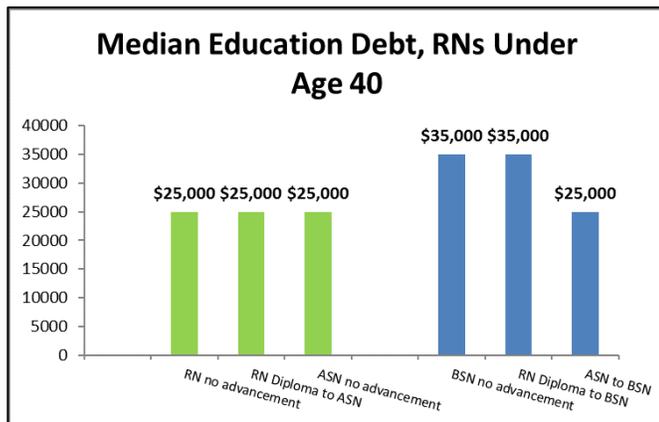
Source: Va. Healthcare Workforce Data Center



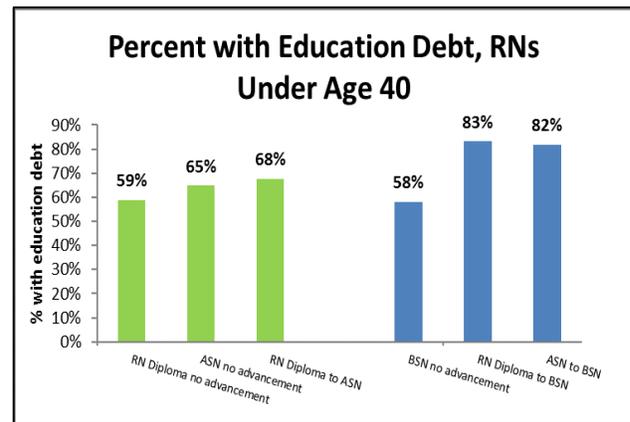
## Educational Debt & Advancement

The ability to pursue additional education in nursing is critical in leveling the field. However, this leveling may come at a cost. Compared to 59% of nurses under age 40 with a RN Diploma who have not advanced their education but hold educational debt, 68% of those in similar age groups who advanced to an ADN hold educational debt. This is also comparable to the 65% whose initial educational attainment was an ADN and who have not obtained an additional degree.

Although a higher proportion of nurses under age 40 who advance hold education debt compared to their non-advancing counterparts, the median education debt held by both groups do not differ in some cases. For example, nurses who have not advanced from an ADN and initial ADN holder who now hold a BSN both reported \$25,000 in education debt.



Source: Va. Healthcare Workforce Data Center



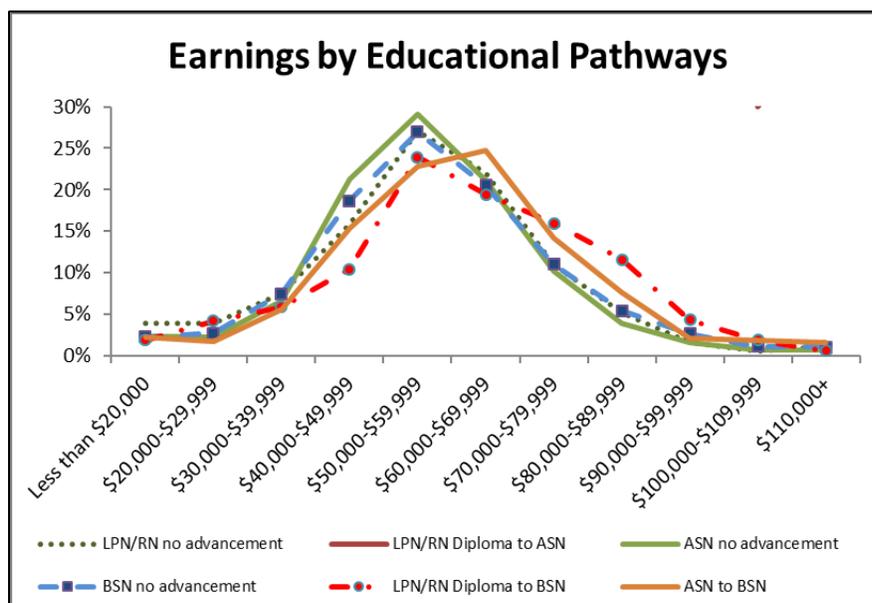
Source: Va. Healthcare Workforce Data Center

Further, when median educational debt is examined for all ages, all the groups had \$5,000 median debt apart from RN diploma and ADN holders who have advanced to a BSN who had \$15,000 median debt. In the end, entering the field with a BSN, therefore, appears to have the same cost as entering with a diploma or ADN.

Another way to investigate whether education advancement holds an advantage is to look at income. Income data suggests that educational advancement may be advantageous at the BSN level. Compared to RN Diploma holders and

ADN holders who do not advance their education, those who later earn a BSN have a median income of \$60,000 to \$69,000. Even more puzzling is that their income is higher than BSNs who do not advance. Nurses with BSNs who do not advance their education reported the same median income of \$50,000 to \$59,000 as RN Diploma nurses and ADN holders who do not advance their education. This could be because educational climbers accumulate varied experience from their different career and educational pursuits that puts them at an advantage. It could also be that they are more astute at salary negotiation when changing careers after obtaining their BSN since they are more familiar with the field.

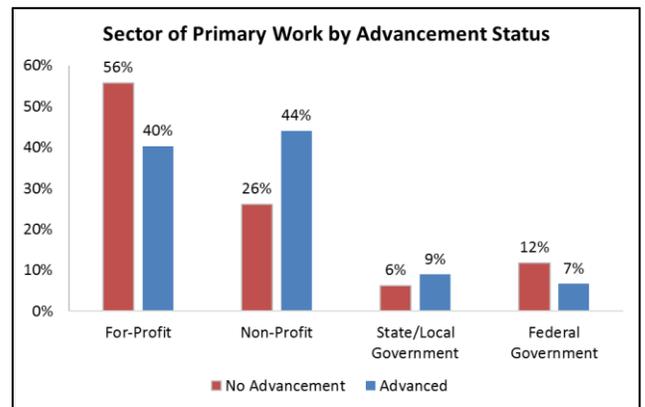
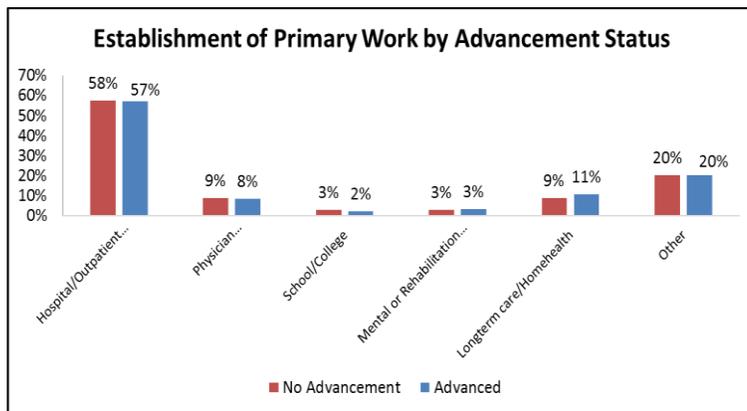
When income distribution is compared for the different educational pathways, RN Diploma holders who have not advanced report the highest percent in the lowest income group. The ADN to BSN advancing group reported the least percent in the lowest income group and the highest percent in the highest income group. Taken together, it appears that education advancement offers some financial advantage although the presence of an advantage varies by different pathways. It is also critical to point out that some of the advantages of education advancement may not be captured in just monetary terms and be intrinsic. Further, this paper only looks at a cross-section of nurses. A longitudinal study following matched groups of nurses, though not ethically advisable, would offer the most persuasive result.



## Sectors & Establishment

There is little difference in the primary work establishments of RNs who have advanced their education versus those who have not. In the chart below, both advanced RNs and non-advanced RNs are nearly equally likely to work in a hospital or physician office. They are both also equally likely to work in mental health and rehabilitation organizations.

However, RNs' primary work sector vary by their advancement status. RNs who have not advanced are more likely to work in the for-profit sector and with the federal government. By contrast, RNs who have advanced their education are more likely to work in the non-profit sector and state government.



## Conclusion

Academic advancement is critical to the healthcare system because it is viewed as a means of enhancing quality and safety<sup>3</sup>. Academic advancement of RNs, particularly, has always been an important issue because RNs constitute the largest segment of the nursing field. The recent confluence of an aging population, aging healthcare workforce, and increasing complexity of healthcare demands has led national nursing organizations to emphasize the need for academic advancement and lifelong learning among nurses in the United States. In 2010, the Institute of Medicine quantified this call by recommending that 80% of RNs should possess at least a bachelor's of science in nursing degree (BSN) by 2020.

As of 2018, only 56% of RNs in the country had a BSN, a slight increase from 49% who did when the IOM made the call in 2010<sup>4</sup>. By contrast, Virginia has increased the percent of RNs with at least a BSN from 51% in 2013 to 65% in 2019<sup>5</sup>. Although, still short of the 80% goal, Virginia has made good progress in a short period. If a majority of Virginia's new RN entrants continues to possess a BSN, Virginia would be able to achieve the IOM's goal soon.

- <sup>3</sup> Campaign for Action. (2019). Transforming nursing education. Retrieved from <https://campaignforaction.org/issue/transforming-nursing-education/>
- <sup>4</sup> American Association of Colleges of Nursing. (2019). 2018-2019 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing. Retrieved from <https://www.aacnnursing.org/News-Information/Research-Data>
- <sup>5</sup> Coyle, C. (2019). Virginia's registered nurse workforce: 2019. Retrieved from Richmond, VA: Healthcare Workforce Data Center. <http://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/nurse/0001RN2019.pdf>

**DRAFT**

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# *Virginia's Licensed Nurse Practitioner Workforce: 2019*

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Healthcare Workforce Data Center

November 2019

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*3,593 Licensed Nurse Practitioners voluntarily participated in this survey. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Nursing express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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## Contents

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<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>The Workforce</b> .....	<b>4</b>
<b>Demographics</b> .....	<b>5</b>
<b>Background</b> .....	<b>6</b>
<b>Education</b> .....	<b>8</b>
<b>Specialties &amp; Certifications</b> .....	<b>9</b>
<b>Current Employment Situation</b> .....	<b>10</b>
<b>Employment Quality</b> .....	<b>11</b>
<b>2019 Labor Market</b> .....	<b>12</b>
<b>Work Site Distribution</b> .....	<b>13</b>
<b>Establishment Type</b> .....	<b>14</b>
<b>Time Allocation</b> .....	<b>16</b>
<b>Retirement &amp; Future Plans</b> .....	<b>17</b>
<b>Full-Time Equivalency Units</b> .....	<b>19</b>
<b>Maps</b> .....	<b>20</b>
Virginia Performs Regions .....	20
Area Health Education Center Regions .....	21
Workforce Investment Areas .....	21
Health Services Areas .....	23
Planning Districts.....	24
<b>Appendices</b> .....	<b>25</b>
Appendix A: Weights .....	25

## The Licensed Nurse Practitioner Workforce: At a Glance:

### The Workforce

Licenses:	11,840
Virginia's Workforce:	9,891
FTEs:	8,827

### Background

Rural Childhood:	34%
HS Degree in VA:	44%
Prof. Degree in VA:	50%

### Current Employment

Employed in Prof.:	96%
Hold 1 Full-time Job:	65%
Satisfied?:	95%

### Survey Response Rate

All Licensees:	30%
Renewing Practitioners:	75%

### Education

Master's Degree:	78%
Post-Masters Cert.:	9%

### Job Turnover

Switched Jobs:	8%
Employed over 2 yrs:	55%

### Demographics

Female:	90%
Diversity Index:	35%
Median Age:	44

### Finances

Median Income:	\$100k-\$110k
Health Benefits:	66%
Under 40 w/ Ed debt:	64%

### Time Allocation

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

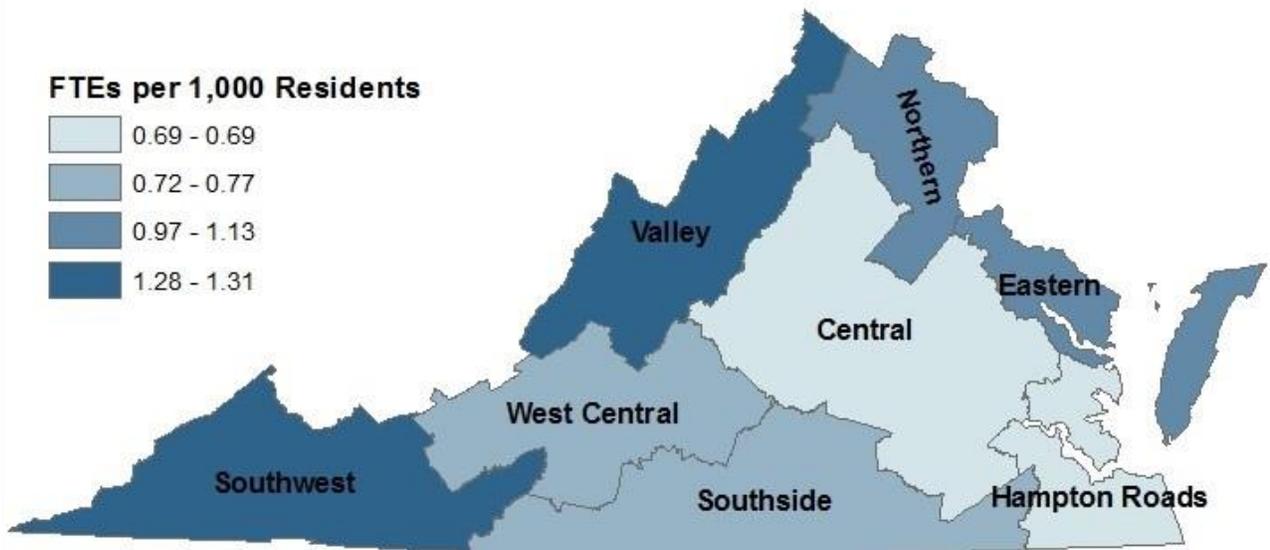
Source: Va. Healthcare Workforce Data Center

## Full Time Equivalency Units Provided by Licensed Nurse Practitioners per 1,000 Residents by Virginia Perform Regions

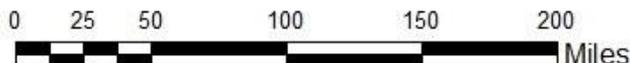
Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents

	0.69 - 0.69
	0.72 - 0.77
	0.97 - 1.13
	1.28 - 1.31



Annual Estimates of the Resident Population: July 1, 2018  
Source: U.S. Census Bureau, Population Division



Over 3,000 Licensed Nurse Practitioners (NPs) voluntarily took part in the 2019 Licensed Nurse Practitioner Workforce Survey<sup>1</sup>. 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. Approximately half of all NPs have access to the survey in any given year. Thus, these survey respondents represent 30% of the 11,840 NPs who are licensed in the state but 75% of renewing practitioners.

The HWDC estimates that 9,891 NPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an NP at some point in the future. Between October 2018 and September 2019, Virginia's NP workforce provided 8,827 "full-time equivalency units" (FTEs), which the HWDC defines simply as working 2,000 hours a year.

Nine out of 10 NPs are female; while the median age of all NPs is 44. In a random encounter between two NPs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes Virginia's NP workforce considerably less diverse than the state's overall population, where there is a 57% chance that two randomly chosen people would be of different races or ethnicities. Among NPs who are under the age of 40, however, the diversity index increases to 38%.

One-third of NPs grew up in a rural area, and 24% of these professionals currently work in non-Metro areas of the state. Overall, 11% of NPs work in rural areas. Meanwhile, 44% of Virginia's NPs graduated from high school in Virginia, and 50% of NPs earned their initial professional degree in the state. In total, 55% of Virginia's NP workforce have some educational background in the state.

About three quarters of all NPs hold a Master's degree as their highest professional degree, while another 9% have a Post-Masters certificate. Nearly half of all NPs currently carry educational debt, including 64% of those under the age of 40. The median debt burden for those NPs with educational debt is between \$60,000 and \$70,000.

## Summary of Trends

---

Several significant changes have occurred in the NP workforce in the past five years. The number of licensed NPs in the state has grown by 52%; the number in the state's workforce has grown by 57% and the FTEs provided has increased by 53%. Compared to 2018, the response rate of renewing NPs increased from 68% in 2018 to 75% in 2019 even though it is still lower than the 2014 level of 79%. The percent of licensed NPs working in Virginia increased from 81% in 2014 to 82% in 2017 and most recently increased to 83% in 2019. For the first time in five years, 11% of NPs reported that they worked in non-metro areas compared to the 10% who did the same in the past five years.

The percent female has stayed consistently around 90%. The diversity index continues to increase from 28% in 2014 to a five-year high of 35% in 2019. The diversity index for NPs under 40 years of age, however, declined from 39% in 2018 to 38% in 2019. Median age also declined from 48 years in 2014 to 44 years in 2019.

Over the past five years, educational attainment has improved for NPs. In the 2019 survey, the percent of NPs with a master's degree increased to 78% from 76% in 2018. Additionally, the percent with a post-master's certificate increased to 9% after declining to 8% in 2017 from 10% in 2014. However, the percent with a doctorate NP stayed at 8% since last year; this level is still higher than the 2014 level of 4%. Not surprisingly, the median debt and the percent carrying debt has also increased. Half of all NPs now carry debt compared to 40% in 2014; median debt is now \$60,000-\$70,000 from \$40,000-\$50,000 in 2014 and \$50,000-\$60,000 in 2018. Retirement expectation has changed slightly; 38% expect to retire by age 65 compared with 36% to 37% in the past surveys.

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

**A Closer Look:**

Licensees		
License Status	#	%
<b>Renewing Practitioners</b>	4,442	38%
<b>New Licensees</b>	1,376	12%
<b>Non-Renewals</b>	595	5%
<b>Renewal date not in survey period</b>	5,427	46%
<b>All Licensees</b>	<b>11,840</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. 75% of renewing NPs submitted a survey. These represent 30% of NPs who held a license at some point during the licensing period.*

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2018 and September 2019 on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time.

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	376	69	16%
<b>30 to 34</b>	1,177	524	31%
<b>35 to 39</b>	1,459	423	23%
<b>40 to 44</b>	986	632	39%
<b>45 to 49</b>	1,125	421	27%
<b>50 to 54</b>	750	446	37%
<b>55 to 59</b>	888	341	28%
<b>60 and Over</b>	1,486	737	33%
<b>Total</b>	<b>8,247</b>	<b>3,593</b>	<b>30%</b>
<b>New Licenses</b>			
<b>Issued After Sept. 2018</b>	1,265	111	8%
<b>Metro Status</b>			
<b>Non-Metro</b>	668	363	35%
<b>Metro</b>	5,148	2,800	35%
<b>Not in Virginia</b>	2,431	429	15%

Source: Va. Healthcare Workforce Data Center

Response Rates	
<b>Completed Surveys</b>	3,593
<b>Response Rate, all licensees</b>	30%
<b>Response Rate, Renewals</b>	75%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed NPs**

Number: 11,840  
 New: 12%  
 Not Renewed: 5%

**Response Rates**

All Licensees: 30%  
 Renewing Practitioners: 75%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Workforce

Virginia's NP Workforce: 9,891  
 FTEs: 8,827

### Utilization Ratios

Licenses in VA Workforce: 84%  
 Licenses per FTE: 1.34  
 Workers per FTE: 1.12

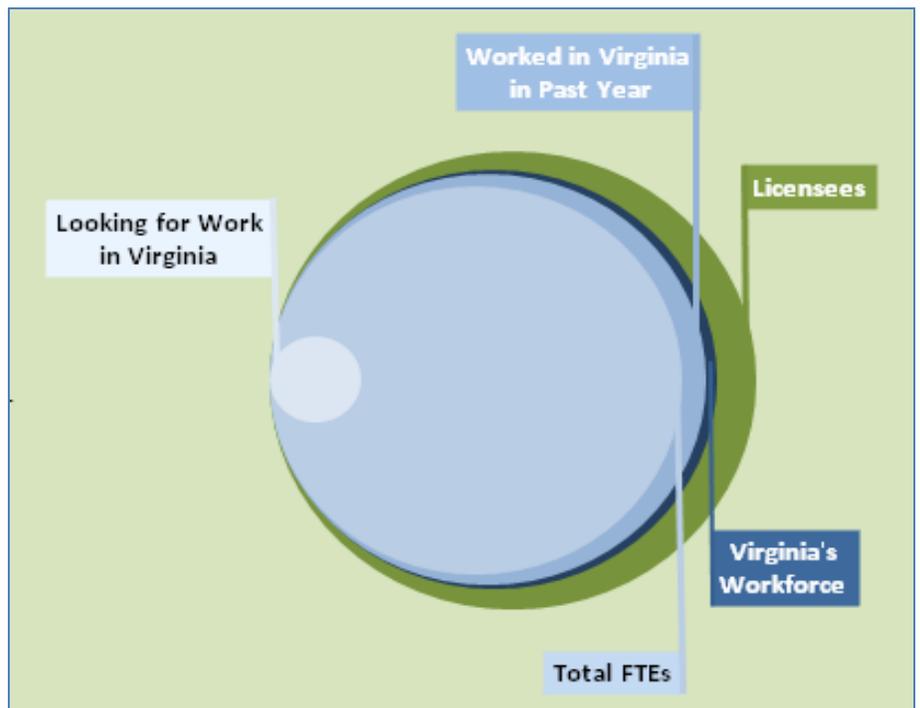
Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. 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.

