

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
AND ADVISORY COMMITTEE OF THE JOINT BOARDS**

Department of Health Professions  
Perimeter Center - 9960 Mayland Drive, Conference Center, Suite 201, Henrico, Virginia 23233

**BUSINESS MEETING AGENDA**  
October 16, 2019 at 9:00 A.M. in Board Room 2

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

**9:05 A.M.** Public Hearing to receive comments on Proposed Regulations relating to Autonomous Practice for Nurse Practitioners

**Establishment of Quorum**

**Announcement**

- **Terri Clinger, DNP, MSN, CPNP-BC**, started the Deputy Executive Director for Advanced Practice position on June 25, 2019

**A. Review of Minutes**

- A1. February 13, 2019 Business Meeting
- A2. February 13, 2019 Formal Hearing
- A3. April 10, 2019 Formal Hearing

**Public Comment**

**Dialogue with Agency Director – Dr. Brown**

**B. Legislation/Regulations – Ms. Yeatts**

- B1. Regulatory Update
- B2. Adoption of Regulation for Waiver of Electronic Prescribing by Emergency Action – Nurse Practitioners
- B3. Regulatory Action – Prescriptive Authority

**C. New Business**

- Board of Nursing Executive Director Report – **Ms. Douglas (verbal)**
  - ❖ NCSBN APRN Roundtable on April 9, 2019
  - ❖ NCSBN APRN Consensus Forum on April 10, 2019
  - ❖ NCSBN APRN Compact Update
- HB793 – Workforce Data Collection Planning Discussion
- Autonomous Practice Application Status – Ms. Willinger
- Review of Terms of Members of Advisory Committee
- **C1.** Reconsideration of Guidance Document 90-53: *Treatment by Women’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases*

➤ **C2. 2020 Meeting Dates**

**Agency Subordinate Recommendations Consideration - Joint Boards Members ONLY**

- LeeAnn Lisbeth Wobeter Hill, LNP
- Nicole Renee Cofer, LNP

**Next Meeting – Wednesday, December 4, 2019, at 9:00 A.M in Board Room 4**

**Adjourn**

**10:30 A.M. – Disciplinary Proceeding begins – Joint Boards Members ONLY**

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
BUSINESS MEETING MINUTES  
February 13, 2019**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., February 13, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**MEMBERS PRESENT:** Marie Gerardo, MS, RN, ANP-BC; Chair  
Louise Hershkowitz, CRNA, MSHA  
Joyce A. Hahn, PhD, RN, NEA-BC, FNAP  
Kevin O'Connor, MD  
Kenneth Walker, MD

**MEMBERS ABSENT:** Lori Conklin, MD

**ADVISORY COMMITTEE**

**MEMBERS PRESENT:** Kevin E. Brigle, RN, NP  
Mark Coles, RN, BA, MSN, NP-C  
Wendy Dotson, CNM, MSN  
Thokozeni Lipato, MD  
Janet L. Setnor, CRNA

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

**OTHERS PRESENT:** Charis Mitchell, Assistant Attorney General; Board Counsel  
David E. Brown, DO; Department of Health Professions Director  
Barbara Allison-Bryan, MD; Department of Health Professions Chief Deputy  
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions  
William L. Harp, MD, Executive Director; Board of Medicine

**IN THE AUDIENCE:** Jacquelyn Wilmoth, RN, MSN; Board of Nursing Education Program Manager  
Leila "Claire" Morris, RN, LNHA; Board of Nursing RN Discipline Case Manager  
Marie Molner, Board of Nursing Licensing Supervisor  
Joseph Corley, Board of Nursing Licensing Staff

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

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 13, 2019

**ESTABLISHMENT OF A QUORUM:**

Ms. Gerardo called the meeting to order and established that a quorum was present.

**ANNOUNCEMENT:**

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

- NCSBN APRN Roundtable Meeting is scheduled for April 9, 2019 in Rosemont, IL – Ms. Hershkowitz, Ms. Douglas and Dr. Hills will attend
- NCSBN APRN Compact Consensus Meeting is scheduled for April 10, 2019 in Rosemont, IL – Ms. Hershkowitz and Ms. Douglas will attend

**REVIEW OF MINUTES:**

The minutes of October 10, 2018 Business Meeting and Informal Conference were reviewed. Ms. Hershkowitz moved to accept all of the minutes as presented. The motion was seconded and passed unanimously.

**PUBLIC COMMENT:**

There was no public comment received.