Virginia's NP Workforce		
Status	#	%
Worked in Virginia in Past Year	9,679	98%
Looking for Work in Virginia	211	2%
Virginia's Workforce	9,891	100%
Total FTEs	8,827	
Licenses	11,840	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

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

[www.dhp.virginia.gov/hwdc](http://www.dhp.virginia.gov/hwdc)

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	33	8%	377	92%	410	5%
30 to 34	102	7%	1,301	93%	1,404	16%
35 to 39	156	10%	1,368	90%	1,523	17%
40 to 44	136	11%	1,083	89%	1,219	14%
45 to 49	119	11%	997	89%	1,115	13%
50 to 54	96	11%	772	89%	867	10%
55 to 59	87	10%	778	90%	865	10%
60 +	157	11%	1,270	89%	1,427	16%
<b>Total</b>	<b>886</b>	<b>10%</b>	<b>7,945</b>	<b>90%</b>	<b>8,830</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Gender**  
 % Female: 90%  
 % Under 40 Female: 91%

**Age**  
 Median Age: 44  
 % Under 40: 38%  
 % 55+: 26%

**Diversity**  
 Diversity Index: 35%  
 Under 40 Div. Index: 38%

Source: Va. Healthcare Workforce Data Center

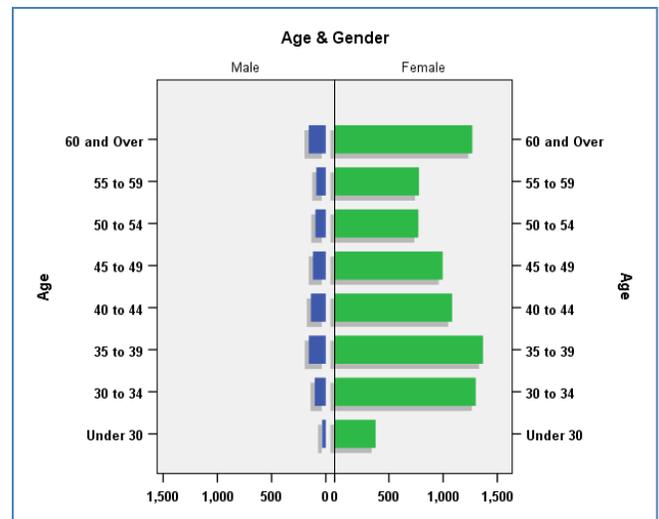
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	61%	7,079	80%	2,593	78%
Black	19%	797	9%	273	8%
Asian	7%	473	5%	234	7%
Other Race	0%	113	1%	51	2%
Two or more races	3%	143	2%	63	2%
Hispanic	10%	230	3%	102	3%
<b>Total</b>	<b>100%</b>	<b>8,835</b>	<b>100%</b>	<b>3,316</b>	<b>100%</b>

\* 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 NPs, there is a 35% chance they would be of a different race/ethnicity (a measure known as the Diversity Index), compared to a 57% chance for Virginia's population as a whole.*

*38% of NPs are under the age of 40. 91% of these professionals are female. In addition, the diversity index among NPs under the age of 40 is 38%, which is slightly higher than the diversity index among Virginia's overall NP workforce.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 13%  
 Rural Childhood: 34%

### Virginia Background

HS in Virginia: 44%  
 Prof. Ed. in VA: 50%  
 HS or Prof. Ed. in VA: 55%  
 Initial NP Degree in VA: 54%

### Location Choice

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

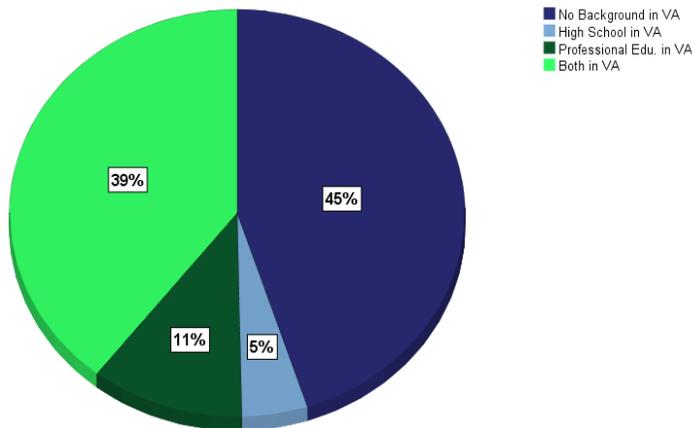
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	23%	62%	15%
2	Metro, 250,000 to 1 million	51%	39%	11%
3	Metro, 250,000 or less	46%	45%	9%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, Metro adjacent	70%	16%	14%
6	Urban pop, 2,500-19,999, Metro adjacent	66%	28%	5%
7	Urban pop, 2,500-19,999, non adjacent	87%	12%	2%
8	Rural, Metro adjacent	71%	19%	10%
9	Rural, non adjacent	55%	37%	8%
<b>Overall</b>		<b>34%</b>	<b>53%</b>	<b>13%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

34% of all NPs grew up in self-described rural areas, and 24% of these professionals currently work in non-Metro counties. Overall, 11% of all NPs currently work in non-Metro counties.

## Top Ten States for Licensed Nurse Practitioner Recruitment

Rank	All NPs					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	3,858	Virginia	4,395	Virginia	4,678
2	Outside of U.S./Canada	527	Pennsylvania	459	Washington, D.C.	623
3	Pennsylvania	468	New York	429	Pennsylvania	386
4	New York	467	West Virginia	316	New York	245
5	West Virginia	376	Maryland	286	Tennessee	240
6	Maryland	265	North Carolina	273	North Carolina	232
7	North Carolina	229	Florida	220	West Virginia	225
8	New Jersey	227	Tennessee	188	Florida	187
9	Ohio	221	Ohio	187	Illinois	173
10	Florida	219	Outside of U.S./Canada	166	Minnesota	172

Source: Va. Healthcare Workforce Data Center

Rank	Licensed in the Past 5 Years					
	High School	#	Init. Prof Degree	#	Init. NP Degree	#
1	Virginia	1,819	Virginia	2,104	Virginia	1,941
2	Outside of U.S./Canada	322	Pennsylvania	213	Washington, D.C.	317
3	West Virginia	215	West Virginia	180	Pennsylvania	193
4	Pennsylvania	196	New York	158	Minnesota	166
5	New York	149	North Carolina	137	Tennessee	149
6	Maryland	139	Maryland	135	North Carolina	139
7	Florida	115	Florida	117	Illinois	136
8	North Carolina	108	Tennessee	110	West Virginia	100
9	New Jersey	103	South Carolina	95	Ohio	93
10	Ohio	90	Outside of U.S./Canada	92	Florida	88

Source: Va. Healthcare Workforce Data Center

*17% of Virginia's licensees did not participate in Virginia's NP workforce during the past year. 91% of these licensees worked at some point in the past year, including 85% who worked in a nursing-related capacity.*

### At a Glance:

#### Not in VA Workforce

Total:	1,976
% of Licensees:	17%
Federal/Military:	17%
Va. Border State/DC:	26%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
NP Certificate	266	3%
Master's Degree	6,790	78%
Post-Masters Cert.	775	9%
Doctorate of NP	654	8%
Other Doctorate	234	3%
Post-Ph.D. Cert.	0	0%
<b>Total</b>	<b>8,719</b>	<b>100%</b>

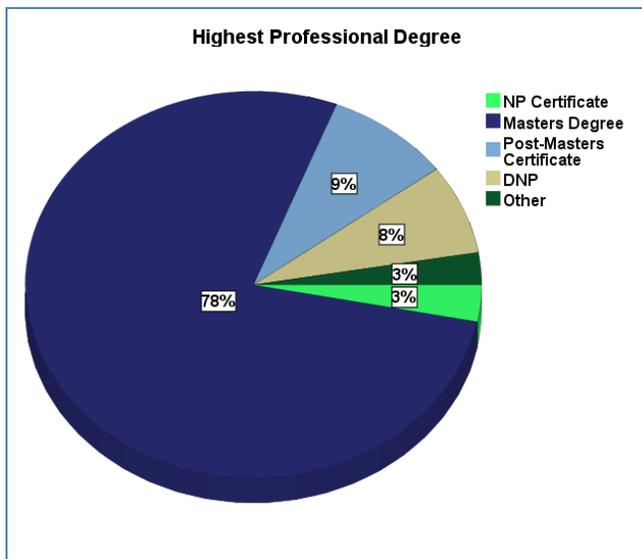
Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**  
 Master's Degree: 78%  
 Post-Masters Cert.: 9%

**Educational Debt**  
 Carry debt: 50%  
 Under age 40 w/ debt: 64%  
 Median debt: \$60k-\$70k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*More than three-quarters of all NPs hold a Master's degree as their highest professional degree. Half of NPs carry education debt, including 64% of those under the age of 40. The median debt burden among NPs with educational debt is between \$60,000 and \$70,000.*

Amount Carried	All NPs		NPs under 40	
	#	%	#	%
None	3,987	50%	1,075	36%
\$10,000 or less	271	3%	112	4%
\$10,000-\$19,999	287	4%	121	4%
\$20,000-\$29,999	302	4%	112	4%
\$30,000-\$39,999	358	5%	145	5%
\$40,000-\$49,999	292	4%	146	5%
\$50,000-\$59,999	296	4%	132	4%
\$60,000-\$69,999	286	4%	161	5%
\$70,000-\$79,999	296	4%	134	5%
\$80,000-\$89,999	270	3%	144	5%
\$90,000-\$99,999	192	2%	58	2%
\$100,000-\$109,999	288	4%	158	5%
\$110,000-\$119,999	114	1%	59	2%
\$120,000 or more	711	9%	414	14%
<b>Total</b>	<b>7,950</b>	<b>100%</b>	<b>2,971</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Primary Specialty

Family Health:	27%
RN Anesthetist:	19%
Acute Care/ER:	8%

### Credentials

AANPCP – Family NP:	20%
ANCC – Family NP:	20%
ANCC – Adult NP:	3%

Source: Va. Healthcare Workforce Data Center

Specialty	Primary	
	#	%
Family Health	2,361	27%
Certified Registered Nurse Anesthetist	1,672	19%
Acute Care/Emergency Room	701	8%
Pediatrics	587	7%
Adult Health	572	7%
Psychiatric/Mental Health	369	4%
OB/GYN - Women's Health	319	4%
Surgical	275	3%
Geriatrics/Gerontology	247	3%
Certified Nurse Midwife	216	2%
Neonatal Care	126	1%
Gastroenterology	59	1%
Pain Management	42	0%
Organ Transplant	27	0%
Other	1,122	13%
<b>Total</b>	<b>8,695</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Credentials

Credential	#	%
AANPCP: Family NP	2,020	20%
ANCC: Family NP	1,951	20%
ANCC: Adult NP	344	3%
ANCC: Adult-Gerontology Acute Care NP	308	3%
ANCC: Acute Care NP	265	3%
NCC: Women's Health Care NP	261	3%
ANCC: Pediatric NP	171	2%
ANCC: Family Psychiatric-Mental Health NP	158	2%
AANPCP: Adult-Gerontology Primary Care NP (A-GNP-C)	155	2%
ANCC: Adult Psychiatric-Mental Health NP	149	2%
ANCC: Adult-Gerontology Primary Care NP	137	1%
NCC: Neonatal NP	124	1%
AANPCP: Adult NP	100	1%
All Other Credentials	68	1%
<b>At Least One Credential</b>	<b>5,926</b>	<b>60%</b>

Source: Va. Healthcare Workforce Data Center

Over a quarter of all NPs had a primary specialty in family health, while another 19% had a primary specialty as a Certified RN Anesthetist. 60% of all NPs also held at least one credential. AANPCP: Family NP was the most common credential held by Virginia's NP workforce.

## At a Glance:

### Employment

Employed in Profession: 96%

Involuntarily Unemployed: <1%

### Positions Held

1 Full-time: 65%

2 or More Positions: 17%

### Weekly Hours:

40 to 49: 50%

60 or more: 5%

Less than 30: 11%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	5	0%
Employed in a nursing- related capacity	8,391	96%
Employed, NOT in a nursing-related capacity	37	0%
Not working, reason unknown	0	0%
Involuntarily unemployed	28	0%
Voluntarily unemployed	222	3%
Retired	85	1%
<b>Total</b>	<b>8,768</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*96% of NPs are currently employed in their profession. 65% of NPs hold one full-time job, while 17% currently have multiple jobs. Half of all NPs work between 40 and 49 hours per week, while just 5% work at least 60 hours per week.*

Current Weekly Hours		
Hours	#	%
0 hours	250	3%
1 to 9 hours	143	2%
10 to 19 hours	202	2%
20 to 29 hours	596	7%
30 to 39 hours	1,659	20%
40 to 49 hours	4,291	50%
50 to 59 hours	895	11%
60 to 69 hours	284	3%
70 to 79 hours	60	1%
80 or more hours	121	1%
<b>Total</b>	<b>8,501</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	250	3%
One Part-Time Position	1,253	15%
Two Part-Time Positions	215	3%
One Full-Time Position	5,598	65%
One Full-Time Position & One Part-Time Position	1,040	12%
Two Full-Time Positions	26	0%
More than Two Positions	165	2%
<b>Total</b>	<b>8,547</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	61	1%
Less than \$40,000	324	5%
\$40,000-\$49,999	129	2%
\$50,000-\$59,999	225	3%
\$60,000-\$69,999	250	4%
\$70,000-\$79,999	357	5%
\$80,000-\$89,999	611	9%
\$90,000-\$99,999	995	14%
\$100,000-\$109,999	1,178	17%
\$110,000-\$119,999	628	9%
\$120,000 or more	2,301	33%
<b>Total</b>	<b>7,059</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Earnings**  
Median Income: \$100k-\$110k

**Benefits**  
Retirement: 76%  
Health Insurance: 66%

**Satisfaction**  
Satisfied: 95%  
Very Satisfied: 63%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	5,382	63%
Somewhat Satisfied	2,720	32%
Somewhat Dissatisfied	314	4%
Very Dissatisfied	97	1%
<b>Total</b>	<b>8,514</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

The typical NP had an annual income of between \$100,000 and \$110,000. Among NPs who received either a wage or salary as compensation at the primary work location, 76% also had access to a retirement plan and 66% received health insurance.

Employer-Sponsored Benefits*			
Benefit	#	%	% of Wage/Salary Employees
Signing/Retention Bonus	1,324	16%	17%
Dental Insurance	5,024	60%	63%
Health Insurance	5,248	63%	66%
Paid Leave	5,809	69%	74%
Group Life Insurance	4,365	52%	56%
Retirement	6,009	72%	76%
<b>Receive at least one benefit</b>	<b>6,836</b>	<b>81%</b>	<b>86%</b>

\*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?	90	1%
Experience Voluntary Unemployment?	440	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	218	2%
Work two or more positions at the same time?	1,696	17%
Switch employers or practices?	775	8%
<b>Experienced at least 1</b>	<b>2,783</b>	<b>28%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of Virginia's NPs experienced involuntary unemployment at some point in the prior year. By comparison, Virginia's average monthly unemployment rate was 2.8% during the same period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at this Location</b>	133	2%	92	5%
<b>Less than 6 Months</b>	621	7%	204	10%
<b>6 Months to 1 Year</b>	942	11%	291	14%
<b>1 to 2 Years</b>	2,056	25%	513	25%
<b>3 to 5 Years</b>	1,838	22%	500	25%
<b>6 to 10 Years</b>	1,251	15%	247	12%
<b>More than 10 Years</b>	1,494	18%	172	9%
<b>Subtotal</b>	<b>8,334</b>	<b>100%</b>	<b>2,020</b>	<b>100%</b>
<b>Did not have location</b>	219		7,801	
<b>Item Missing</b>	1,337		70	
<b>Total</b>	<b>9,891</b>		<b>9,891</b>	

Source: Va. Healthcare Workforce Data Center

*68% of NPs receive a salary at their primary work location, while 27% receive an hourly wage.*

## At a Glance:

**Unemployment Experience**  
 Involuntarily Unemployed: 1%  
 Underemployed: 2%

**Turnover & Tenure**  
 Switched Jobs: 8%  
 New Location: 25%  
 Over 2 years: 55%  
 Over 2 yrs, 2<sup>nd</sup> location: 45%

**Employment Type**  
 Salary: 70%  
 Hourly Wage: 26%

Source: Va. Healthcare Workforce Data Center

*55% of NPs have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.*

Employment Type		
Primary Work Site	#	%
<b>Salary/ Commission</b>	4,588	68%
<b>Hourly Wage</b>	1,812	27%
<b>By Contract</b>	319	5%
<b>Business/ Practice Income</b>	0	0%
<b>Unpaid</b>	30	0%
<b>Subtotal</b>	<b>6,749</b>	<b>100%</b>
<b>Missing location</b>	219	
<b>Item missing</b>	2,774	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics. In the past 12 months, the non-seasonally adjusted monthly unemployment rate ranged from a low of 2.5% in September 2019 to 3.2% in January and February 2019. At the time of publication, the unemployment rate for September 2019 was still preliminary.