**DIALOGUE WITH  
AGENCY DIRECTOR:**

Dr. Brown reported the following:

- DHP will be unveiling the new and improved website soon starting with Board of Nursing website.
- Legislation:

**SB1557 Pharmacy, Board of; cannabidiol oil and tetrahydrocannabinol (THC-A) oil, regulation of pharmaceutical –** production of cannabidiol oil is regulated by the Board of Pharmacy and a person can possess the oil if it is prescribed by physicians for any conditions. This year the bill will include authorization to licensed physician assistants and licensed nurse practitioners to issue a written certification for use of cannabidiol oil and THC-A oil. The bill requires the Board to promulgate regulations establishing dosage limitations.

**HB 1839 Industrial Hemp; Federal Farm Bill -** conforms Virginia law to the provisions of the federal 2018 Farm Bill by amending the definitions of cannabidiol oil, marijuana, and tetrahydrocannabinol (THC) to exclude industrial hemp in the possession of a registered person, hemp products, or an oil containing no more than 0.3% THC. The bill defines "industrial hemp" as any part of the plant *Cannabis sativa* that has a concentration of THC that is no greater than that allowed by federal law, and it defines "hemp product" as any finished product that is otherwise lawful and that contains industrial hemp. Dr. Brown noted that lots of hemp used to produce CBD products that are sold over the counter but not all consumers are aware of that. He added that DHP is involved in the development of regulations and this is an ongoing discussion.

**HB 1970 Telemedicine Services; payment and coverage of services** – requires insurers, corporations, or health maintenance organizations to cover medically necessary remote patient monitoring services as part of their coverage of telemedicine services to the full extent that these services are available. Dr. Brown added that a workgroup with broad stakeholders will convene to review and make recommendations. Ms. Hershkowitz asked who will be on the workgroup. Dr. Brown assumed representatives from regulatory community, experts in telemedicine, representatives from Southwest Virginia, and representatives from Medical Society in Northern Virginia.

**POLICY FORUM:**

Dr. Carter stated that the Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administered the survey during the license renewal process, which takes place during a two-year renewal cycle on the birth month of each respondent. She added that approximately half of all nurse practitioners (NPs) have access to the survey in any given year. Dr. Carter noted that the survey respondents represent 28% of the 10,772 NPs who are licensed in the state but 68% of renewing practitioners.

**Virginia's Licensed Nurse Practitioner Workforce: 2018**

Dr. Shobo reported the following:

- The number of licensed NPs in the state has grown by 39%
- The number in state's workforce has grown by 41%
- The Full-time equivalency units (FTEs) provided has increased by 37%
- The response rate declined, in 2017 81% of renewing NPs responded to the survey, only 68% did in 2018
- Diversity index for NPs under 40 years of age increased to 39% from 38% in 2017
- Median age is currently stable at 46 years
- Only a tenth of NPs reported working in rural areas in all the surveys
- Percent with a doctorate increased from 4% in 2014 to 8% in 2018
- Percent with a master's degree declined to 76% from 79% in 2017 survey
- 46% carry debt compared to 40% in 2014
- Median debt now \$50K - \$60K from \$40K - \$50K

**Virginia's Licensed Nurse Practitioner Workforce: Comparison by Specialty** – a revised version of the report was provided at the meeting

Dr. Carter noted that this is a special report created for the Committee of the Joint Boards of Nursing and Medicine which uses data from the 2017 and 2018 Nurse Practitioners Survey. Dr. Carter added that the 2017 survey occurred between October 2016 and September 2017; the 2018

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 13, 2019

survey occurred between October 2017 and September 2018. She commented that the survey was available to all renewing NPs who held a Virginia license during the survey period and who renewed their license online.

Dr. Shobo reported the following:

- There are 11,438 NPs licensed in 2017 and 2018 – 2,191 (19%) Certified Registered Nurse Anesthetists (CRNAs), 353 (3%) Certified Nurse Midwives (CNMs), and 8,894 (78%) Certified Nurse Practitioners (CNP)
- Only 9,234 (81%) were in the state's workforce; produced 8,206 FTEs
- 22% of CRNAs, 19% of CNMs, and 17% of NPs not in VA workforce
- Nine out of 10 NPs are female. CNMs are all female
- Median age of all NPs as well as CRNAs is 46, 49 for CNMs and 45 for CNPs
- Diversity index – 29% for CNMs, 33% for CRNAs, and 34% for CNPs
- Overall, 10% of NPs work in rural areas – 11% of CNPs, 6% of CRNAs, and 4% of CNMs
- 24% of CNMs have above a master's degree compared to 19% of CNPs and 14% of CRNAs
- CRNAs reported the highest education debt (\$80K - \$90K); CNMs (\$60K – 70K), and CNPs (\$50K – 60K)
- Median income was \$100K - \$110K overall; CRNA reported more than \$120K
- 5% of CRNAs, 8% of CNMs, and 9% of CNPs worked for state/local government
- 37% of CRNAs, 23% of CNMs, and 33% of CNPs worked in the non-profit sector
- 25% of CRNAs, 29% of CNMs, and 20% of CNPs plan to retire within a decade
- 5% of CRNAs, 12% of CNMs, and 9% of CNPs plan to increase patient hours within two years

Drs. Carter and Shobo stated that they will answer any questions of the Committee members regarding the reports.

Dr. Walker asked why only 68% of NPs responded to the survey and not all renewal NPs. Dr. Carter noted that the survey is volunteer option, not mandatory. Ms. Douglas added that the Board appears to make it clear that licensees need to complete the survey. Ms. Douglas noted that staff can review the survey questions internally.

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 13, 2019

Ms. Setnor asked how the data are collected. Dr. Carter stated that nurses renew their RN and NP licenses at the same time but only completing the survey after RN license renewal. Ms. Setnor suggested requesting NPs to complete the survey for the renewal of NP license only. Dr. Carter said staff can take that into consideration.

Ms. Gerardo asked why RN survey is not populated in the NP population. Dr. Carter said the current system does not populate the survey from RN to NP.

Dr. Hahn asked if a combined survey is available if you are an RN, NP or CRNA. Dr. Shobo said it is worth looking into.

Ms. Dotson suggested to encourage licensees to complete the survey if they are working as NPs instead of completing RN survey.

Ms. Hershkowitz asked if it is possible to get the data of demand side. Dr. Carter said staff can look into it.

Mr. Coles commented that the Virginia Council of Nurse Practitioners (VCNP) think that the data is very useful.

With no additional questions asked, Dr. Hahn moved to approve the reports for posting. The motion was seconded and carried unanimously.

LEGISLATION/  
REGULATIONS:

**B1 Regulatory Update:**

Ms. Yeatts reviewed the chart of regulatory actions as of February 5, 2019 provided in the Agenda.

**B2 Consideration of Comments received for NOIRA Autonomous Practice and Adoption of Proposed Regulations to Replace Emergency Regulations**

Ms. Yeatts said that the proposed regulations identical to current emergency regulations are presented for the Committee's action. Ms. Yeatts added that there was no comment on the NOIRA as of February 5, 2019

Ms. Hershkowitz moved to recommend adoption of proposed regulations to the Boards of Medicine and Nursing as presented. The motion was seconded and passed unanimously.

**B3 General Assembly 2019 Report**

Ms. Yeatts reviewed the report as provided in the Agenda noting:

**HB 2228** – alters the composition of the Board of Nursing for the third LPN position which can be an RN and replaces the requirement that the

Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 13, 2019

Board of Nursing meet each January with the requirement to meet at least annually.

**HB 2557** – classifies gabapentin as a Schedule V controlled substance. Current law lists gabapentin as a drug of concern.

**HB 2559** – provides certain exceptions, effective July 1, 2020, to the requirement that any prescription for a controlled substance that contains an opioid be issued as an electronic prescription. Ms. Yeatts added that the Committee of the Joint Boards of Nursing and Medicine will consider this at a later date.

**SB 1439** – authorizes Board of Medicine to discipline practitioners when failure to file a medical certification of death electronically through the Electronic Death Registration System.

**SB 1778** – conversion therapy bill is put to rest and was referred back to the Committee that is not longer meeting

Dr. O'Connor asked for clarification on the meaning of "Engrossed." Ms. Yeatts said that Engrossed means the bill is in a form that is ready for the body to vote and any amendments have been incorporated into the bill.

**NEW BUSINESS:**

**Board of Nursing Executive Director Report:**

- **NBCSN APRN Compact** – Ms. Douglas said that three states have passed legislations regarding APRN Compact. She added that the NCSBN Board of Directors established a task force to review the APRN Compact due to some conflicts between state laws and compact language.
- **Virginia Council of Nurse Practitioners (VCNP)** – Ms. Douglas state that she and Dr. Hills will present Autonomous Practice presentation to the VCNP on March 8, 2019.
- **Virginia Association of Nurse Anesthetist (VANA) Conference** – Ms. Douglas said she attended this conference on January 23, 2019, and Ms. Hershkowitz was also in attendance. At the request of participants, Ms. Douglas provided an overview of how the Joint Boards function.