## At a Glance:

### Concentration

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

### Locations

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

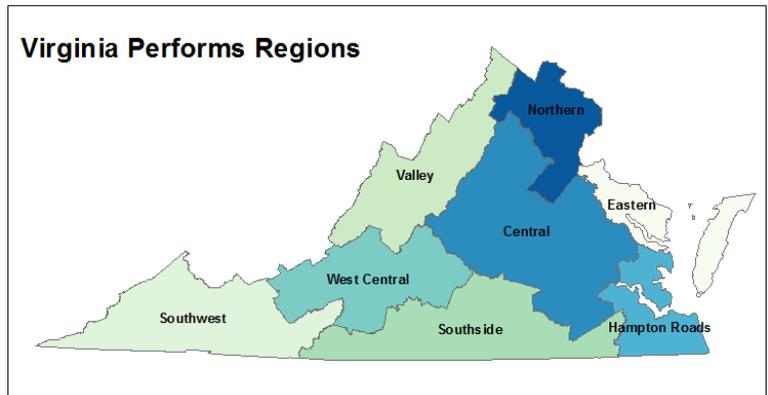
Source: Va. Healthcare Workforce Data Center

Northern Virginia is the region that has the largest number of NPs in the state, while Eastern Virginia has the fewest number of NPs in Virginia.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,185	26%	362	18%
Eastern	127	2%	42	2%
Hampton Roads	1,541	18%	375	18%
Northern	2,235	27%	521	26%
Southside	261	3%	93	5%
Southwest	475	6%	179	9%
Valley	582	7%	107	5%
West Central	745	9%	182	9%
Virginia Border State/DC	86	1%	61	3%
Other US State	131	2%	106	5%
Outside of the US	0	0%	10	0%
<b>Total</b>	<b>8,368</b>	<b>100%</b>	<b>2,038</b>	<b>100%</b>
Item Missing	1,304		52	

Source: Va. Healthcare Workforce Data Center



73% of all NPs had just one work location during the past year, while 24% of NPs had multiple work locations.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	209	2%	319	4%
1	6,267	73%	6,325	74%
2	1,134	13%	1,081	13%
3	662	8%	631	7%
4	131	2%	89	1%
5	61	1%	46	1%
6 or More	91	1%	63	1%
<b>Total</b>	<b>8,555</b>	<b>100%</b>	<b>8,555</b>	<b>100%</b>

\*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	4,035	51%	1,137	59%
Non-Profit	2,778	35%	580	30%
State/Local Government	687	9%	136	7%
Veterans Administration	204	3%	18	1%
U.S. Military	212	3%	44	2%
Other Federal Government	72	1%	24	1%
<b>Total</b>	<b>7,988</b>	<b>100%</b>	<b>1,939</b>	<b>100%</b>
Did not have location	219		7,801	
Item Missing	1,684		152	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

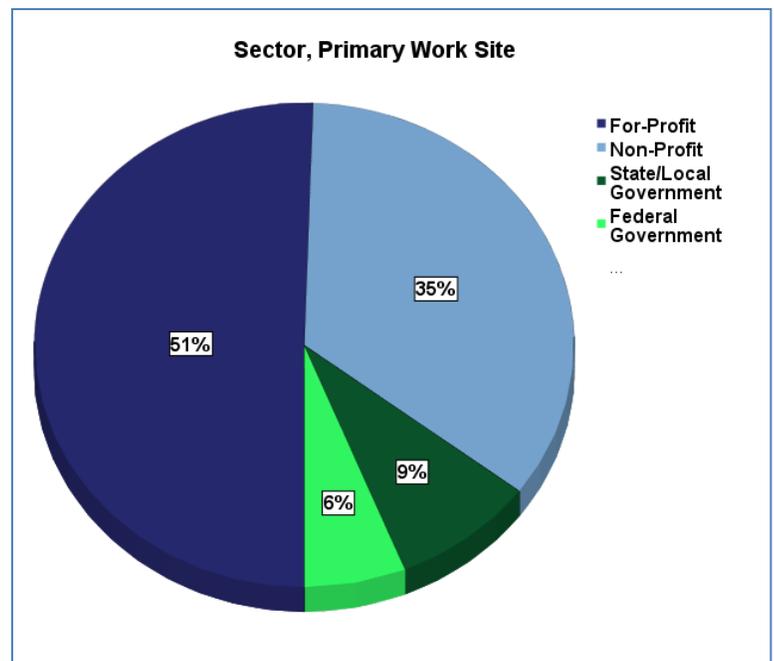
For Profit:	51%
Federal:	6%

**Top Establishments**

Hospital, Inpatient:	20%
Clinic, Primary Care:	17%
Private practice (Group):	9%

Source: Va. Healthcare Workforce Data Center

*More than 80% of all NPs work in the private sector, including 51% in for-profit establishments. Meanwhile, 9% of NPs work for state or local governments, and 6% work for the federal government.*



Source: Va. Healthcare Workforce Data Center

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

Electronic Health Records (EHRs) and Telehealth		
	#	%
Meaningful use of EHRs	2,574	26%
Remote Health, Caring for Patients in Virginia	600	6%
Remote Health, Caring for Patients Outside of Virginia	175	2%
<b>Use at least one</b>	<b>2,891</b>	<b>29%</b>

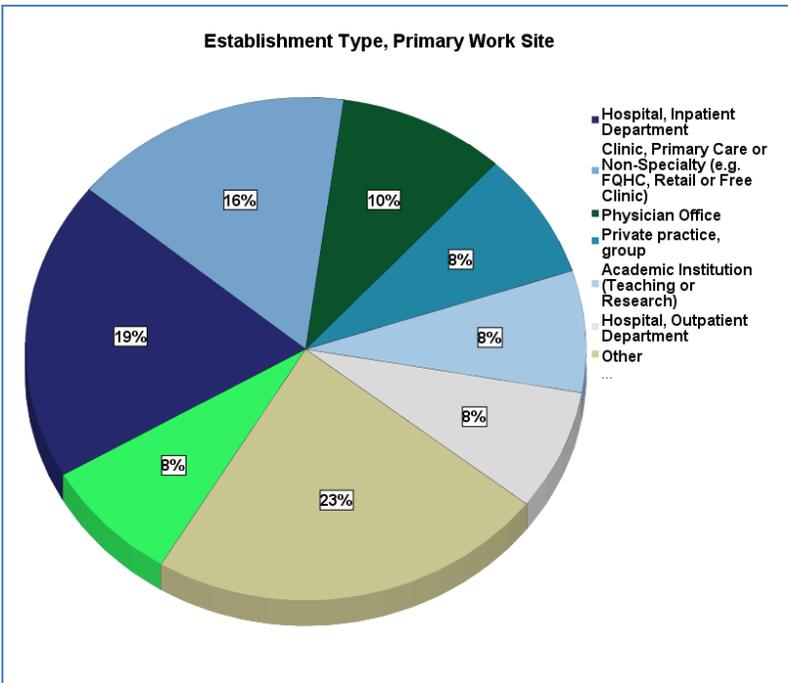
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Hospital, Inpatient Department	1,476	19%	375	20%
Clinic, Primary Care or Non-Specialty	1,244	16%	222	12%
Physician Office	738	10%	98	5%
Private practice, group	624	8%	79	4%
Academic Institution (Teaching or Research)	598	8%	157	8%
Hospital, Outpatient Department	596	8%	91	5%
Ambulatory/Outpatient Surgical Unit	357	5%	138	7%
Clinic, Non-Surgical Specialty	268	4%	55	3%
Long Term Care Facility, Nursing Home	182	2%	79	4%
Hospital, Emergency Department	179	2%	83	4%
Private practice, group	136	2%	24	1%
Mental Health, or Substance Abuse, Outpatient Center	132	2%	47	3%
Hospice	87	1%	39	2%
Other Practice Setting	1,040	14%	387	21%
<b>Total</b>	<b>7,657</b>	<b>100%</b>	<b>1,874</b>	<b>100%</b>
Did Not Have a Location	219		7,801	

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

Source: Va. Healthcare Workforce Data Center

*Among those NPs who also have a secondary work location, 20% work at the inpatient department of a hospital and 12% work in a primary care/non-specialty clinic.*



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

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

### Roles

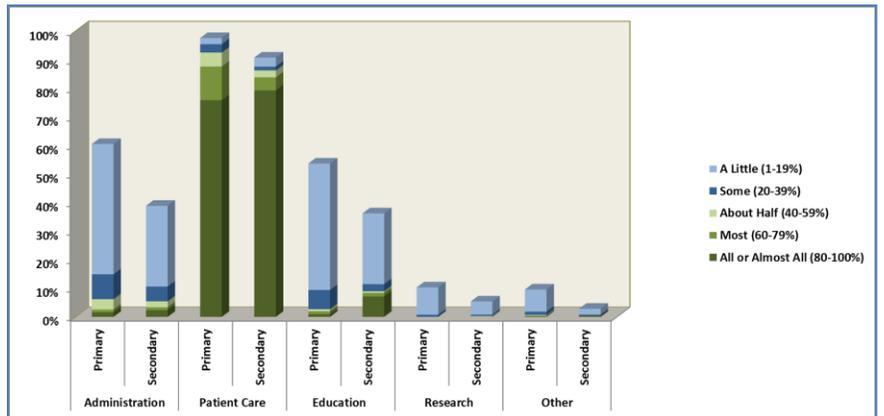
Patient Care: 88%  
Administration: 3%  
Education: 2%

### Patient Care NPs

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

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

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

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	2%	2%	76%	79%	1%	7%	0%	0%	0%	0%
<b>Most (60-79%)</b>	1%	1%	12%	5%	1%	1%	0%	0%	0%	0%
<b>About Half (40-59%)</b>	4%	2%	5%	2%	1%	1%	0%	0%	0%	0%
<b>Some (20-39%)</b>	9%	5%	3%	1%	7%	2%	1%	0%	1%	0%
<b>A Little (1-20%)</b>	46%	28%	2%	3%	44%	25%	10%	5%	8%	2%
<b>None (0%)</b>	40%	61%	2%	9%	46%	64%	90%	95%	90%	97%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All NPs		NPs over 50	
	#	%	#	%
<b>Under age 50</b>	89	1%	0	0%
<b>50 to 54</b>	189	2%	10	0%
<b>55 to 59</b>	661	9%	107	4%
<b>60 to 64</b>	1,925	25%	581	21%
<b>65 to 69</b>	2,924	39%	1,162	43%
<b>70 to 74</b>	1,116	15%	517	19%
<b>75 to 79</b>	202	3%	110	4%
<b>80 or over</b>	98	1%	49	2%
<b>I do not intend to retire</b>	385	5%	185	7%
<b>Total</b>	<b>7,589</b>	<b>100%</b>	<b>2,721</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All NPs**

Under 65: 38%  
Under 60: 12%

**NPs 50 and over**

Under 65: 26%  
Under 60: 4%

**Time until Retirement**

Within 2 years: 6%  
Within 10 years: 20%  
Half the workforce: By 2043

Source: Va. Healthcare Workforce Data Center

38% of NPs expect to retire by the age of 65, while 26% of NPs who are age 50 or over expect to retire by the same age. Meanwhile, 39% of all NPs expect to retire in their late 60s, and 24% of all NPs expect to work until at least age 70, including 5% who do not expect to retire at all.

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

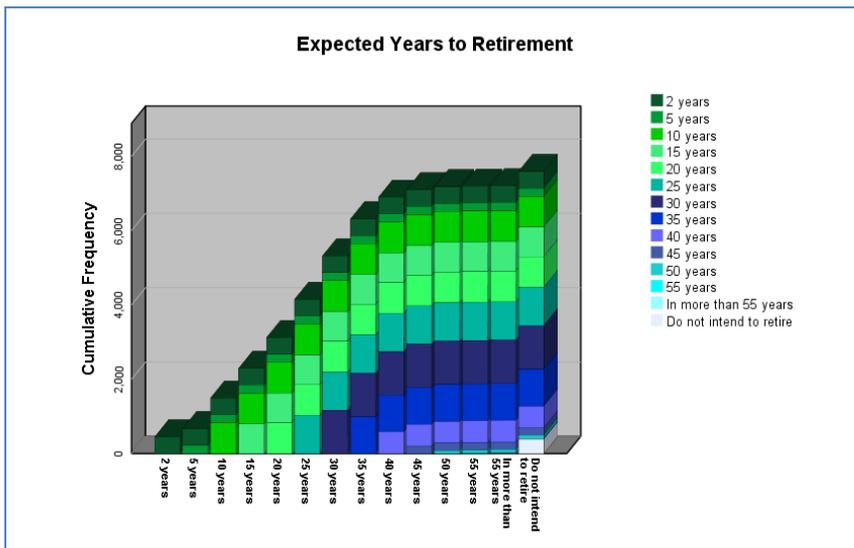
Future Plans		
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	86	1%
<b>Leave Virginia</b>	284	3%
<b>Decrease Patient Care Hours</b>	820	8%
<b>Decrease Teaching Hours</b>	112	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	954	10%
<b>Increase Teaching Hours</b>	1,096	11%
<b>Pursue Additional Education</b>	1,266	13%
<b>Return to Virginia’s Workforce</b>	96	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectation to age, we can estimate the maximum years to retirement for NPs. 6% of NPs expect to retire in the next two years, while 20% expect to retire in the next 10 years. More than half of the current NP workforce expect to retire by 2044.*

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
<b>2 years</b>	445	6%	6%
<b>5 years</b>	223	3%	9%
<b>10 years</b>	828	11%	20%
<b>15 years</b>	796	10%	30%
<b>20 years</b>	827	11%	41%
<b>25 years</b>	1,030	14%	55%
<b>30 years</b>	1,170	15%	70%
<b>35 years</b>	994	13%	83%
<b>40 years</b>	585	8%	91%
<b>45 years</b>	197	3%	94%
<b>50 years</b>	83	1%	95%
<b>55 years</b>	15	0%	95%
<b>In more than 55 years</b>	10	0%	95%
<b>Do not intend to retire</b>	385	5%	100%
<b>Total</b>	<b>7,588</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2029. Retirements will peak at 15% of the current workforce around 2049 before declining to under 10% of the current workforce again around 2059.*

## At a Glance:

### FTEs

Total: 8,827  
 FTEs/1,000 Residents: 1.05  
 Average: 0.91

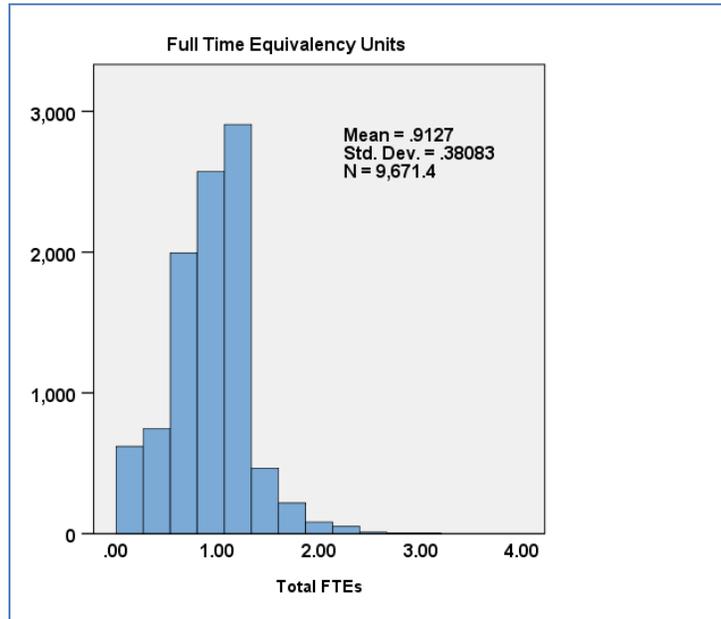
### Age & Gender Effect

Age, Partial Eta<sup>2</sup>: Negligible  
 Gender, Partial Eta<sup>2</sup>: Negligible

*Partial Eta<sup>2</sup> Explained:*  
 Partial Eta<sup>2</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

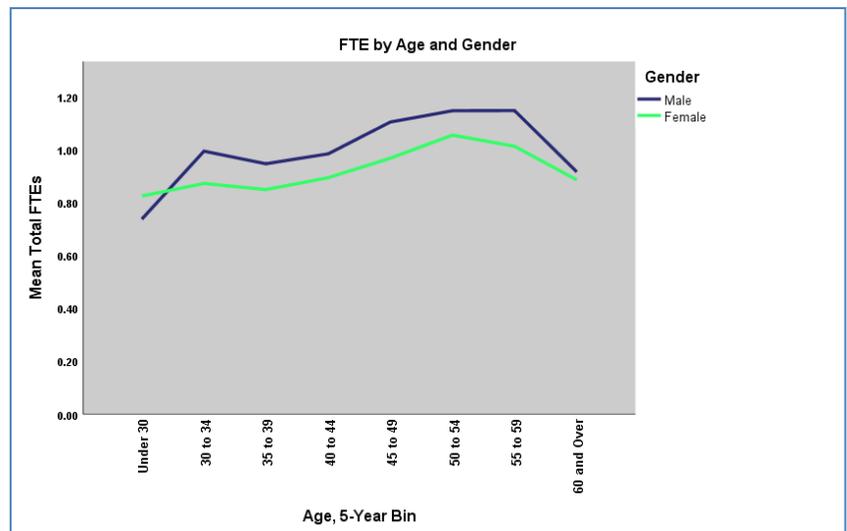


Source: Va. Healthcare Workforce Data Center

The typical (median) NP provided 0.91 FTEs, or approximately 36 hours per week for 52 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.<sup>3</sup>

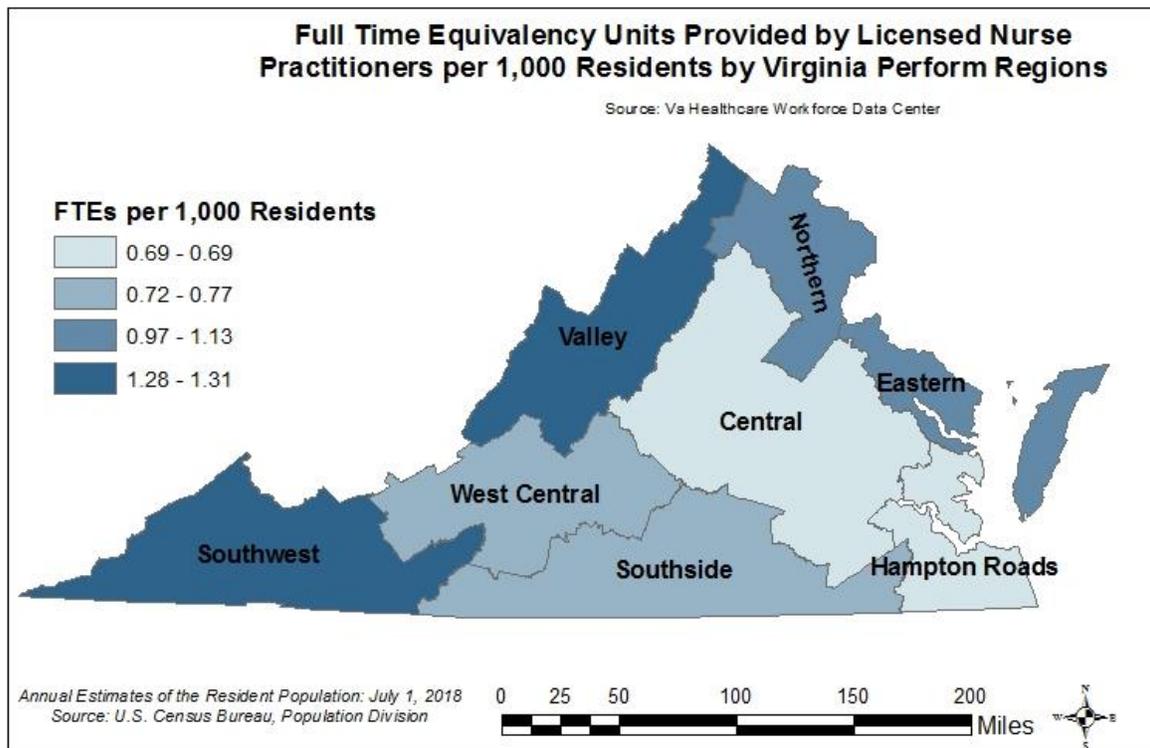
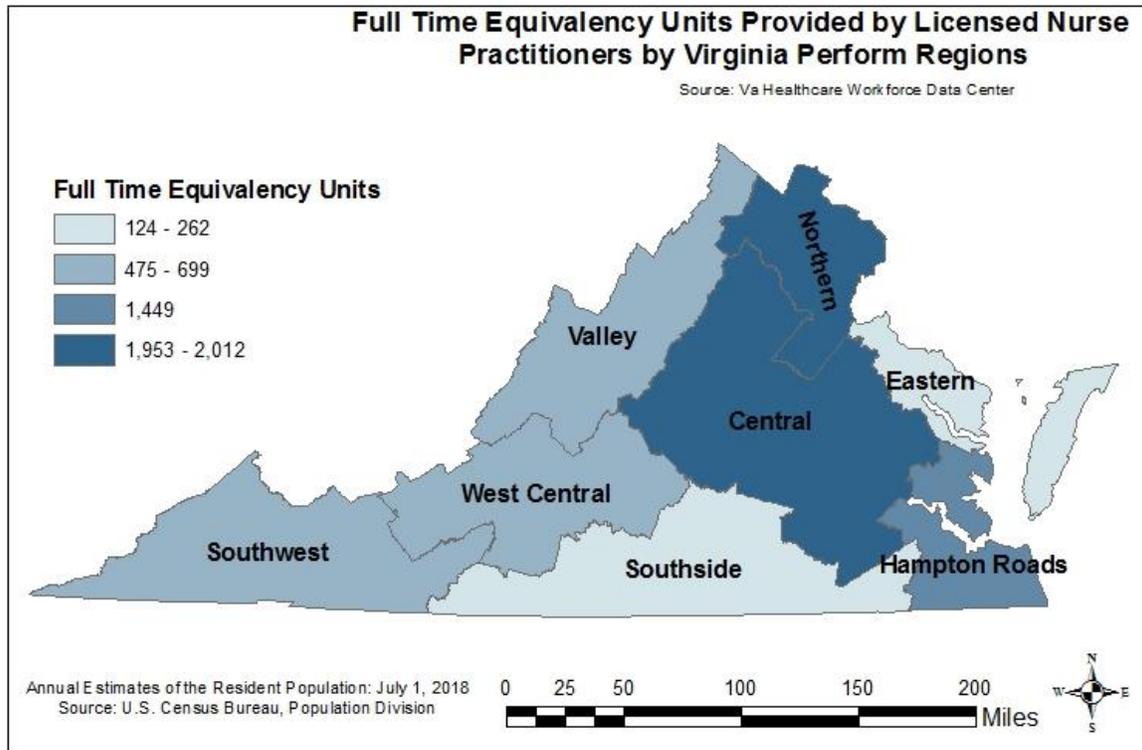
Full-Time Equivalency Units		
Age	Average Age	Median
Under 30	0.82	0.88
30 to 34	0.90	1.01
35 to 39	0.85	0.86
40 to 44	0.89	0.90
45 to 49	0.96	0.99
50 to 54	1.02	1.03
55 to 59	0.99	1.03
60 and Over	0.89	0.90
Gender		
Male	1.01	1.06
Female	0.91	0.95