**Review of Guidance Documents (GDs):**

Ms. Douglas said that the following GDs are presented to the Committee as part of a periodic review for a recommendation to amend or readopt without changes.

**C1 GD 90-33: Authority of Licensed Nurse Practitioners to write Do Not Resuscitate Orders (DNR orders)**



Virginia Board of Nursing  
Committee of the Joint Boards of Nursing and Medicine – Business Meeting  
February 13, 2019

Ms. Douglas noted the addition ***bold italic underlined*** languages have been added to GD 90-33 for consideration by the Committee.

Ms. Hershkowitz moved to adopt the amended GD 90-33 as presented. The motion was seconded and carried unanimously.

**C2 GD 90-53: Treatment by Woman’s Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases**

Ms. Douglas stated no change was recommended for GD 90-53.

Dr. O’Connor moved to readopt GD 90-53 as presented. The motion was seconded and carried unanimously.

**Status of Implementation HB793 Autonomous Practice Process:**

Ms. Willinger reported the following:

- Applications went live on January 7, 2019, along with link to laws and regulations
- The Board sent blast email to nurse practitioners (NPs) and stakeholders back in October 2018
- 146 applications received as of February 8, 2019, no issue was noted yet. 44 Nurse Practitioners have been issued Autonomous Practice Authority
- 4000 NPs are eligible based on years of licensure
- Not many questions received regarding the “how to” complete the process
- Good feedback received so far
- It takes about 24 to 48 hours for the licenses to show up under License Lookup after issuing

Ms. Gerardo asked the length of time it takes from application to licensing. Ms. Willinger said about two to three weeks.

Dr. O’Connor asked if staff have the sense of geography. Ms. Willinger said not at the moment. Ms. Douglas added that currently staff is working on basic process at this time. Mr. Coles notes that VCNP will be interest in the data if available. Ms. Douglas indicated that as required in the enactment clause, additional data will be collected regarding practice locations.

**ADJOURNMENT:**

As there was no additional business, the meeting was adjourned at 10:32 A.M.

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

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
FORMAL HEARING MINUTES  
February 13, 2019**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:50 A.M., February 13, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

**CHAIR:** Joyce A. Hahn, PhD, RN, NEA-BC, FNAP, FAAN; Chair

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE MEMBERS PRESENT:**

Trula Minton, MS, RN, Board of Nursing Member  
Kevin O'Connor, MD, Board of Medicine Member  
David Giammittorio, MD, Board of Medicine Member

**STAFF PRESENT:** Jodi P. Power, RN, JD; Senior Deputy Executive Director; Board of Nursing  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing  
Darlene Graham, Senior Discipline Specialist; Board of Nursing

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

**ESTABLISHMENT OF  
A QUORUM:**

With two members of the Committee of the Joint Boards, one Board of Nursing member, and one Board of Medicine member present, a quorum was established.

**FORMAL HEARING:** **Adrienne Lynn Dunning Goodknight, LNP      00024-166680**

Ms. Goodknight appeared and was accompanied by Douglas Coleman, Esquire, and Amy Kiley, RN, former co-worker.

Julia Bennett, Assistant Attorney General, and Emily Tatum, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Committee of Joint Boards. L. Kim Taylor, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Sarah Burton King, Senior Investigator, Department of Health Professions; Amy Kiley, RN and Barbara Kirkland, RN, CNM, MS, were present and testified. Marianne Fark, CNM, testified via telephone.

**RECESS:** The Committee recessed at 12:47 P.M.

**RECONVENTION:** The Committee reconvened at 1:35 P.M.

**Virginia Board of Nursing  
Committee of Joint Boards of Nursing and Medicine Minutes – Formal Hearing  
February 13, 2019**

**RECESS:** The Committee recessed at 2:05 P.M.

**RECONVENTION:** The Committee reconvened at 2:15 P.M.

**RECESS:** The Committee recessed at 6:20 P.M.

**RECONVENTION:** The Committee reconvened at 6:30 P.M.

**CLOSED MEETING:** Ms. Minton moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 7:05 P.M., for the purpose to reach a decision in the matter of Ms. Goodknight. Additionally, Ms. Minton moved that Ms. Power, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

**RECONVENTION:** The Board reconvened in open session at 8:26 P.M.

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

**ACTION:** Dr. O'Connor moved that the Committee of the Joint Boards of Nursing and Medicine suspend the license of Adrienne Lynn Dunning Goodknight to practice as a nurse practitioner in the category of certified nurse midwife in the Commonwealth of Virginia for a period of not less than one year or until completion of a 12 hours face to face hands on CME course and completion of a clinical competency assessment program approved by the Committee of the Joint Boards of Nursing and Medicine, both of which will be submitted to the Committee of the Joint Boards of Nursing and Medicine for consideration at an informal conference in order for the suspension to be lift . The motion was seconded and carried unanimously.

**ADJOURNMENT:** The meeting was adjourned at 8:30 P.M.

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

**VIRGINIA BOARD OF NURSING  
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE  
FORMAL HEARING MINUTES  
April 10, 2019**

**TIME AND PLACE:** The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 10:00 A.M., April 10, 2019 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

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

**COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE MEMBERS PRESENT:**  
A Tucker Gleason, PhD, Board of Nursing Member  
Lori Conklin, MD, Board of Medicine Member  
Kenneth Walker, MD, Board of Medicine Member

**STAFF PRESENT:** Jodi P. Power, RN, JD; Senior Deputy Executive Director; Board of Nursing  
Robin L. Hills, DNP, RN, WHNP; Deputy Executive Director for Advanced Practice; Board of Nursing  
Darlene Graham, Senior Discipline Specialist; Board of Nursing

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

**ESTABLISHMENT OF A QUORUM:** With three members of the Committee of the Joint Boards and one Board of Nursing member present, a quorum was established.

**CONSIDERATION OF THE AGENCY SUBORDINATE RECOMMENDATION:**

**Jessica Anne Landrum Webb, LNP      0024-170802  
Prescriptive Authority Number:    0017-141011**

Ms. Webb did not appear.

Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine accept the recommended decision of the agency subordinate:

- To reprimand Jessica Anne Landrum Webb
- To require her within 60 days from the date of entry of the Order, to provide written proof satisfactory to the Committee of the Joint Boards of successful completion of the NCSBN course "Professional Accountability & Legal Liability for Nurses"
- To indefinitely suspend her prescriptive authority.

The motion was seconded and carried unanimously.

Virginia Board of Nursing  
Committee of Joint Boards of Nursing and Medicine Minutes – Formal Hearing  
April 10, 2019

FORMAL HEARING: **Judith Tapsell Thompson Gore, LNP** 0024-047673  
**Prescriptive Authority Number: 0017-136820**

Ms. Gore appeared and was accompanied by Michael Goodman, Esquire, Nora Ciancio, Esquire, and Casey Brennan, FNP.

James Schliessman, Assistant Attorney General, and Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Barrett was legal counsel for the Committee of Joint Boards. Marie Whisenand, court reporter with Farnsworth & Taylor Reporting LLC, recorded the proceedings.

Ashley Hester, Senior Investigator, Department of Health Professions, Physician # 2 and Casey Brennan, FNP, were present and testified.

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

RECONVENTION: The Committee reconvened at 12:50 P.M.

RECESS: The Committee recessed at 2:50 P.M.

RECONVENTION: The Committee reconvened at 3:00 P.M.

RECESS: The Committee recessed at 3:55 P.M.

RECONVENTION: The Committee reconvened at 4:05 P.M.

CLOSED MEETING: Dr. Gleason moved that the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to §2.2-3711(A)(28) of the *Code of Virginia* at 4:53 P.M., for the purpose to reach a decision in the matter of Ms. Gore. Additionally, Dr. Gleason moved that Ms. Power, Ms. Graham and Ms. Barrett 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 6:05 P.M.

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

Virginia Board of Nursing  
Committee of Joint Boards of Nursing and Medicine Minutes – Formal Hearing  
April 10, 2019

**ACTION:** Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine restrict the prescriptive authority of Judith Tapsell Thompson Gore in prescribing Schedule II-V medications for a period of not less than 24 months, and that this decision will be set forth in a final Order that will be sent to Ms. Gore . The motion was seconded and carried unanimously.

**ADJOURNMENT:** The meeting was adjourned at 6:07 P.M.

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

**Agenda Item: Regulatory Actions - Chart of Regulatory Actions  
As of October 3, 2019**

B1

<b>Boards of Medicine and Nursing</b>		
<b>Chapter</b>	<b>Action / Stage Information</b>	
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	<p><u>Autonomous practice</u> [Action 5132]</p> <p>Proposed - Register Date: 9/30/19            Comment period: 9/30 to 11/29            Public hearing: 10/16/19</p>
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	<p><u>Elimination of separate license for prescriptive authority</u> [Action 4958]</p> <p>Proposed - Register Date: 7/22/19            Comment period: 7/22 to 9/20</p>

**Agenda Item: Adoption of Regulation for Waiver of Electronic Prescribing  
by Emergency Action –Nurse Practitioners**

Included in agenda package:

Copy of HB2559 – Amendments to Code to require electronic prescribing of an opioid by July 1, 2020

Draft of amendments to prescriptive authority regulations for nurse practitioners

Staff note:

Enactment clause on HB2559 requires adoption of regulations within 280 days, so the Board must amend by an emergency action.