Source: Va. Healthcare Workforce Data Center

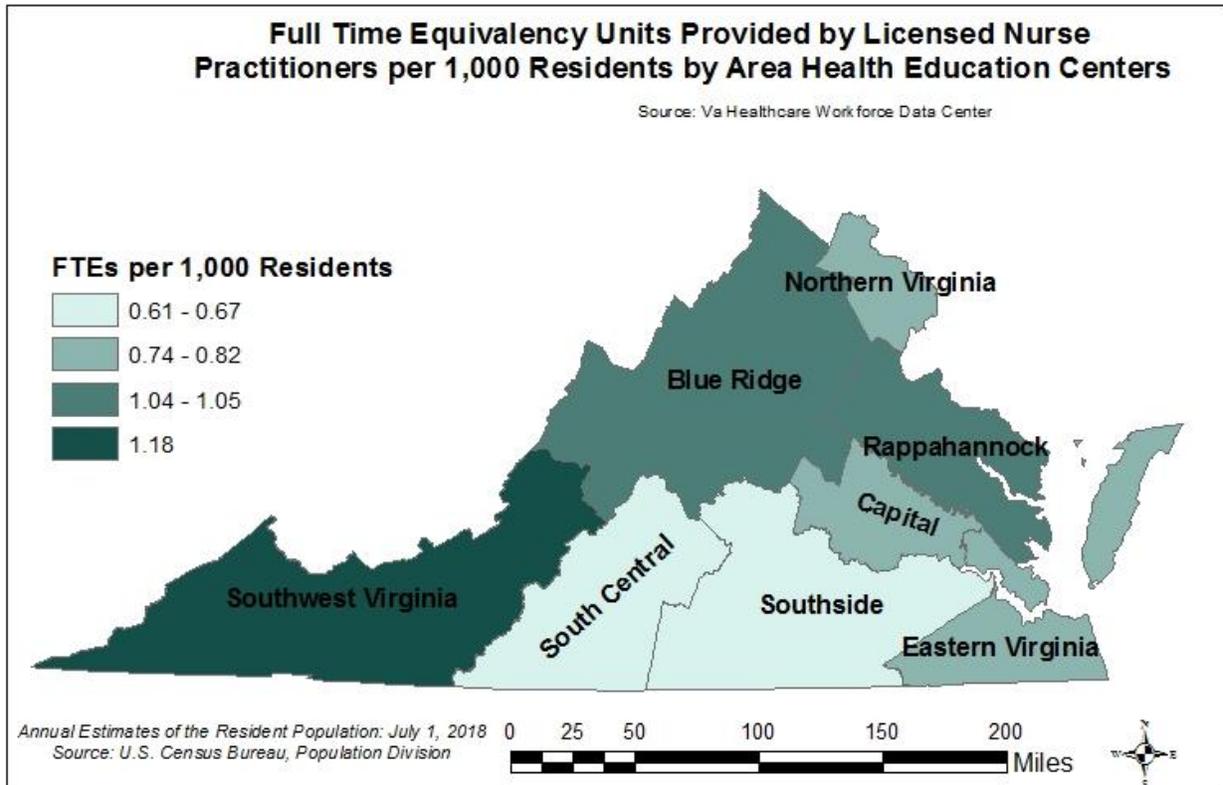
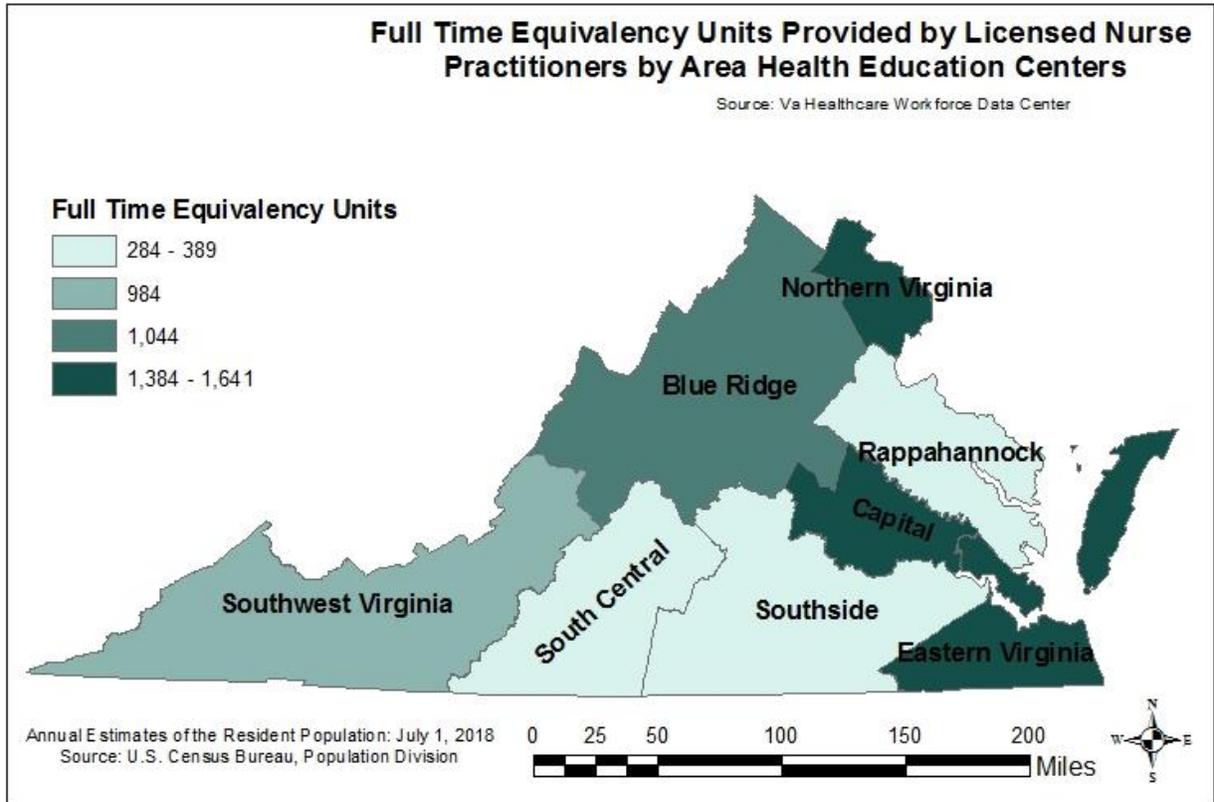


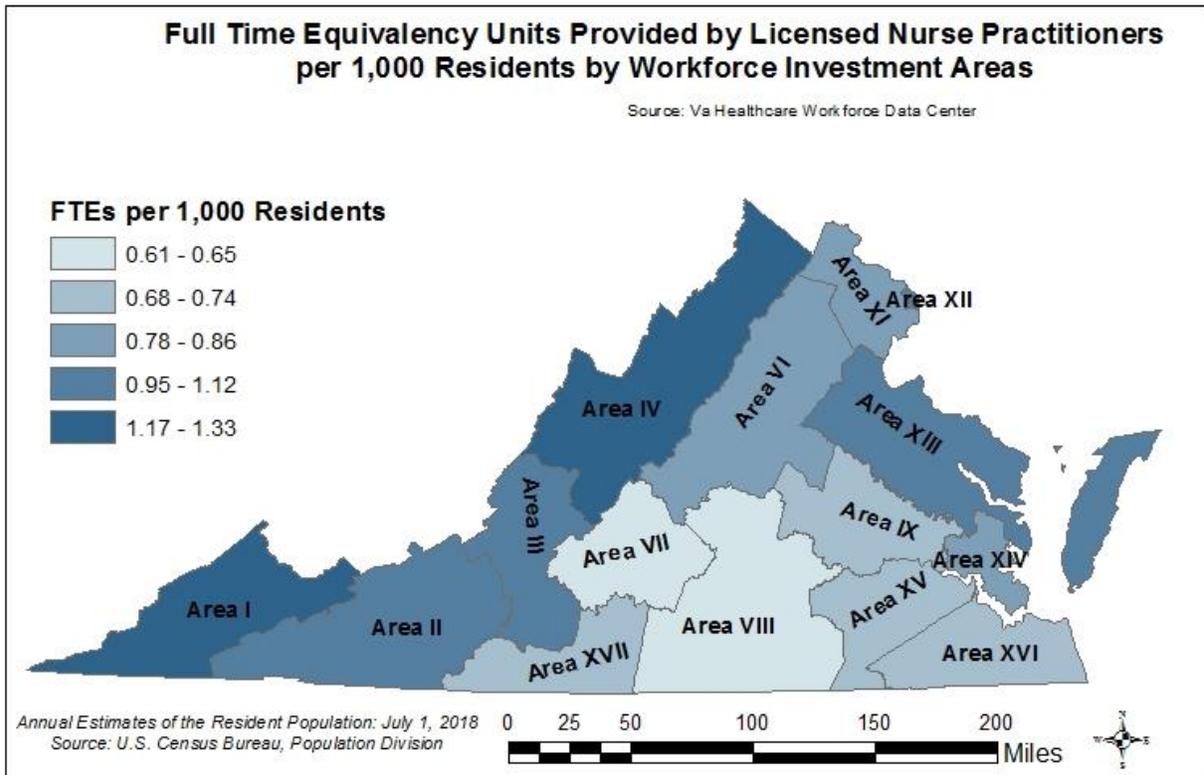
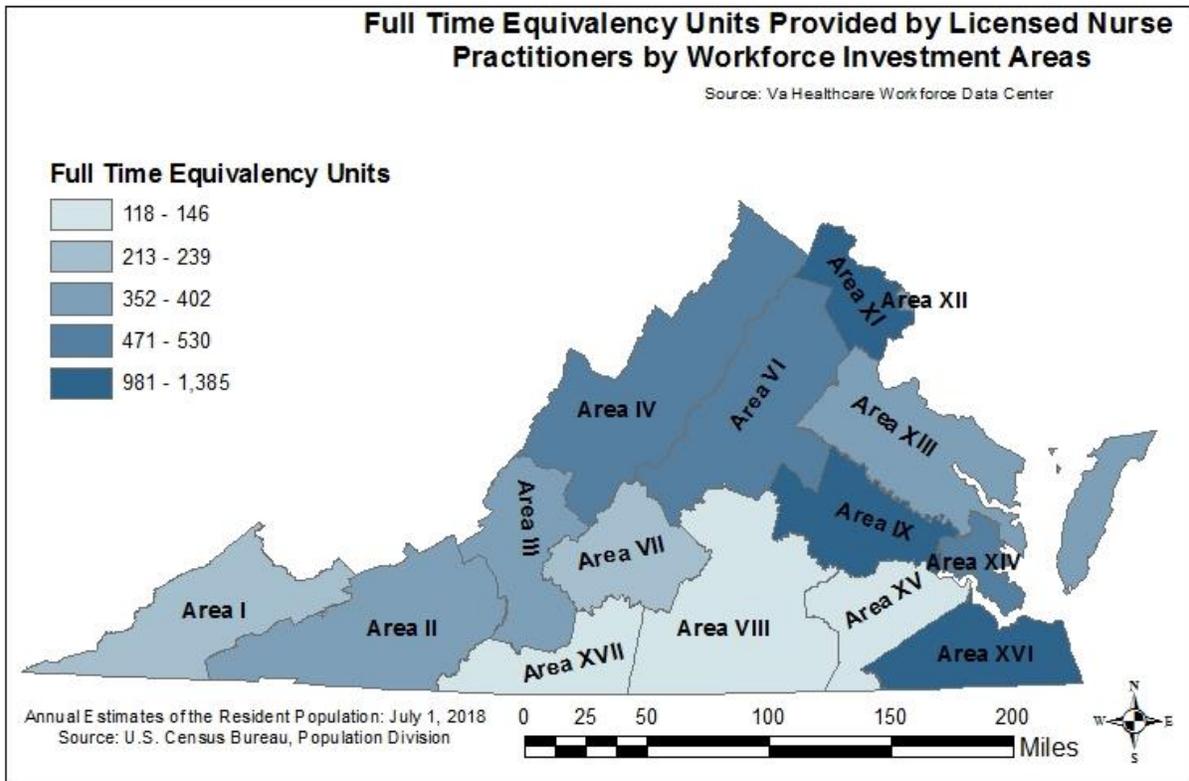
Source: Va. Healthcare Workforce Data Center

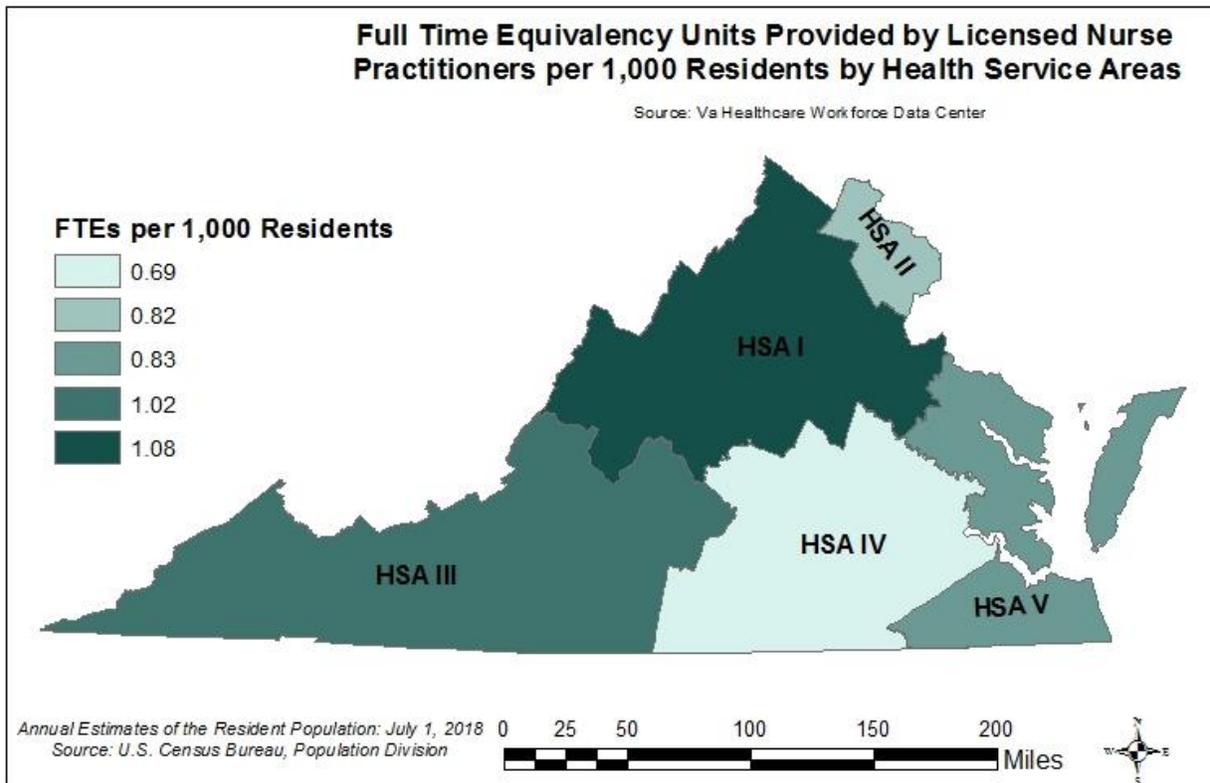
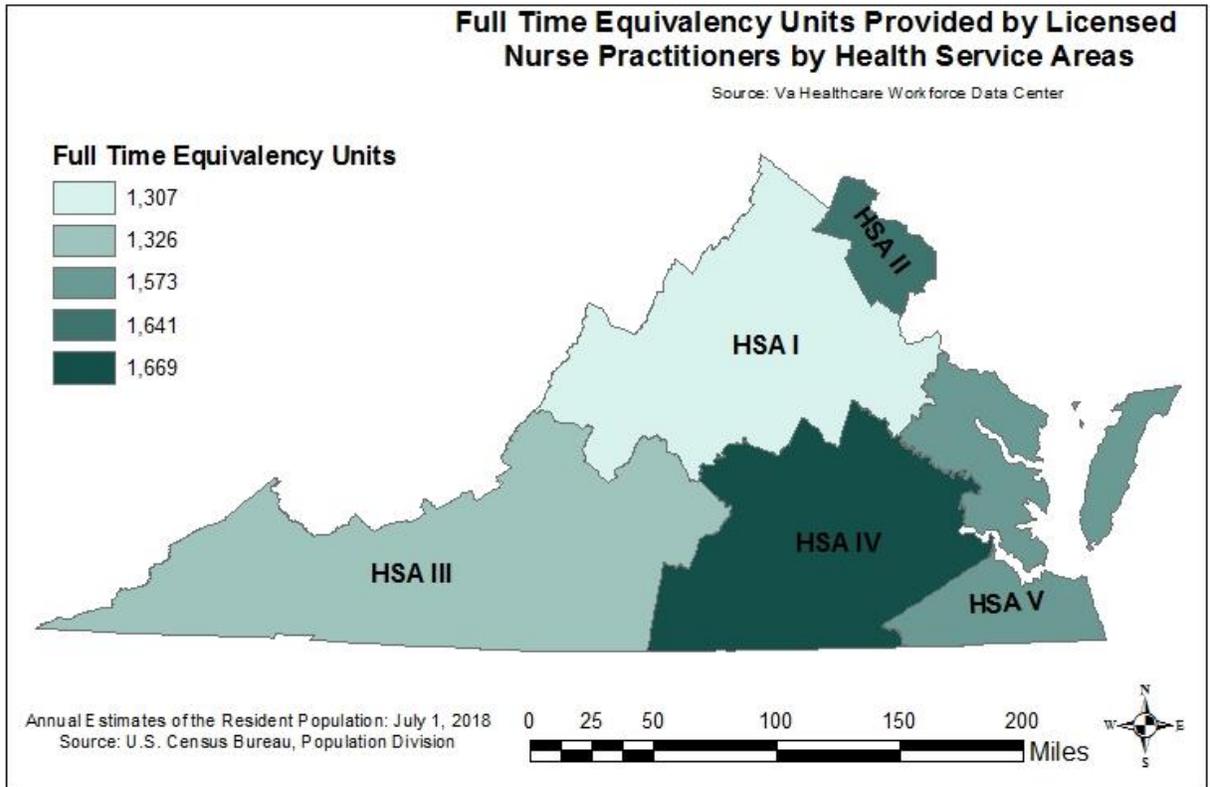
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test and Interaction effect are significant)