The Executive Committee adopted identical language for prescribers licensed by the Board of Medicine.

The Board of Nursing adopted these amendments for nurse practitioners on September 17, 2019

Action: No action required – for information only



# VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

## CHAPTER 664

*An Act to amend and reenact §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia, relating to electronic transmission of certain prescriptions; exceptions.*

[H 2559]

Approved March 21, 2019

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 54.1-3408.02, as it shall become effective, and 54.1-3410 of the Code of Virginia are amended and reenacted as follows:**

**§ 54.1-3408.02. (Effective July 1, 2020) Transmission of prescriptions.**

A. Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions.

B. Any prescription for a controlled substance that contains an ~~opioid~~ *opioid* shall be issued as an electronic prescription.

C. *The requirements of subsection B shall not apply if:*

1. *The prescriber dispenses the controlled substance that contains an opioid directly to the patient or the patient's agent;*

2. *The prescription is for an individual who is residing in a hospital, assisted living facility, nursing home, or residential health care facility or is receiving services from a hospice provider or outpatient dialysis facility;*

3. *The prescriber experiences temporary technological or electrical failure or other temporary extenuating circumstance that prevents the prescription from being transmitted electronically, provided that the prescriber documents the reason for this exception in the patient's medical record;*

4. *The prescriber issues a prescription to be dispensed by a pharmacy located on federal property, provided that the prescriber documents the reason for this exception in the patient's medical record;*

5. *The prescription is issued by a licensed veterinarian for the treatment of an animal;*

6. *The FDA requires the prescription to contain elements that are not able to be included in an electronic prescription;*

7. *The prescription is for an opioid under a research protocol;*

8. *The prescription is issued in accordance with an executive order of the Governor of a declared emergency;*

9. *The prescription cannot be issued electronically in a timely manner and the patient's condition is at risk, provided that the prescriber documents the reason for this exception in the patient's medical record; or*

10. *The prescriber has been issued a waiver pursuant to subsection D.*

D. *The licensing health regulatory board of a prescriber may grant such prescriber, in accordance with regulations adopted by such board, a waiver of the requirements of subsection B, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.*

**§ 54.1-3410. When pharmacist may sell and dispense drugs.**

A. A pharmacist, acting in good faith, may sell and dispense drugs and devices to any person pursuant to a prescription of a prescriber as follows:

1. A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription that is properly executed, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal laws of the person prescribing, if he is required by those laws to be so registered. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed;

2. In emergency situations, Schedule II drugs may be dispensed pursuant to an oral prescription in accordance with the Board's regulations;

3. Whenever a pharmacist dispenses any drug listed within Schedule II on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing the prescription serial number or name of the drug; the date of initial filling; his name and address, or the name and address of the pharmacy; the name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal; the name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a chart order; and such directions as may be stated on the prescription.

B. A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription as follows:

1. If the prescription is written, it shall be properly executed, dated and signed by the person prescribing on the day when issued and bear the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name and address of the person prescribing. If the prescription is for an animal, it shall state the species of animal for which the drug is prescribed.

2. If the prescription is oral, the prescriber shall furnish the pharmacist with the same information as is required by law in the case of a written prescription for drugs and devices, except for the signature of the prescriber.

A pharmacist who dispenses a Schedule III through VI drug or device shall label the drug or device as required in subdivision A 3 of this section.

C. A drug controlled by Schedule VI may be refilled without authorization from the prescriber if, after reasonable effort has been made to contact him, the pharmacist ascertains that he is not available and the patient's health would be in imminent danger without the benefits of the drug. The refill shall be made in compliance with the provisions of § 54.1-3411.

If the written or oral prescription is for a Schedule VI drug or device and does not contain the address or registry number of the prescriber, or the address of the patient, the pharmacist need not reduce such information to writing if such information is readily retrievable within the pharmacy.

D. Pursuant to authorization of the prescriber, an agent of the prescriber on his behalf may orally transmit a prescription for a drug classified in Schedules III through VI if, in such cases, the written record of the prescription required by this subsection specifies the full name of the agent of the prescriber transmitting the prescription.