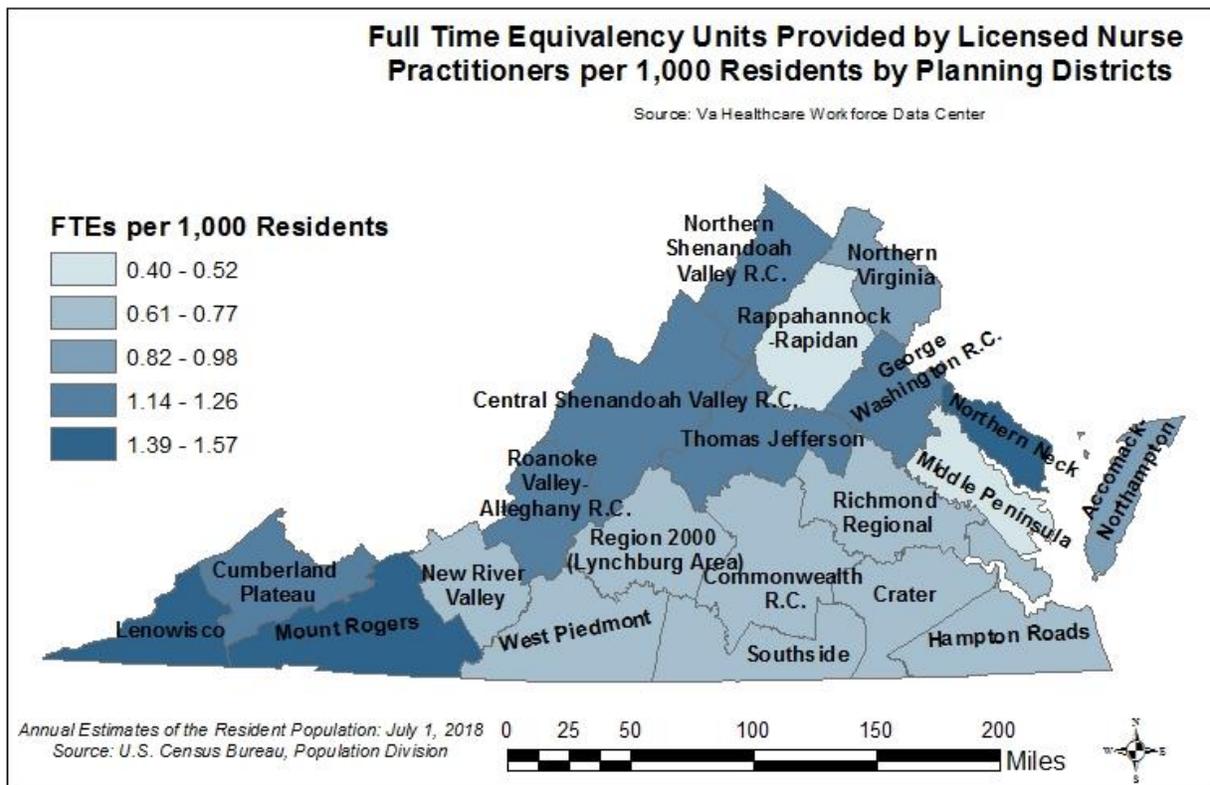
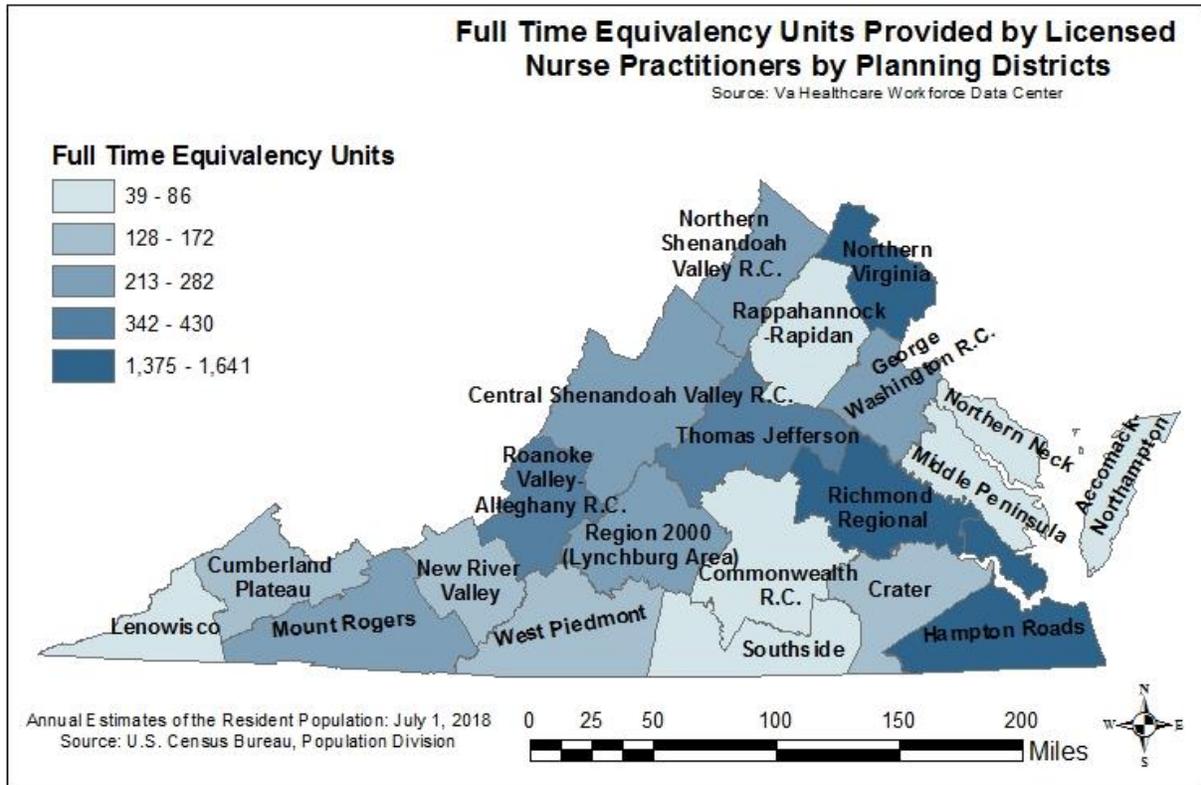


Area Health Education Center Regions









## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	6,177	35.37%	2.8270	2.1963	5.5328
Metro, 250,000 to 1 million	753	35.59%	2.8097	2.1829	5.4989
Metro, 250,000 or less	1,018	34.09%	2.9337	2.2792	5.7416
Urban pop 20,000+, Metro adj	150	31.33%	3.1915	2.4795	4.3090
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	298	38.59%	2.5913	2.0132	5.0715
Urban pop, 2,500-19,999, nonadj	280	38.21%	2.6168	2.0330	5.1214
Rural, Metro adj	204	29.90%	3.3443	2.5982	6.5451
Rural, nonadj	99	33.33%	3.0000	2.3307	5.8713
Virginia border state/DC	1,437	9.05%	11.0538	8.5878	21.6337
Other US State	1,423	21.01%	4.7592	3.6974	9.3143

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	445	15.51%	6.4493	5.0715	21.6337
30 to 34	1,701	30.81%	3.2462	2.5527	10.8891
35 to 39	1,882	22.48%	4.4492	3.4987	14.9244
40 to 44	1,618	39.06%	2.5601	2.0132	8.5878
45 to 49	1,546	27.23%	3.6722	2.8877	12.3182
50 to 54	1,196	37.29%	2.6816	2.1087	8.9953
55 to 59	1,229	27.75%	3.6041	2.8341	12.0897
60 and Over	2,223	33.15%	3.0163	2.3719	10.1179

Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC

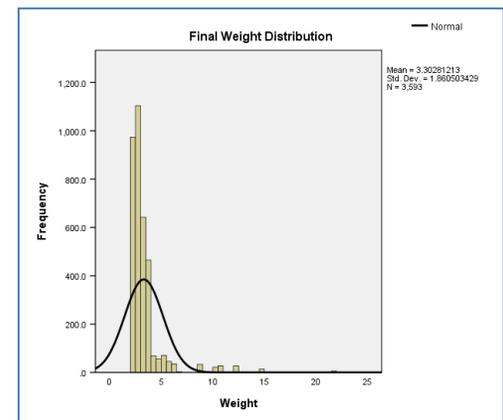
Methods:

<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: 0.30346**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty*

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Healthcare Workforce Data Center

December 2019

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*6,600 Licensed Nurse Practitioners voluntarily participated in the 2018 and 2019 surveys. Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Joint Boards of Nursing and Medicine express our sincerest appreciation for your ongoing cooperation.*

***Thank You!***

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## Contents

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Results in Brief.....	4
Survey Response Rates.....	5
The Workforce.....	6
Demographics – Age and Gender.....	7
Demographics – Race/Ethnicity.....	8
Background.....	9
Education.....	10
Current Employment Situation.....	11
Employment Quality.....	12
Labor Market.....	13
Work Site Distribution.....	14
Establishment Type.....	15
Time Allocation.....	17
Retirement & Future Plans.....	18
Map of Full Time Equivalency Units – Certified Nurse Anesthetists.....	20
Map of Full Time Equivalency Units – Certified Nurse Midwives.....	21
Map of Full Time Equivalency Units – Certified Nurse Practitioners.....	22

## Results in Brief

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This is a special report created for the Joint Boards of Nursing and Medicine. The report uses data from the 2018 and 2019 Nurse Practitioners 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 all NPs have access to the survey in any given year. Two years' worth of data, therefore, will allow all eligible Nurse Practitioners (NPs) the opportunity of completing the survey. The 2018 survey occurred between October 2017 and September 2018; the 2019 survey occurred between October 2018 and September 2019. The survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their licenses online. It was not available to those who did not renew, including NPs who were newly licensed during the survey period.

This report breaks down survey findings for certified registered nurse anesthetists (CRNA), certified nurse midwives (CNM), and Certified Nurse Practitioners (CNP). CNPs make up the highest proportion of NPs. Over three-quarters of NPs are CNPs whereas CNMs constitute only 3% of NPs. The full time equivalency units provided by each specialty are also similarly distributed. Some CNPs now practice autonomously because of House Bill 793 which was implemented in January 2019. Subsequent reports will examine this group separately if there are sufficient data.

Nine out of 10 NPs are female; CNMs are all female whereas slightly less than three-quarters of CRNAs are female; 94% of CNPs are female. The median age of all NPs is 44. However, the median age of CRNAs and CNMs is 46 and the median age for CNPs is 44. In a random encounter between two NPs, there is a 35% chance that they would be of different races or ethnicities, a measure known as the diversity index. CNMs were the least diverse with 22% diversity index whereas CRNAs and CNPs had 30% and 36% diversity index, respectively. Overall, 11% of NPs work in rural areas. CNPs had the highest rural workforce participation; 12% of CNPs work in rural areas compared to 4% and 2% of CRNAs and CNMs, respectively.

CRNAs had the highest educational attainment with 15% reporting a doctorate degree; only 8% of CNMs and 9% of CNPs did. Not surprisingly, CRNAs also reported the highest median education debt although less than half of CRNAs had debt; CRNAs reported \$80-\$90k in education debt. CNMs also had \$80-\$90k in education debt but 51% of them had debt. CNPs reported \$50k-\$60k in educational debt but 49% had debt. Further, 16% of CRNAs reported over \$120,000 in education debt compared to 16% of CNMs and 6% of CNPs.

CRNAs also reported the highest median annual income; they reported \$120k-\$130k in median income. The average for all other NPs is \$90k-\$100k. Further, 83% of CRNAs reported more than \$120,000 in income compared to 26% of CNMs and 18% of CNPs. However, only 78% of CRNAs and 81% of CNPs received at least one employer-sponsored benefit compared to 85% of CNMs. Overall, 95% of NPs are satisfied with their current employment situation. However, only 86% of CNMs are satisfied compared to 97% of CRNAs and 95% of CNPs. Close to a third of CNPs reported employment instability in the year prior to the survey compared to 27% of CRNAs and CNMs.

CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 87% of CNMs and 84% of CNPs. Meanwhile, CRNAs had the lowest percent working in state or local government. CRNAs were most likely to be working in the inpatient department of hospitals whereas CNMs were most likely to work in private practice and CNPs were most likely to work in primary care clinics. About 9% of CNPs cared for Virginia patients using telehealth compared to 5% and 3% of CNMs and CRNAs, respectively.

About 26% of CRNAs plan to retire within the next decade compared to 23% of CNMs and 19% of CNPs. About 38%, 32% and 37% of CRNAs, CNMs, and CNPs, respectively, plan to retire by the age of 65. Further, 26%, 22%, and 24% of CRNAs, CNMs, and CNPs, respectively, who are age 50 or over expect to retire by the same age. Meanwhile, 3%, 10%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

**A Closer Look:**

**At a Glance:**

**Licensed NPs**

Total:	11,846
CRNA:	2,070
CNM:	355
CNP:	9,361

**Response Rates**

All Licensees: (2018 & 2019)	56%
---------------------------------	-----

Source: Va. Healthcare Workforce Data Center

This report uses data from the 2018 and 2019 Nurse Practitioner Surveys, and licensure data retrieved in October 2019. Two years of survey data were used to get a complete portrait of the NP workforce since NPs are surveyed every two years on their birth month. Thus, every eligible NP would have been eligible to complete the survey in either of the two years. Newly licensed NPs do not complete the survey so they will be excluded from the survey. From the licensure data, 2,070 of NPs reported their first specialty as CRNA; 355 had first specialty of CNM, 9,361 had other first specialties. Of the 9,361, 50 had a second specialty of CNM and six had a second specialty of CRNA. Therefore, after assigning any mention of CNM as CNM and similarly for CRNAs, “At a Glance” shows the break down by specialty. Over three-quarters are CNPs and about 3% are CNMs.

Response Rates				
	CRNA	CNM	CNP	Total
<b>Completed Surveys 2018</b>	556	99	2,329	<b>2,984</b>
<b>Completed Surveys 2019</b>	649	146	2,821	<b>3,616</b>
<b>Response Rate, all licensees</b>	58%	69%	55%	<b>56%</b>

Source: Va. Healthcare Workforce Data Center

*Our surveys tend to achieve very high response rates. An average of 56% of NPs submitted a survey in both 2018 and 2019. As shown above, response rates are most similar between CRNAs and CNPs; CNMs had a much higher response rate.*

Not in Workforce in Past Year				
	CRNA	CNM	CNP	All 2019
<b>% of Licensees not in VA Workforce</b>	22%	19%	16%	<b>17%</b>
<b>% in Federal Employee or Military:</b>	8%	20%	22%	<b>17%</b>
<b>% Working in Virginia Border State or DC</b>	19%	38%	28%	<b>26%</b>

Source: Va. Healthcare Workforce Data Center

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

**Definitions**

- 1. The Survey Period:** The survey was conducted between October 2017 and September 2018, and between October 2018 and September 2019, on the birth month of each renewing practitioner.
- 2. Target Population:** All NPs who held a Virginia license at some point during the survey time period.
- 3. Survey Population:** The survey was available to NPs who renewed their licenses online. It was not available to those who did not renew, including NPs newly licensed during the survey time frame.

A Closer Look:

**At a Glance:**

**2018 and 2019 Workforce**

Virginia's NP Workforce: 9,891  
 FTEs: 8,827

**Workforce by Specialty**

CRNA: 1,634  
 CNM: 306  
 CNP: 7,833

**FTE by Specialty**

CRNA: 1,444  
 CNM: 304  
 CNP: 6,954

Source: Va. Healthcare Workforce Data Center

**Definitions**

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

Virginia's NP Workforce								
Status	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
<b>Worked in Virginia in Past Year</b>	1,619	99%	299	98%	7,647	98%	9,679	98%
<b>Looking for Work in Virginia</b>	15	1%	8	3%	186	2%	211	2%
<b>Virginia's Workforce</b>	<b>1,634</b>	<b>100%</b>	<b>306</b>	<b>100%</b>	<b>7,833</b>	<b>100%</b>	<b>9,891</b>	<b>100%</b>
<b>Total FTEs</b>	<b>1,444</b>		<b>304</b>		<b>6,954</b>		<b>8,827</b>	
<b>Licensees</b>	<b>2,070</b>		<b>355</b>		<b>9,361</b>		<b>11,840</b>	

Source: Va. Healthcare Workforce Data Center

*CNPs provided about 80% of the nurse practitioner FTEs in the state. CRNAs provided 17% whereas CNMs provided 3% of the FTEs.*

**A Closer Look:**

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
<b>Under 30</b>	33	8%	377	92%	410	5%
<b>30 to 34</b>	102	7%	1,301	93%	1,404	16%
<b>35 to 39</b>	156	10%	1,368	90%	1,523	17%
<b>40 to 44</b>	136	11%	1,083	89%	1,219	14%
<b>45 to 49</b>	119	11%	997	89%	1,115	13%
<b>50 to 54</b>	96	11%	772	89%	867	10%
<b>55 to 59</b>	87	10%	778	90%	865	10%
<b>60 +</b>	157	11%	1,270	89%	1,427	16%
<b>Total</b>	<b>886</b>	<b>10%</b>	<b>7,945</b>	<b>90%</b>	<b>8,830</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Gender**

% Female: 90%

% Under 40 Female: 91%

**% Female by Specialty**

CRNA: 72%

CNM: 100%

CNP: 94%

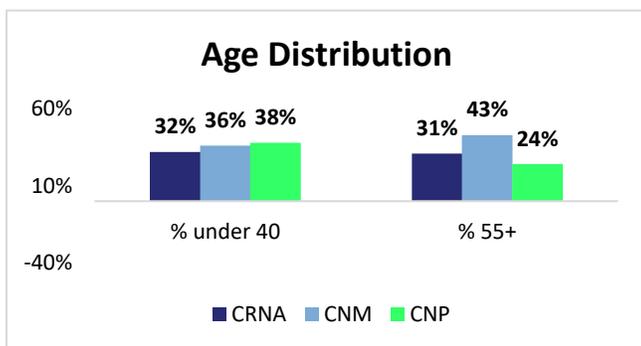
**% Female <40 by Specialty**

CRNA: 79%

CNM: 100%

CNP: 94%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Median age is 46 for CRNAs and CNMs, and 44 for CNPs.

Age & Gender by Specialty												
Age	CRNA				CNM				CNP			
	Female		Total		Female		Total		Female		Total	
	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group	#	% Female	#	% in Age Group
<b>Under 30</b>	22	73%	30	2%	16	100%	16	6%	322	93%	346	5%
<b>30 to 34</b>	181	79%	229	15%	42	100%	42	16%	1,229	96%	1,279	18%
<b>35 to 39</b>	176	79%	221	15%	36	100%	36	14%	984	92%	1,066	15%
<b>40 to 44</b>	161	69%	234	16%	37	100%	37	14%	982	92%	1,066	15%
<b>45 to 49</b>	121	68%	178	12%	21	100%	21	8%	728	93%	781	11%
<b>50 to 54</b>	89	60%	148	10%	24	100%	24	9%	739	93%	794	11%
<b>55 to 59</b>	108	76%	141	9%	28	100%	28	11%	539	94%	576	8%
<b>60 +</b>	223	71%	317	21%	59	100%	59	23%	1,057	95%	1,116	16%
<b>Total</b>	<b>1,081</b>	<b>72%</b>	<b>1,499</b>	<b>100%</b>	<b>262</b>	<b>100%</b>	<b>262</b>	<b>100%</b>	<b>6,579</b>	<b>94%</b>	<b>7,023</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Race & Ethnicity (2019)					
Race/ Ethnicity	Virginia*	NPs		NPs under 40	
	%	#	%	#	%
White	62%	7,079	80%	2,593	78%
Black	19%	797	9%	273	8%
Asian	6%	473	5%	234	7%
Other Race	0%	113	1%	51	2%
Two or more races	3%	143	2%	63	2%
Hispanic	9%	230	3%	102	3%
<b>Total</b>	<b>100%</b>	<b>8,835</b>	<b>100%</b>	<b>3,316</b>	<b>100%</b>

\* 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

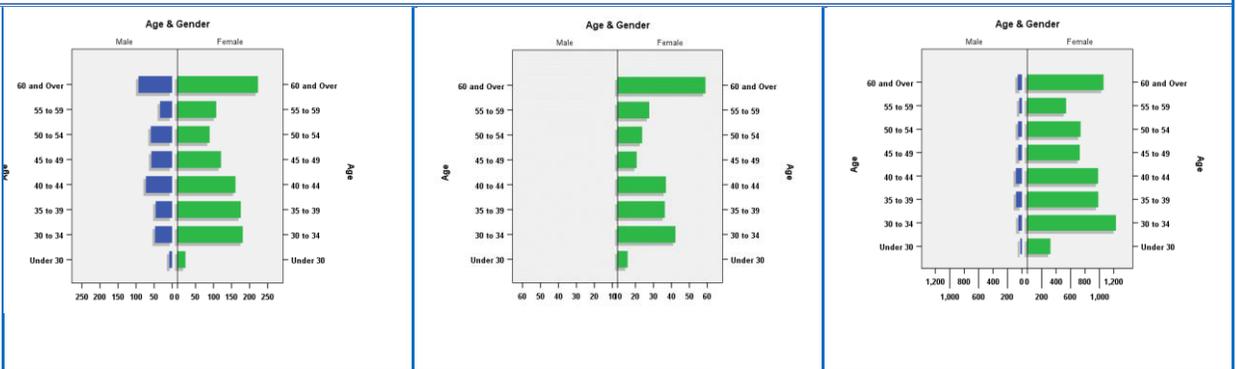
## At a Glance:

**2019 Diversity**  
 Diversity Index: 35%  
 Under 40 Div. Index: 38%

**By Specialty**  
 CRNA: 30%  
 CNM: 22%  
 CNP: 36%

Source: Va. Healthcare Workforce Data Center

Age, Race, Ethnicity & Gender												
Race/ Ethnicity	CRNA				CNM				CNP			
	NPs		NPs under 40		NPs		NPs under 40		NPs		NPs under 40	
	#	%	#	%	#	%	#	%	#	%	#	%
White	1,243	83%	398	83%	233	88%	83	87%	5,576	79%	2,051	77%
Black	66	4%	16	3%	15	6%	2	2%	732	10%	271	10%
Asian	86	6%	31	6%	2	1%	2	2%	343	5%	166	6%
Other Race	27	2%	11	2%	7	3%	6	6%	80	1%	35	1%
Two or more races	38	3%	8	2%	0	0%	0	0%	116	2%	61	2%
Hispanic	33	2%	15	3%	8	3%	2	2%	179	3%	90	3%
<b>Total</b>	<b>1,493</b>	<b>100%</b>	<b>479</b>	<b>100%</b>	<b>265</b>	<b>100%</b>	<b>95</b>	<b>100%</b>	<b>7,026</b>	<b>100%</b>	<b>2,674</b>	<b>100%</b>



Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

**At a Glance:**

**Rural Childhood**

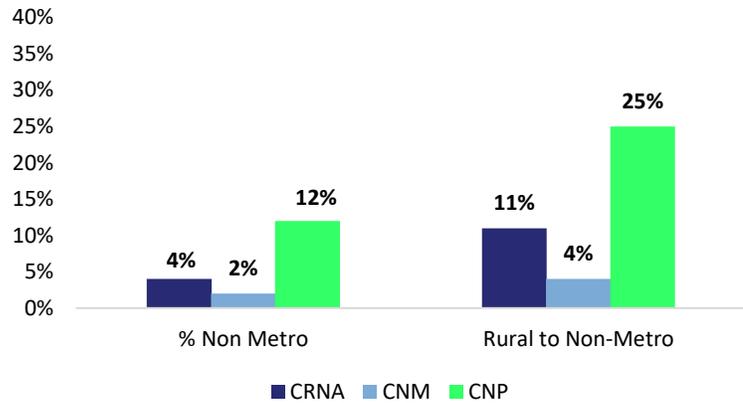
CRNA: 28%  
 CNM: 17%  
 CNP: 35%  
 All: 34%

**Non-Metro Location**

CRNA: 4%  
 CNM: 2%  
 CNP: 12%  
 All: 11%

*Source: Va. Healthcare Workforce Data Center*

**Current Metro Status**

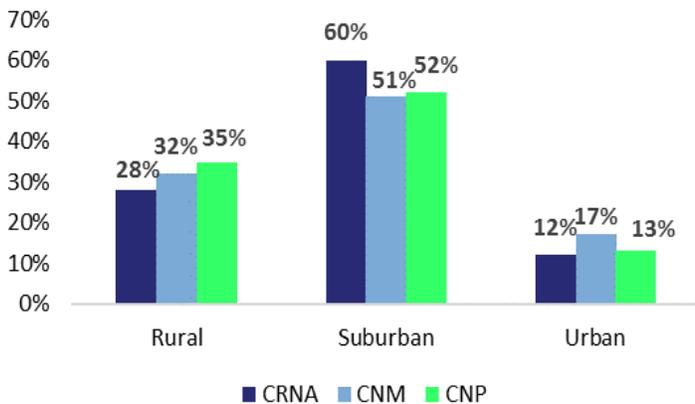


*Source: Va. Healthcare Workforce Data Center*

	HS in VA	Prof. Ed. in VA	HS or Prof in VA	NP Degree in VA
CRNA	29%	31%	36%	41%
CNM	28%	33%	38%	23%
CNP	50%	56%	61%	59%
<b>All (2019)</b>	<b>44%</b>	<b>50%</b>	<b>55%</b>	<b>54%</b>

*Source: Va. Healthcare Workforce Data Center*

**Metro Status during Youth**



*Source: Va. Healthcare Workforce Data Center*

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

## Education

### A Closer Look:

#### At a Glance:

##### Median Educational Debt

CRNA:	\$80k-\$90k
CNM:	\$80k-\$90k
CNP:	\$50k-\$60k

Source: Va. Healthcare Workforce Data Center

*CNMs were most likely to carry education debt; 51% and 79% of all CNMs and of CNMs under age 40, respectively, had education debt. Their median debt was \$80k-\$90k. CRNAs also had the same median education debt as CNMs but only 46% of them had education debt. CNPs had the lowest median education debt.*

Degree	Highest Degree							
	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
NP Certificate	189	13%	9	3%	104	2%	266	3%
Master's Degree	1,054	72%	192	74%	5,447	79%	6,790	78%
Post-Masters Cert.	11	1%	38	15%	690	10%	775	9%
Doctorate of NP	146	10%	16	6%	500	7%	654	8%
Other Doctorate	71	5%	5	2%	170	2%	234	3%
Post-Ph.D. Cert.	0	0%	0	0%	1	0%	0	0%
<b>Total</b>	<b>1,471</b>	<b>100%</b>	<b>260</b>	<b>100%</b>	<b>6,912</b>	<b>100%</b>	<b>8,719</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Amount Carried	Educational Debt							
	CRNA		CNM		CNP		All (2019)	
	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40	All NPs	NPs < 40
None	54%	25%	49%	21%	51%	38%	50%	36%
\$20,000 or less	5%	3%	5%	6%	8%	10%	3%	8%
\$20,000-\$29,999	4%	3%	6%	5%	4%	5%	4%	4%
\$30,000-\$39,999	3%	3%	2%	2%	5%	5%	5%	5%
\$40,000-\$49,999	3%	4%	0%	0%	4%	5%	4%	5%
\$50,000-\$59,999	3%	4%	4%	7%	4%	5%	4%	4%
\$60,000-\$69,999	2%	3%	4%	6%	4%	6%	4%	5%
\$70,000-\$79,999	2%	4%	4%	6%	4%	5%	4%	5%
\$80,000-\$89,999	3%	7%	3%	3%	3%	5%	3%	5%
\$90,000-\$99,999	1%	2%	3%	2%	2%	2%	2%	2%
\$100,000-\$109,999	2%	4%	2%	0%	3%	5%	4%	5%
\$110,000-\$119,999	1%	1%	4%	7%	1%	2%	1%	2%
\$120,000 or more	16%	37%	16%	34%	6%	7%	9%	14%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employed in Profession

CRNA:	98%
CNM:	91%
CNP:	96%

### Involuntary Unemployment

CRNA:	<1%
CNM:	2%
CNP:	<1%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Hours	Current Weekly Hours			
	CRNA	CNM	CNP	All (2019)
<b>0 hours</b>	2%	6%	3%	3%
<b>1 to 9 hours</b>	1%	3%	2%	2%
<b>10 to 19 hours</b>	2%	0%	3%	2%
<b>20 to 29 hours</b>	7%	5%	7%	7%
<b>30 to 39 hours</b>	22%	12%	19%	20%
<b>40 to 49 hours</b>	55%	34%	49%	50%
<b>50 to 59 hours</b>	9%	15%	11%	11%
<b>60 to 69 hours</b>	1%	14%	4%	3%
<b>70 to 79 hours</b>	0%	4%	1%	1%
<b>80 or more hours</b>	0%	7%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Over half of CRNAs work 40-49 hours and 10% work more than 50 hours whereas about 40% of CNMs work more than 50 hours. Half of CNPs work 40-49 hours and 16% work more than 50 hours.*

## Current Positions

Positions	CRNA		CNM		CNP		All (2019)	
	#	%	#	%	#	%	#	%
<b>No Positions</b>	25	2%	16	6%	198	3%	250	3%
<b>One Part-Time Position</b>	203	14%	38	15%	1,003	15%	1,253	15%
<b>Two Part-Time Positions</b>	51	3%	4	2%	181	3%	215	3%
<b>One Full-Time Position</b>	940	64%	165	64%	4,449	66%	5,598	65%
<b>One Full-Time Position &amp; One Part-Time Position</b>	206	14%	27	11%	823	12%	1,040	12%
<b>Two Full-Time Positions</b>	1	0%	1	0%	16	0%	26	0%
<b>More than Two Positions</b>	36	2%	5	2%	115	2%	165	2%
<b>Total</b>	<b>1,462</b>	<b>100%</b>	<b>256</b>	<b>100%</b>	<b>6,785</b>	<b>100%</b>	<b>8,547</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Benefit	Employer-Sponsored Benefits*			
	CRNA	CNM	CNP	All (2019)
<b>Signing/Retention Bonus</b>	24%	15%	13%	16%
<b>Dental Insurance</b>	60%	67%	60%	60%
<b>Health Insurance</b>	61%	72%	62%	63%
<b>Paid Leave</b>	65%	68%	69%	69%
<b>Group Life Insurance</b>	56%	50%	50%	52%
<b>Retirement</b>	71%	75%	71%	72%
<b>Receive at least one benefit</b>	<b>78%</b>	<b>86%</b>	<b>81%</b>	<b>81%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Median Income**

CRNA: \$120k-\$130k

CNM: \$90k-\$100k

CNP: \$90k-\$100K

All (2019): \$100k-\$110k

**Percent Satisfied**

CRNA: 97%

CNM: 85%

CNP: 95%

Source: Va. Healthcare Workforce Data Center

*CRNAs reported \$120k-\$130k in median income. All other NPs, including CNMs, reported \$90k-\$100k in median income. CNMs were least satisfied with their current employment situation whereas CRNAs were the most satisfied. 2% of CNMs reported being very dissatisfied whereas 1% or less of the other NPs, including CRNAs, reported being very dissatisfied.*

Annual Income	Income			
	CRNA	CNM	CNP	All (2019)
<b>Volunteer Work Only</b>	0%	0%	1%	1%
<b>Less than \$40,000</b>	1%	6%	5%	5%
<b>\$40,000-\$49,999</b>	1%	2%	2%	2%
<b>\$50,000-\$59,999</b>	1%	3%	3%	3%
<b>\$60,000-\$69,999</b>	0%	6%	4%	4%
<b>\$70,000-\$79,999</b>	2%	7%	6%	5%
<b>\$80,000-\$89,999</b>	2%	13%	12%	9%
<b>\$90,000-\$99,999</b>	2%	14%	19%	14%
<b>\$100,000-\$109,999</b>	4%	11%	19%	17%
<b>\$110,000-\$119,999</b>	3%	12%	11%	9%
<b>\$120,000 or more</b>	83%	26%	18%	33%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## Labor Market

### A Closer Look:

Employment Instability in Past Year				
In the past year did you . . . ?	CRNA	CNM	CNP	All (2019)
Experience Involuntary Unemployment?	1%	4%	1%	1%
Experience Voluntary Unemployment?	3%	6%	5%	4%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	1%	5%	2%	2%
Work two or more positions at the same time?	19%	13%	17%	17%
Switch employers or practices?	7%	8%	9%	8%
<b>Experienced at least 1</b>	<b>27%</b>	<b>27%</b>	<b>30%</b>	<b>28%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Involuntarily Unemployed

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

#### Underemployed

CRNA:	1%
CNM:	5%
CNP:	2%

#### Over 2 Years Job Tenure

CRNA:	64%
CNM:	51%
CNP:	53%

Source: Va. Healthcare Workforce Data Center

Tenure	Job Tenure at Location					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
<b>Not Currently Working at this Location</b>	1%	3%	6%	0%	1%	6%
<b>&lt; 6 Months</b>	5%	10%	2%	10%	9%	11%
<b>6 Months-1 yr</b>	8%	13%	9%	7%	12%	14%
<b>1 to 2 Years</b>	21%	25%	32%	10%	25%	23%
<b>3 to 5 Years</b>	21%	25%	31%	33%	22%	23%
<b>6 to 10 Years</b>	17%	13%	9%	20%	14%	13%
<b>&gt; 10 Years</b>	26%	11%	11%	20%	17%	10%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*CNMs were most likely to be paid by salary or commission. Over three-quarters of them were paid that way, compared to 71% of CNPs and 57% of CRNAs.*

Primary Work Site	Forms of Payment			
	CRNA	CNM	CNP	All (2019)
<b>Salary/ Commission</b>	57%	76%	71%	68%
<b>Hourly Wage</b>	35%	17%	24%	27%
<b>By Contract</b>	7%	6%	4%	5%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### % in Top 3 Regions

CRNA:	79%
CNM:	71%
CNP:	70%

### 2 or More Locations

CRNA:	28%
CNM:	16%
CNP:	21%

Source: Va. Healthcare Workforce Data Center

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

## A Closer Look:

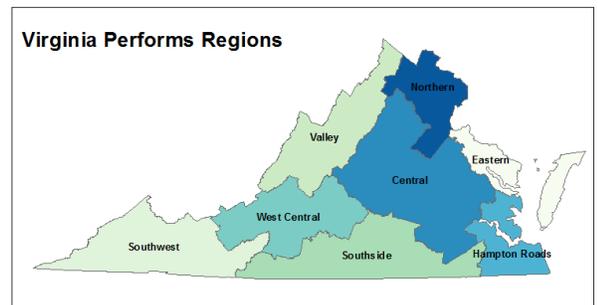
Virginia Performs Region	Regional Distribution of Work Locations					
	CRNA		CNM		CNP	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
<b>Central</b>	28%	17%	20%	19%	26%	19%
<b>Eastern</b>	1%	3%	1%	0%	1%	1%
<b>Hampton Roads</b>	23%	27%	18%	28%	18%	16%
<b>Northern</b>	28%	33%	33%	23%	26%	23%
<b>Southside</b>	2%	4%	0%	2%	4%	4%
<b>Southwest</b>	2%	3%	1%	2%	6%	9%
<b>Valley</b>	2%	4%	15%	12%	7%	6%
<b>West Central</b>	8%	6%	12%	7%	10%	11%
<b>Virginia Border State/DC</b>	2%	1%	0%	2%	1%	3%
<b>Other US State</b>	3%	4%	0%	5%	1%	7%
<b>Outside of the US</b>	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Locations	Number of Work Locations Now*					
	CRNA		CNM		CNP	
	#	%	#	%	#	%
<b>0</b>	26	2%	21	8%	253	4%
<b>1</b>	1,043	71%	193	75%	5,077	75%
<b>2</b>	214	15%	27	11%	874	13%
<b>3</b>	158	11%	15	6%	431	6%
<b>4</b>	19	1%	0	0%	57	1%
<b>5</b>	9	1%	0	0%	34	1%
<b>6 +</b>	8	1%	0	0%	52	1%
<b>Total</b>	<b>1,477</b>	<b>100%</b>	<b>256</b>	<b>100%</b>	<b>6,779</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

\*At survey completion (birth month of respondents)



**A Closer Look:**

Sector	Location Sector							
	CRNA		CNM		CNP		All (2019)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>For-Profit</b>	54%	72%	60%	55%	50%	57%	51%	59%
<b>Non-Profit</b>	37%	24%	27%	39%	34%	29%	35%	30%
<b>State/Local Government</b>	3%	1%	7%	2%	10%	10%	9%	7%
<b>Veterans Administration</b>	2%	0%	0%	0%	3%	1%	3%	1%
<b>U.S. Military</b>	3%	2%	6%	5%	2%	2%	3%	2%
<b>Other Federal Government</b>	0%	0%	0%	0%	1%	1%	1%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*CRNAs had the highest participation in the private sector, 91% of them worked in the sector compared to 84% of CNPs and 87% of CNMs. Meanwhile, CRNAs had the lowest percent working in state or local government.*

**At a Glance:  
(Primary Locations)**

**For-Profit Primary Sector**

CRNA: 54%  
CNM: 60%  
CNP: 50%

**Top Establishments**

CRNA: Inpatient Department  
CNM: Primary Care Clinic  
CNP: Group Private Practice

Source: Va. Healthcare Workforce Data Center

Electronic Health Records (EHRs) and Telehealth				
	CRNA	CNM	CNP	All (2019)
<b>Meaningful use of EHRs</b>	13%	29%	33%	30%
<b>Remote Health, Caring for Patients in Virginia</b>	3%	5%	9%	8%
<b>Remote Health, Caring for Patients Outside of Virginia</b>	1%	2%	2%	2%
<b>Use at least one</b>	<b>15%</b>	<b>31%</b>	<b>38%</b>	<b>34%</b>

Source: Va. Healthcare Workforce Data Center

*A third of the state NP workforce use EHRs. 8% also provided remote health care for Virginia patients. CNPs were most likely to report using at least one EHR or telehealth whereas CRNAs were least likely to report doing so likely because of the nature of their job.*

Establishment Type	Location Type							
	CRNA		CNM		CNP		All (2019)	
	Primary	Sec	Primary	Sec	Primary	Sec	Primary	Sec
<b>Hospital, Inpatient Department</b>	37%	36%	21%	26%	15%	13%	19%	20%
<b>Clinic, Primary Care or Non-Specialty</b>	1%	2%	11%	19%	21%	16%	16%	12%
<b>Physician Office</b>	1%	3%	8%	2%	11%	6%	10%	5%
<b>Private practice, group</b>	4%	3%	21%	16%	9%	5%	8%	4%
<b>Academic Institution (Teaching or Research)</b>	9%	3%	10%	9%	8%	10%	8%	8%
<b>Hospital, Outpatient Department</b>	11%	10%	1%	0%	7%	4%	8%	5%
<b>Ambulatory/Outpatient Surgical Unit</b>	21%	33%	0%	0%	1%	1%	5%	7%
<b>Clinic, Non-Surgical Specialty</b>	0%	1%	5%	7%	4%	3%	4%	3%
<b>Long Term Care Facility, Nursing Home</b>	0%	0%	0%	0%	3%	4%	2%	4%
<b>Hospital, Emergency Department</b>	2%	4%	0%	0%	3%	6%	2%	4%
<b>Private practice, group</b>	0%	0%	4%	5%	2%	2%	2%	1%
<b>Mental Health, or Substance Abuse, Outpatient Center</b>	0%	0%	0%	0%	2%	3%	2%	3%
<b>Hospice</b>	0%	0%	0%	0%	1%	3%	1%	2%
<b>Other Practice Setting</b>	13%	5%	19%	16%	13%	24%	14%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

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

## At a Glance: (Primary Locations)

### Patient Care Role

CRNA:	95%
CNM:	85%
CNP:	86%

### Education Role

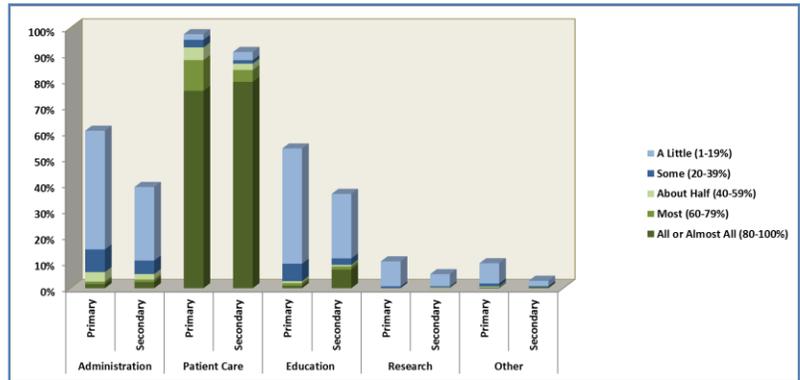
CRNA:	0%
CNM:	3%
CNP:	2%

### Admin Role

CRNA:	2%
CNM:	6%
CNP:	3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*On average, 88% of all NPs fill a patient care role, defined as spending 60% or more of their time on patient care activities. CRNAs were most likely to fill a patient care role; 95% of CRNAs filled such role compared to 85% and 86% of CNMs and CNPs, respectively.*

Time Spent	Patient Care Time Allocation							
	CRNA		CNM		CNP		All (2019)	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	89%	94%	63%	78%	73%	73%	76%	79%
<b>Most (60-79%)</b>	6%	3%	22%	8%	14%	6%	12%	5%
<b>About Half (40-59%)</b>	2%	0%	2%	5%	6%	4%	5%	2%
<b>Some (20-39%)</b>	1%	0%	3%	0%	3%	2%	3%	1%
<b>A Little (1-20%)</b>	1%	0%	6%	0%	2%	3%	2%	3%
<b>None (0%)</b>	1%	2%	4%	11%	3%	12%	2%	9%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Future Plans						
2 Year Plans:	CRNA		CNM		CNP	
	#	%	#	%	#	%
<b>Decrease Participation</b>						
Leave Profession	20	1%	2	1%	67	1%
Leave Virginia	81	5%	10	3%	207	3%
Decrease Patient Care Hours	162	10%	27	9%	631	8%
Decrease Teaching Hours	6	0%	1	0%	98	1%
<b>Increase Participation</b>						
Increase Patient Care Hours	111	7%	14	5%	776	10%
Increase Teaching Hours	87	5%	41	13%	1,012	13%
Pursue Additional Education	76	5%	56	18%	1,094	14%
Return to Virginia's Workforce	1	0%	5	2%	70	1%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement within 2 Years**

CRNA:	10%
CNM:	8%
CNP:	5%

**Retirement within 10 Years**

CRNA:	26%
CNM:	23%
CNP:	19%

Source: Va. Healthcare Workforce Data Center

38%, 32% and 37% of CRNAs, CNMs, and CNPs, respectively, expect to retire by the age of 65. Further, 26%, 22%, and 24% of CRNAs, CNMs, and CNPs, respectively, aged 50 or over expect to retire by the same age. Meanwhile, 3%, 10%, and 6% of CRNAs, CNMs, and CNPs, respectively, do not plan to retire at all.

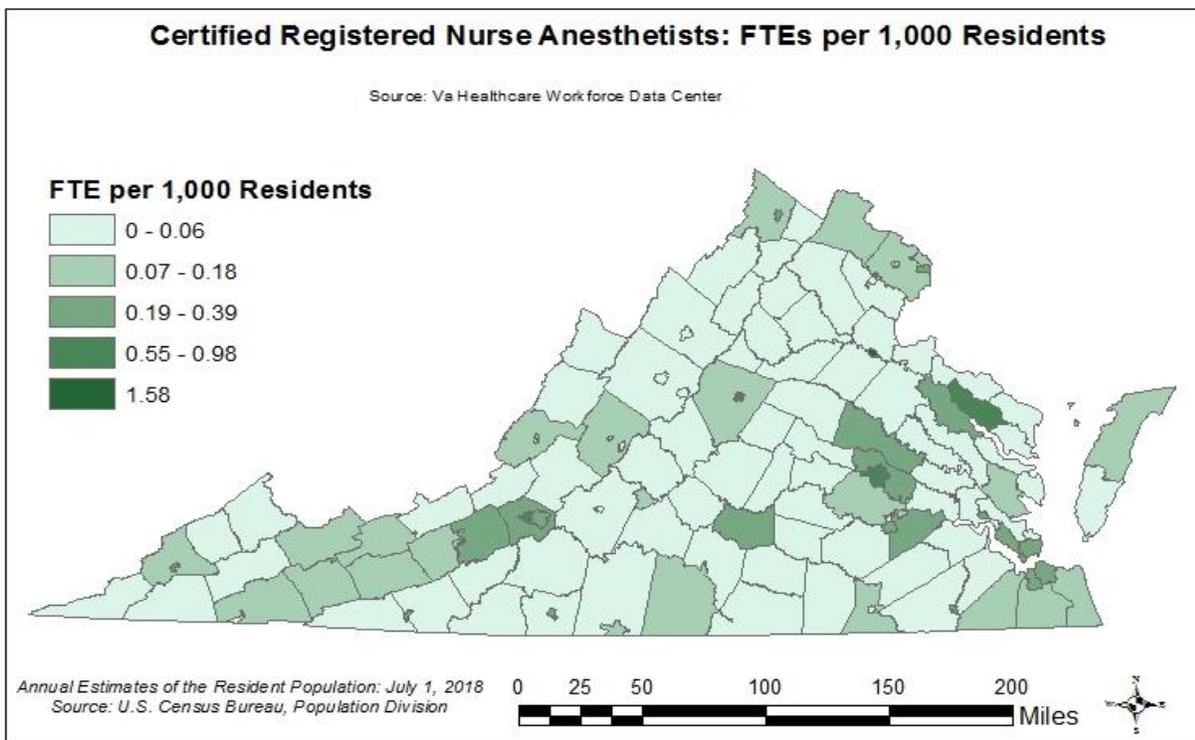
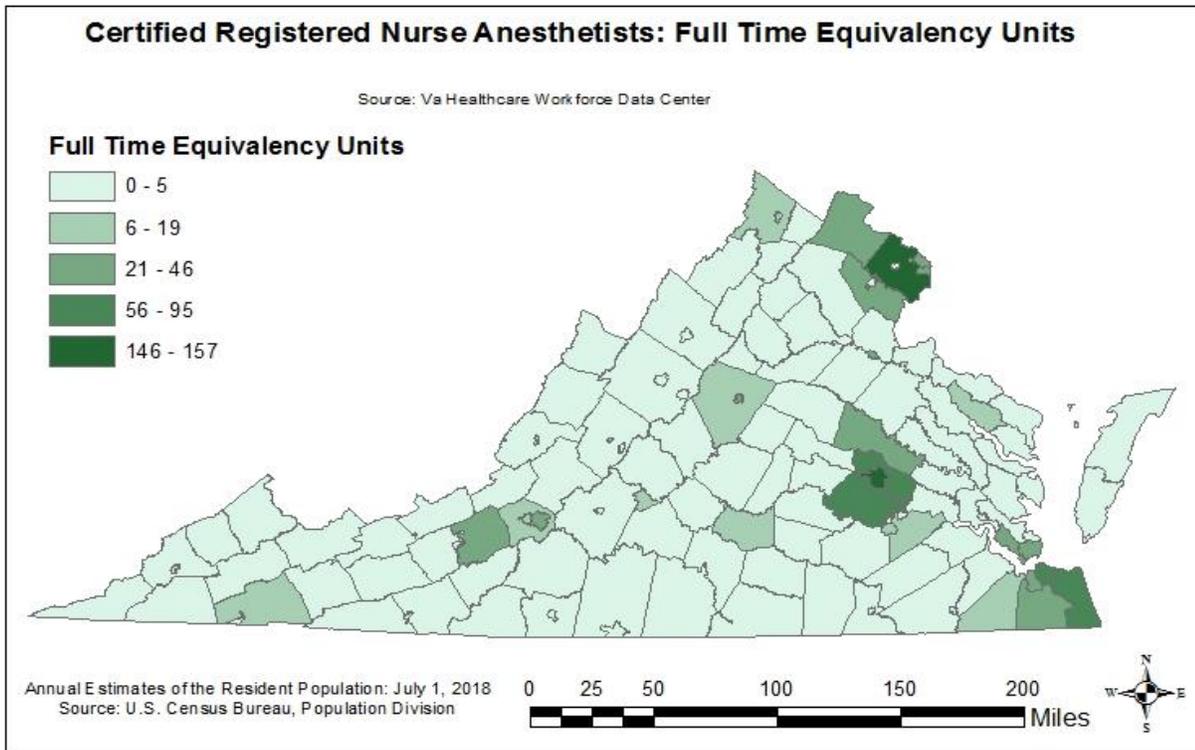
Expected Retirement Age	CRNA		CNM		CNP		All (2019)	
	All NPs	NP >50 yrs						
<b>Under age 50</b>	1%	-	2%	-	1%	-	1%	-
<b>50 to 54</b>	2%	0%	0%	0%	3%	0%	2%	0%
<b>55 to 59</b>	11%	4%	5%	0%	8%	4%	9%	4%
<b>60 to 64</b>	25%	21%	24%	22%	24%	20%	25%	21%
<b>65 to 69</b>	42%	49%	35%	46%	39%	43%	39%	43%
<b>70 to 74</b>	14%	19%	14%	14%	14%	19%	15%	19%
<b>75 to 79</b>	2%	2%	7%	4%	3%	4%	3%	4%
<b>80 or over</b>	1%	1%	2%	1%	1%	2%	1%	2%
<b>I do not intend to retire</b>	3%	3%	10%	12%	6%	7%	5%	7%
<b>Total</b>	<b>100%</b>							

Source: Va. Healthcare Workforce Data Center

	Time to Retirement							
	CRNA		CNM		CNP		All (2019)	
Expect to retire within. . .	#	%	#	%	#	%	#	%
<b>2 years</b>	128	10%	17	8%	291	5%	445	6%
<b>5 years</b>	66	5%	13	6%	184	3%	223	3%
<b>10 years</b>	140	11%	22	10%	626	11%	828	11%
<b>15 years</b>	155	12%	26	12%	633	11%	796	10%
<b>20 years</b>	149	12%	21	9%	669	11%	827	11%
<b>25 years</b>	161	12%	14	6%	801	14%	1,030	14%
<b>30 years</b>	206	16%	25	11%	859	15%	1,170	15%
<b>35 years</b>	119	9%	27	12%	791	13%	994	13%
<b>40 years</b>	100	8%	14	6%	493	8%	585	8%
<b>45 years</b>	19	1%	12	5%	181	3%	197	3%
<b>50 years</b>	17	1%	6	3%	40	1%	83	1%
<b>55 years</b>	0	0%	4	2%	5	0%	15	0%
<b>In more than 55 years</b>	3	0%	0	0%	8	0%	10	0%
<b>Do not intend to retire</b>	33	3%	23	10%	334	6%	385	5%
<b>Total</b>	<b>1,294</b>	<b>100%</b>	<b>224</b>	<b>100%</b>	<b>5,916</b>	<b>100%</b>	<b>7,588</b>	<b>100%</b>

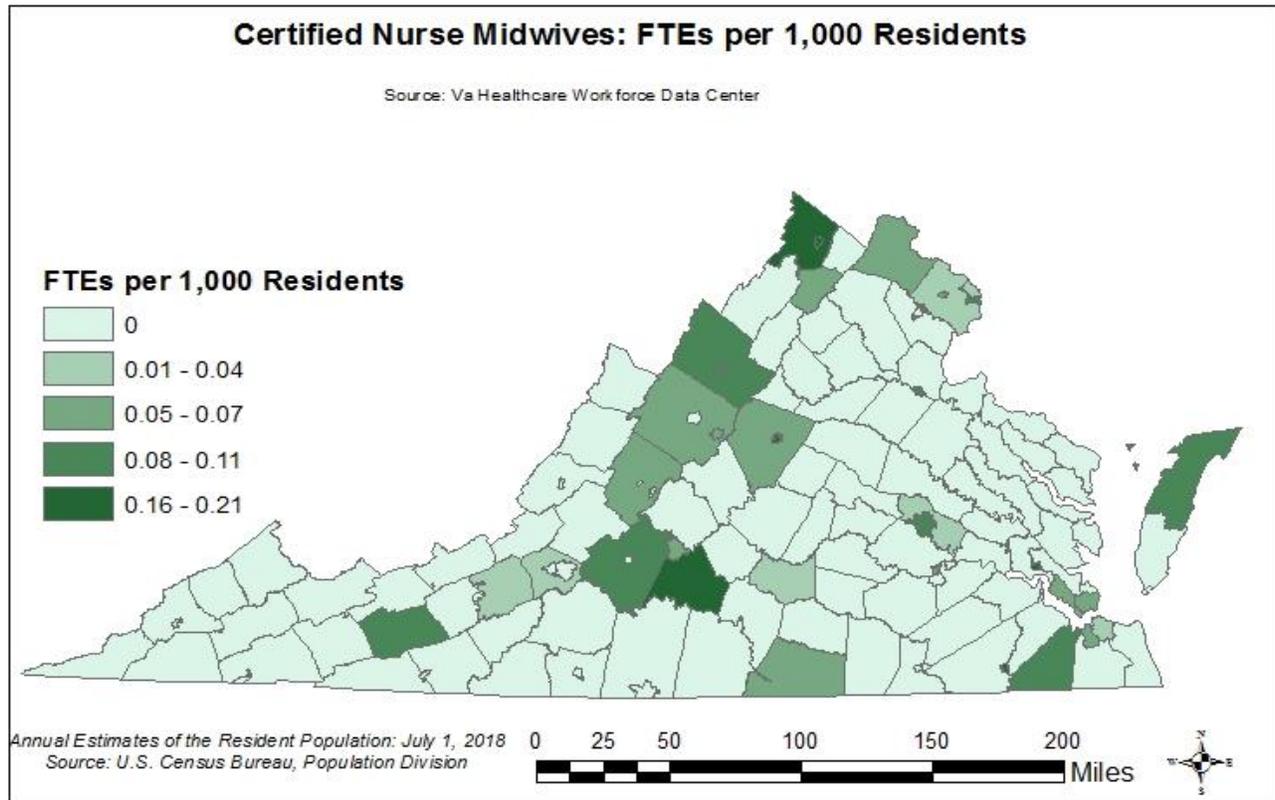
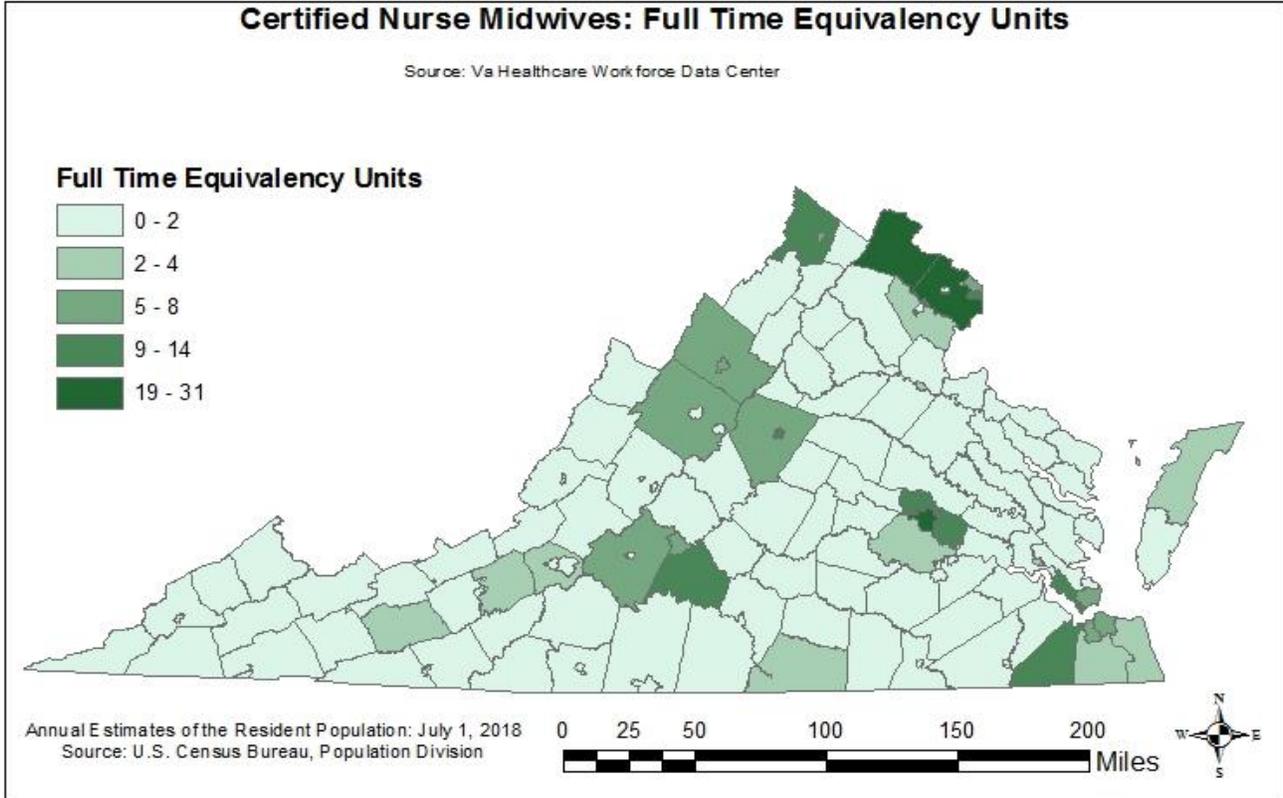
Source: Va. Healthcare Workforce Data Center

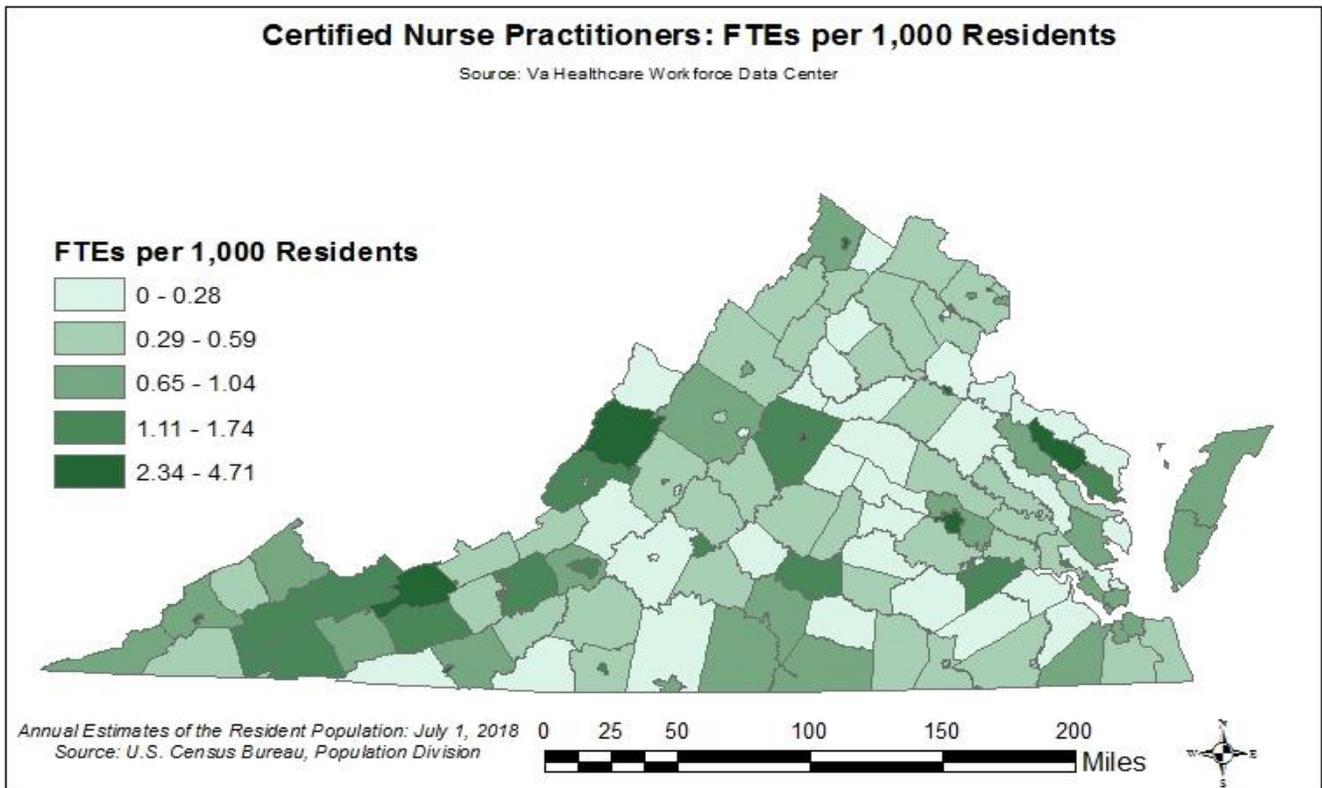
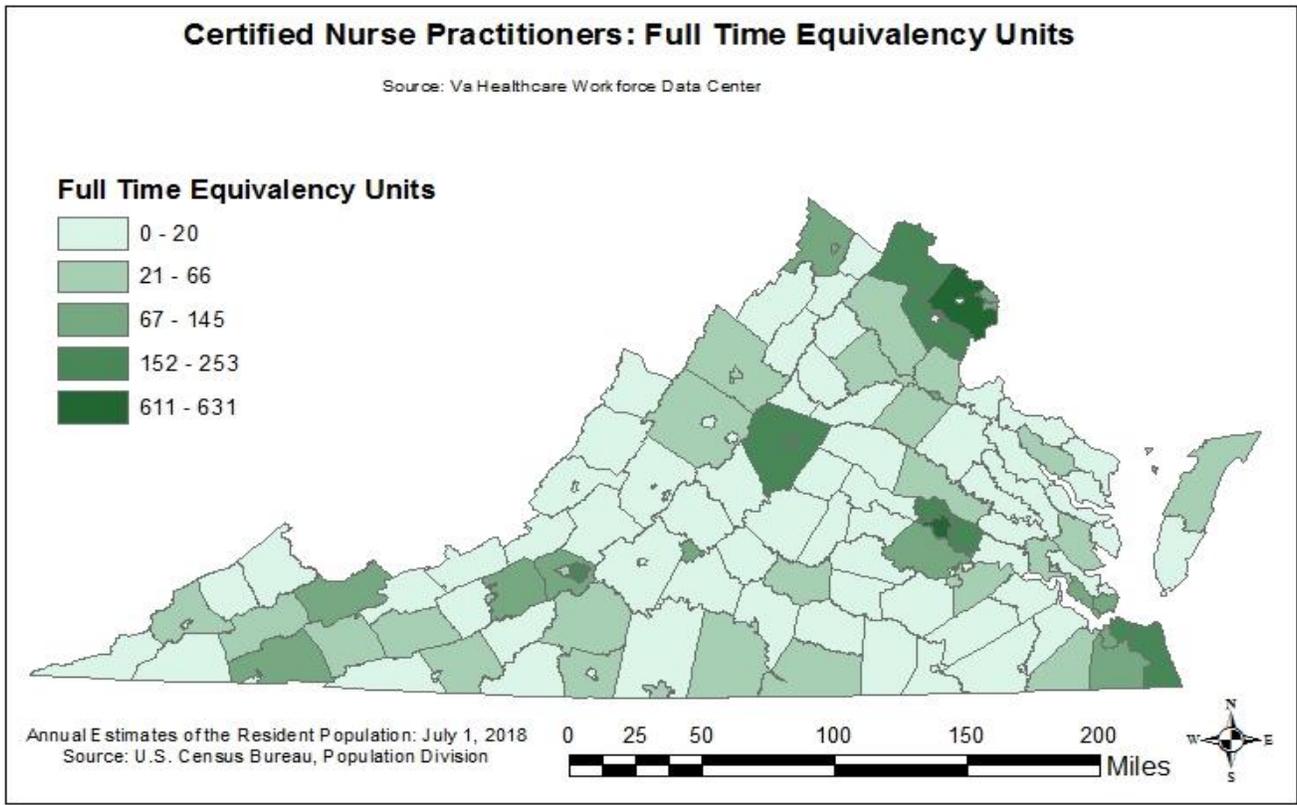
*Using these estimates, retirements will begin to reach over 10% of the current workforce every 5 years by 2029. Retirements will peak at 13% of the current workforce around 2044 before declining to under 10% of the current workforce again around 2059.*