E. (Effective July 1, 2020) ~~No pharmacist shall dispense a controlled substance that contains an opiate unless the prescription for such controlled substance is issued as an electronic prescription. A dispenser who receives a non-electronic prescription for a controlled substance containing an opioid is not required to verify that one of the exceptions set forth in § 54.1-3408.02 applies and may dispense such controlled substance pursuant to such prescription and applicable law.~~

2. That the Board of Medicine, the Board of Nursing, the Board of Dentistry, and the Board of Optometry shall promulgate regulations to implement the provisions of this act regarding prescriber waivers to be effective within 280 days of its enactment.

3. That the Secretary of Health and Human Resources shall convene a work group of interested stakeholders, including the Medical Society of Virginia, the Virginia Hospital and Healthcare Association, the Virginia Dental Association, the Virginia Association of Health Plans, and the Virginia Pharmacists Association, to evaluate the implementation of the electronic prescription requirement for controlled substances and shall report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022. The work group's report shall identify the successes and challenges of implementing the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid.

**Project 6115 - none**

**BOARD OF NURSING**

**Waiver for e-prescribing**

**18VAC90-40-122. Waiver for electronic prescribing.**

A. Beginning July 1, 2020, a prescription for a controlled substance that contains an opioid shall be issued as an electronic prescription as consistent with § 54.1-3408.02 of the Code of Virginia.

B. Upon written request, the boards may grant a one-time waiver of the requirement of subsection A of this section, for a period not to exceed one year, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the prescriber, or other exceptional circumstances demonstrated by the prescriber.

**Agenda Item: Regulatory Action – Prescriptive Authority**

B3

**Staff note:**

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

**Included in agenda package:**

Copy of proposed amendments

Copy of applicable section of the Code

**Committee action:**

To recommend the proposed amendments as final for adoption by the Boards.  
(Board of Nursing will adopt the final at its November meeting)

Virginia.gov Agencies | Governor



Agency: Department of Health Professions

Board: Board of Nursing

Regulator: Regulations for Prescriptive Authority for Nurse Practitioners [18 VAC 90 - 40]

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

Action 4958 / Stage 8458

 **Edt Stage**
 **Withdraw Stage**
 **Go to RIS Project**

Documents		
<b>Proposed Text</b>	7/11/2019 8:45 am	<a href="#">Sync Text with RIS</a>
<b>Agency Statement</b>	11/2/2018 (modified 1/17/2019)	<a href="#">Upload / Replace</a>
<b>Attorney General Certification</b>	12/3/2018	
<b>DPB Economic Impact Analysis</b>	1/11/2019	
<b>Agency Response to EIA</b>	1/18/2019	<a href="#">Upload / Replace</a>
<b>Governor's Review Memo</b>	6/14/2019	
<b>Registrar Transmittal</b>	6/27/2019	

Status	
<b>Incorporation by Reference</b>	No
<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>Attorney General Review</b>	Submitted to OAG: 11/2/2018 Review Completed: 12/3/2018 Result: Certified
<b>DPB Review</b>	Submitted on 12/3/2018 Economist: <a href="#">Larry Getzler</a> Policy Analyst: <a href="#">Jeannine Rose</a> Review Completed: 1/17/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 3/27/2019
<b>Governor's Review</b>	Review Completed: 6/14/2019 Result: Approved
<b>Virginia Registrar</b>	Submitted on 6/27/2019 <a href="#">The Virginia Register of Regulations</a> Publication Date: 7/22/2019 <a href="#">Volume: 35 Issue: 24</a>
<b>Public Hearings</b>	<a href="#">08/27/2019 8:30 AM</a>

<b>Comment Period</b>	Ended 9/20/2019 0 comments
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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 23233-1463
<b>Email Address:</b>	<a href="mailto:jay.douglas@dhp.virginia.gov">jay.douglas@dhp.virginia.gov</a>
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*This person is the primary contact for this chapter.*

*This stage was created by Elaine J. Yeatts on 11/02/2018*

16

**Project 5352 - Proposed****BOARD OF NURSING****Elimination of separate license for prescriptive authority****18VAC90-40-20. Authority and administration of regulations.**

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

B. Joint boards of nursing and medicine.

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

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

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

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

~~An applicant for renewal of prescriptive authority shall:~~

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

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

**18VAC90-40-55. Continuing competency requirements.**

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

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

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

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

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

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

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

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

- ~~1. File the required application;~~
- ~~2. Provide evidence of a current, unrestricted license to practice as a nurse practitioner in Virginia;~~
- ~~3. Pay the fee required for reinstatement of a lapsed authorization as prescribed in 18VAC90-40-70; and~~