Note:

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





**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of October 2, 2020**

F1

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Unprofessional conduct - conversion therapy</u> [Action 5430] NOIRA - Register Date: 8/31/20 Comment closed: 9/30/20 Board to adopt proposed regs: 10/14/20
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Name tag requirement for foreign graduates</u> [Action 5479] Fast-Track - Register Date: 8/31/20 Effective: 10/15/20
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	<u>Registration of clinical nurse specialists</u> [Action 5306] Final - At Governor's Office for 32 days
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	<u>Implementing Result of Periodic Review</u> [Action 5157] Proposed - Register Date: 9/14/20 Comment closes: 11/13/20 Public hearing: 10/14/20
[18 VAC 90 - 27]	Regulations Governing Nursing Education Programs	<u>Use of simulation</u> [Action 5402] Proposed - At Secretary's Office for 16 days
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<u>Unprofessional conduct/conversion therapy</u> [Action 5441] NOIRA - Register Date: 8/31/20 Comment closed: 9/30/20 Board of Nursing to adopt proposed: 10/14/20 Board of Medicine to adopt proposed: 10/22/20
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<u>Waiver for electronic prescribing</u> [Action 5413] Proposed - DPB Review in progress [Stage 9038]
[18 VAC 90 - 50]	Regulations Governing the Licensure of Massage Therapists	<u>Conformity to 2020 legislation</u> [Action 5569] Final - Register Date: 8/31/20 Effective: 9/30/20

D1

**VIRGINIA BOARD OF NURSING**  
**BY LAWS**

Adopted: May 23, 1988  
Last amended: January 28, 2020  
Effective: March 18, 2020

**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 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 a meeting preceding the annual meeting;
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 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;
3. Assume such functions or responsibilities as may be delegated by the President or the Board; and
4. Preside at Formal Hearings.

**C. The Second Vice-President shall:**

1. Perform all other duties pertaining to this office and not otherwise delegated to staff; and
2. 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 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 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 has delegated authority 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 the Nurse Licensure Compact and shall perform the duties of the Administrator according to the requirements of the Commission.

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

**VIRGINIA BOARD OF NURSING  
EDUCATION SPECIAL CONFERENCE COMMITTEE MINUTES  
October 5, 2020**

**TIME AND  
PLACE:**

The meeting of the Special Conference Committee D was convened at 12:30 p.m. in Suite 201, Department of Health Professions, 9960 Mayland Drive, Second Floor, Board Room 1, Henrico, Virginia.

**MEMBERS  
PRESENT:**

Tucker Gleason, PhD, Citizen Member  
Felisa Smith, RN, MSA, MSN / Ed, CNE

**STAFF  
PRESENT:**

Jacquelyn Wilmoth, RN, MSN, Nursing Education Program Manager

**CONFERENCES  
SCHEDULED:**

**CONTINUED FACULTY EXCEPTION:**

**Averett University, BSN Program, US28501100**

There were no program representatives present.

The Committee considered the Program's request for one continued faculty exception.

**RECOMMENDATION:** Ms. Smith moved to recommend that the Board approve the request for continued faculty exception for A. Harvey. The motion was seconded and carried unanimously.

This recommendation will be presented to a committee of the Board on October 14, 2020.

**Averett University, BSN Program, US28501100**

There were no program representatives present.

The Committee considered the Program's request for clinical exception to conduct 67% of total clinical hours in North Carolina for spring 2021.

**RECOMMENDATION:** Ms. Smith moved to recommend that the Board approve the request for clinical exception. The motion was seconded and carried unanimously.

This recommendation will be presented to a committee of the Board on October 14, 2020

Meeting adjourned at 12:45 p.m.

*Jacquelyn Wilmoth RN, MSN*

Jacquelyn Wilmoth, RN, MSN  
Nursing Education Program Manager

**Agenda Item: Regulatory Action –Proposed rules for Prohibition on Practice of Conversion therapy**

**Included in your package:**

- Copy of NOIRA announcement on Townhall
- Copy of comment on NOIRA (2 comments on Nursing; 0 comments on Nurse Practitioner)
- Copy of Code of Virginia, as amended in the 2020 General Assembly
- Copy of current guidance document on conversion therapy
- Copy of draft regulations for Chapter 19 (Nursing) and Chapter 30 (Nurse Practitioner)

**Board Action:**

Motion to adopt proposed amendments for Chapter 19 (Nursing) and Chapter 30 (Nurse Practitioner) as presented in the agenda package; or

Other action as determined by the Board

Virginia.gov Agencies | Governor



**Agency** Department of Health Professions  
**Board** Board of Nursing  
**Chapter** Regulations Governing the Practice of Nursing [18 VAC 90 - 19]

**Action:** Unprofessional conduct - conversion therapy

## Notice of Intended Regulatory Action (NOIRA)

Action 5430 / Stage 8826

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

### Documents

Preliminary Draft Text	None submitted	<a href="#">Sync Text with RIS</a>
<a href="#">Agency Background Document</a>	11/22/2019	<a href="#">Upload / Replace</a>
<a href="#">Governor's Review Memo</a>	8/6/2020	
<a href="#">Registrar Transmittal</a>	8/6/2020	

### Status

<b>Public Hearing</b>	Will be held at the <b>proposed stage</b>
<b>Exempt from APA</b>	No, this stage/action is subject to article 2 of the <i>Administrative Process Act</i> and the standard executive branch review process.
<b>DPB Review</b>	Submitted on 11/22/2019 Policy Analyst: <a href="#">Jeannine Rose</a> Review Completed: 12/5/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 5/29/2020
<b>Governor's Review</b>	Review Completed: 8/6/2020 Result: Approved
<b>Virginia Registrar</b>	Submitted on 8/6/2020 <a href="#">The Virginia Register of Regulations</a> Publication Date: 8/31/2020 <a href="#">Volume: 37 Issue: 1</a>
<b>Comment Period</b>	<b>Ended 9/30/2020</b> <b>2 comments</b>

### Contact Information

<b>Name / Title:</b>	Jay P. Douglas, R.N. / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, VA 23233

**Email** [jay.douglas@dhp.virginia.gov](mailto:jay.douglas@dhp.virginia.gov)  
**Address:**

**Telephone:** (804)367-4520 FAX: (804)527-4455 TDD: (-)

*This person is the primary contact for this board.*

*This stage was created by Elaine J. Yeatts on 11/22/2019*

13



Agency

Department of Health Professions

Board

Board of Nursing

Chapter

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

<b>Action</b>	<u>Unprofessional conduct - conversion therapy.</u>
<b>Stage</b>	<u>NOIRA</u>
<b>Comment Period</b>	Ends 9/30/2020

2 comments

All comments for this forum

[Back to List of Comments](#)

Commenter: Ted Lewis, Side by Side VA

9/21/20 12:55 pm

**Side by Side Supports Ban on "Conversion Therapy"**

On behalf of the youth and families of Side by Side (formerly ROSMY), I write in support of protecting youth under the age of 18 from so-called "conversion therapy" in Virginia. For over 25 years, Side by Side has provided support and mental health counseling to lesbian, gay, bisexual, transgender, queer, and questioning youth ages 11-20 in Central Virginia. We have witnessed first hand the damage "conversion therapy" has on the mental health and stability of LGBTQ+ youth.

Being LGBTQ+ is not a psychological disorder that needs to be "converted" or "changed." This practice sends a message that there is something wrong with who LGBTQ+ youth are and that they need to be "fixed," when in fact if they are loved and accepted they can truly flourish. Instead of offering to change someone's sexuality or gender identity, LGBTQ+ youth should be affirmed in who they are and provided emotional peer and adult support.

Additionally, there is no credible evidence that this type of therapy works at all. Interestingly, Robert Spitzer, one of the initial leaders in "conversion therapy" has come out against the practice stating in an April 2012 letter to the editor of Archives of Sexual Behavior:

"I believe I owe the gay community an apology for my study making unproven claims of the efficacy of [conversion]/reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of [conversion]/reparative therapy because they believed that I had proven that [conversion]/reparative therapy works..."

Even though this form of therapy does not work and even though there is nothing wrong with a young person being LGBTQ+ or questioning their gender or sexuality; LGBTQ+ youth still face intense bullying, harassment, and even violence both at school and sometimes at home. Parents of LGBTQ+ youth may turn to "conversion therapy" as a means to stop the pain their child is enduring. They deserve to know the dangers of this practice and that it will not and cannot change their children. These parents and their children deserve to see counselors who can affirm who they are and provide the emotional support and guidance they need.

We implore you to consider adopting this ban on "conversion therapy" and ensuring LGBTQ+ youth in Virginia are protected, affirmed, and shown the love they deserve.

Sincerely,

Ted Lewis, Executive Director  
Side by Side, VA

CommentID: 85202

**Commenter:** W.Kevin Watterson MD

9/25/20 2:01 pm

### **Concern for free speech**

As a pediatrician, I am concerned that children who are questioning not only sexuality, but basic identity (who am I, do I have purpose, do I matter), be able to have a conversation where they can voice being uncomfortable with same sex attraction or transgender feelings without a practitioner feeling as if their sole recourse is to affirm the discomfort as inevitable. These questions and struggles are common among adolescents and require restrained listening and support for the child without channeling and promoting decisions that the child may come to renounce.

I am particularly concerned about what I perceive in our media culture as a rush to affirm gender confusion and the medical interventions that can follow when the vast majority of children with gender confusion reconcile with their natural gender by the time they approach adulthood. Adult decisions about medical therapies and surgeries to alter sexual phenotypes are serious and permanent. I would rather see a medical system that shows excessive restraint in pursuing these modalities until the child is the adult who can appropriately own the consequences.

I want to be able to affirm my patient's humanity and worth above and beyond their questions of sexuality as the former well informs the latter. The converse is never true. Trying to base an identity on sexual attractions and preference is fraught with peril as the data for depression and suicide among those who identify as LBGTQ seems to demonstrate.

With respect.

CommentID: 86271

## Current law on Conversion Therapy

### § 54.1-2409.5. Conversion therapy prohibited.

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

B. No person licensed pursuant to this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall engage in conversion therapy with a person under 18 years of age. Any conversion therapy efforts with a person under 18 years of age engaged in by a provider licensed in accordance with the provisions of this subtitle or who performs counseling as part of his training for any profession licensed pursuant to this subtitle shall constitute unprofessional conduct and shall be grounds for disciplinary action by the appropriate health regulatory board within the Department of Health Professions.

2020, cc. 41, 721.

## Virginia Board of Nursing

### Guidance Document on the Practice of Conversion Therapy

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

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

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

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

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

Consistent with the established position of the Academy, the Board considers "conversion therapy" or "sexual orientation change efforts" (as defined above) to be services that have the potential to harm patients. Thus, under regulations of the Board, practicing conversion therapy/sexual orientation change efforts could result in a finding of misconduct and disciplinary action against the licensee, certificate holder, or registrant.

**Project 6295 - none**

**BOARD OF NURSING**

**Conversion therapy**

**Part I**

**General Provisions**

**18VAC90-19-10. Definitions.**

In addition to words and terms defined in §§ 54.1-3000 and 54.1-3030 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means activities performed, whether or not for compensation, for which an active license to practice nursing is required.

"Board" means the Board of Nursing.

"CGFNS" means the Commission on Graduates of Foreign Nursing Schools.

"Contact hour" means 50 minutes of continuing education coursework or activity.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 (A) of the Code of Virginia.

"National certifying organization" means an organization that has as one of its purposes the certification of a specialty in nursing based on an examination attesting to the knowledge of the nurse for practice in the specialty area.

"NCLEX" means the National Council Licensure Examination.

"NCSBN" means the National Council of State Boards of Nursing.

"Primary state of residence" means the state of a person's declared fixed, permanent, and principal home or domicile for legal purposes.

## Part V

### Disciplinary and Delegation Provisions

#### **18VAC90-19-230. Disciplinary provisions.**

A. The board has the authority to deny, revoke, or suspend a license or multistate licensure privilege issued, or to otherwise discipline a licensee or holder of a multistate licensure privilege upon proof that the licensee or holder of a multistate licensure privilege has violated any of the provisions of § 54.1-3007 of the Code of Virginia. For the purpose of establishing allegations to be included in the notice of hearing, the board has adopted the following definitions:

1. Fraud or deceit in procuring or maintaining a license means, but shall not be limited to:
  - a. Filing false credentials;
  - b. Falsely representing facts on an application for initial license, reinstatement, or renewal of a license; or
  - c. Giving or receiving assistance in the taking of the licensing examination.
2. Unprofessional conduct means, but shall not be limited to:
  - a. Performing acts beyond the limits of the practice of professional or practical nursing as defined in Chapter 30 (§ 54.1-3000 et seq.) of Title 54.1 of the Code of Virginia, or as provided by §§ 54.1-2901 and 54.1-2957 of the Code of Virginia;
  - b. Assuming duties and responsibilities within the practice of nursing without adequate training or when competency has not been maintained;
  - c. Obtaining supplies, equipment, or drugs for personal or other unauthorized use;

- d. Employing or assigning unqualified persons to perform functions that require a licensed practitioner of nursing;
- e. Falsifying or otherwise altering patient, employer, student, or educational program records, including falsely representing facts on a job application or other employment-related documents;
- f. Abusing, neglecting, or abandoning patients or clients;
- g. Practice of a clinical nurse specialist beyond that defined in 18VAC90-19-220 and § 54.1-3000 of the Code of Virginia;
- h. Representing oneself as or performing acts constituting the practice of a clinical nurse specialist unless so registered by the board;
- i. Delegating nursing tasks to an unlicensed person in violation of the provisions of Part VI (18VAC90-19-240 et seq.) of this chapter;
- j. Giving to or accepting from a patient or client property or money for any reason other than fee for service or a nominal token of appreciation;
- k. Obtaining money or property of a patient or client by fraud, misrepresentation, or duress;
- l. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the nurse uses his professional position to take advantage of the vulnerability of a patient, a client, or his family, to include actions that result in personal gain at the expense of the patient or client, or a nontherapeutic personal involvement or sexual conduct with a patient or client;
- m. Violating state laws relating to the privacy of patient information, including § 32.1-127.1:03 the Code of Virginia;

n. Providing false information to staff or board members in the course of an investigation or proceeding;

o. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia; or

p. Engaging in conversion therapy; or

p-q. Violating any provision of this chapter.

B. Any sanction imposed on the registered nurse license of a clinical nurse specialist shall have the same effect on the clinical nurse specialist registration.

## 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 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.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 (A) of the Code of Virginia.

"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 and the licensed nurse 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 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.

#### Part IV

#### Disciplinary Provisions

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

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

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

2. Has directly or indirectly represented to the public that the nurse practitioner is a physician, or is able to, or will practice independently of a physician;
3. Has exceeded the authority as a licensed nurse practitioner;
4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing or nurse practitioners;
5. Has become unable to practice with reasonable skill and safety to patients as the result of a physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals or any other type of material;
6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration or distribution of drugs;
7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-30-105;
8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful; or
9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program, the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances; or
10. Has engaged in conversion therapy.



F3

## COMMONWEALTH of VIRGINIA

David E. Brown, D.C.  
Director

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Virginia Board of Nursing  
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### Memo

To: Board Members

From: Robin Hills, RN, DNP, WHNP

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

Re: Guidance Documents

Date: October 14, 2020

Attached is Guidance Document from the Board of Nursing currently due for periodic review.

Staff completed a review and made the following recommendations:

**F3 Guidance Document 90-36: *Guidelines for Training of Public School Employees in the Administration of Insulin and Glucagon* → to amend incorporating the history of changes in the Code of Virginia and the updated Virginia Department of Education (VDOE) training manual**

## Virginia Board of Nursing

### Guidelines for Training of Public School Employees in the Administration of Insulin and Glucagon

#### Authorization

The *Code of Virginia* establishes the legal basis for providing diabetes training for unlicensed personnel in the school setting.

In 1999, the Virginia General Assembly passed legislation, *Code of Virginia* §22.1-274.E, to ensure that trained personnel are available in each public school where students diagnosed with diabetes are present. As directed by the Virginia General Assembly, guidelines were adopted by the Virginia Board of Nursing on July 20, 1999, accepted by the Virginia Board of Medicine in July 1999, and adopted by the Virginia Board of Education in July 1999 (Virginia Boards of Nursing, Medicine, and Education, 1999).

The original 1999 document was first revised in November 2011. In 2014, an Act amending the *Code of Virginia* to add §22.1-274.01:1, related to the further care of students who have been diagnosed with diabetes was passed by the Virginia General Assembly. An amendment to the Act followed in 2017 adding to *Code of Virginia* §22.1-274.01:1 the need for students to be allowed to carry supplies and regarding the assistance of students with the insertion and reinsertion of insulin pumps.

#### I. Parameters of Training

A. Qualifications of instructional personnel. The trainer must be:

1. A registered nurse (RN), licensed physician, or certified diabetes educator (CDE) with recent training or experience within the past two years in the management of diabetes in children and adolescents.
2. Trained in relevant sections of **federal and state** laws and regulations, such as
  - Individuals with Disabilities Education Act (IDEA);
  - Rehabilitation Act of 1973, Section 504; and
  - Occupational Safety and Health Act (OSHA).

B. The initial training course shall continue until competency is demonstrated, but shall not be less than four hours.

C. Skills shall be maintained with an annual training session lasting no less than one hour or until competency is demonstrated.

D. Training shall be documented and shall include the instructor's name, trainee's name, date of training, a skills checklist, and documentation of competency of the trainee to administer insulin and/or glucagon.

E. All training materials should be reviewed/updated annually.

## **II. Content of the Training Curriculum**

The content of the training curriculum has been organized into modules. Each module covers required training components as outlined by guidance from the Boards of Education, Nursing, and Medicine in 1999. However, medical management of diabetes has changed dramatically since the original training guidelines were issued. Therefore, the scope of the training material has expanded to reflect current practice. The modules contained in this program include:

- A. Authorization for Treatment
- B. Individualized Healthcare Plan
- C. Rights and Responsibilities
- D. Overview of Diabetes
- E. Principles of Medication Administration
- F. Therapeutic Management of Diabetes
- G. Monitoring the Student with Diabetes
- H. Insulin Administration
- I. Hyperglycemia
- J. Hypoglycemia
- K. Storage and Disposal of Medical Supplies
- L. Documentation
- M. Emergency Action Plans

Initially adopted: July 20, 1999

Revised: September 11, 2012; July 14, 2015, December 9, 2020