~~4. If the authorization has lapsed for a period of two or more years, the applicant shall provide proof of:~~

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

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

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

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

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

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

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

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

<del>1. Initial issuance of prescriptive authority</del>	<del>\$75</del> <b>\$35</b>
<del>2. Biennial renewal</del>	<del>\$35</del> <b>\$35</b>
<del>3. Late renewal</del>	<del>\$15</del> <b>\$15</b>
<del>4. Reinstatement of lapsed authorization</del>	<del>\$90</del> <b>\$90</b>
<del>5. Reinstatement of suspended or revoked authorization</del>	<del>\$85</del> <b>\$85</b>
<del>6. Duplicate of authorization</del>	<del>\$15</del> <b>\$15</b>
<del>7. <u>2.</u> Return check charge</del>	<del>\$35</del> <b>\$35</b>

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

~~Biennial renewal~~ **\$26**

#### **18VAC90-40-110. Disclosure.**

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

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

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

C1

**Agenda Item: Consideration of Guidance Document for Nurse Practitioners**

**Included in the agenda package:**

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

Email relating to 90-53

**Staff Note:**

- The Committee of the Joint Boards reviewed and reaffirmed 90-53. It was approved by Board of Medicine, but subsequently there were questions so it was not considered by the Board of Nursing

**Action:** Consideration of possible amendments to 90-53 for recommendation to the Boards



Vu, Huong &lt;huong.vu@dhp.virginia.gov&gt;

## Questions about Guidance Document 90-53 on Partner STD treatment

1 message

Wendy Dotson &lt;wendyadotson@gmail.com&gt;

Wed, Mar 6, 2019 at 2:40 PM

Reply-To: wendyadotson@gmail.com

To: Jay Douglas <jay.douglas@dhp.virginia.gov>, Louise Hershkowitz <louisehershkowitz@yahoo.com>, Louise Hershkowitz <louise.hershkowitz@dhp.virginia.gov>, "Ms. Gerardo" <mgerardo@vcu.edu>, "Vu, Huong (DHP)" <huong.vu@dhp.virginia.gov>

Dear All,

Apologies in advance if I have not sent this on to the correct people to get an answer. If needed, could someone please forward it appropriately, and let me know where I should ask?

At the 2/13/19 meeting of the Joint Boards, we reviewed the guidance document " C2 GD 90-53: Treatment by Woman's Health Nurse Practitioners of Male Clients for Sexually Transmitted Diseases". Ms. Douglas stated no change was recommended for GD 90-53. In passing this on to the CNM's in the Virginia Chapter of the ACNM, a few important questions arose.

1.) Does this only apply to LNP's certified as Women's Health NP's? Or can it be more broadly interpreted to be guidance for CNM's (and perhaps Family Medicine, Etc.) NP's as well?

2.) The document references the practice agreement and prescribing guidelines that no longer apply CNM's who only prescribe Category VI drugs which would apply to antibiotics used to treat STI's), again raising the question whether this applies to a LNP in the CNM category.

Any clarifications much appreciated!

Wendy Dotson, CNM, MSN

--

Wendy Dotson, CNM

*"My mission is to expand the spectrum of childbirth options and improve health of women and infants by offering safe, respectful midwifery care, which promotes personal and family health and growth, and communicates love."*

## **VIRGINIA BOARDS OF NURSING AND MEDICINE**

### **Treatment of Male Clients for Sexually Transmitted Diseases by Women’s Health Nurse Practitioners **and Certified Nurse Midwives****

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

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



C2

# COMMONWEALTH of VIRGINIA

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Virginia Board of Nursing  
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Executive Director

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Nurse Aide Registry (804) 367-4569  
Medication Aide Registry (804) 367-4420  
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**To:** Committee of the Joint Boards of Nursing and Medicine  
Advisory Committee

**From:** Jay P. Douglas, Executive Director, Board of Nursing

**Date:** October 1, 2019

**Subject:** 2020 Meeting Dates

Wednesday, February 12, 2020	9:00 AM	Board room 2
Wednesday, April 15, 2020	9:00 AM	Board room 2
Wednesday, June 17, 2020	9:00 AM	Board room 2
Wednesday, October 21, 2020	9:00 AM	Board room 2
Wednesday, December 9, 2020	9:00 AM	Board room 4

Please note business meetings will be scheduled from 9:00 AM to 12:00 P.M. Disciplinary proceedings will be scheduled following the meeting if there are cases to schedule.

cc: Charis Mitchell  
William Harp  
Elaine Yeatts  
Jim Banning  
Anne Joseph