

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26

HOUSE BILL NO. 896

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions

on \_\_\_\_\_)

(Patron Prior to Substitute--Delegate Adams, D.M.)

A BILL to amend and reenact § 54.1-2957, as it is currently effective and as it shall become effective, of the Code of Virginia, relating to nurse practitioners; patient care team providers.

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

**1. That § 54.1-2957, as it is currently effective and as it shall become effective, of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2957. (Effective until July 1, 2022) Licensure and practice of nurse practitioners.**

A. As used in this section, "clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the licensure of nurse practitioners. It is unlawful for a person to practice as a nurse practitioner in the Commonwealth unless he holds such a joint license.

C. Every nurse practitioner other than a certified nurse midwife, certified registered nurse anesthetist, or clinical nurse specialist or a nurse practitioner who meets the requirements of subsection I shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one patient care team physician. A nurse practitioner who meets the requirements of subsection I may practice without a written or electronic practice agreement. A certified nurse midwife shall practice pursuant to subsection H. A nurse practitioner who is licensed by the Boards of Medicine and Nursing as a clinical nurse specialist shall practice pursuant to subsection J. A certified registered nurse anesthetist shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. A nurse practitioner who is appointed as a medical examiner pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been

27 appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among  
28 nurse practitioners and patient care team physicians may be provided through telemedicine as described  
29 in § 38.2-3418.16.

30 Physicians on patient care teams may require that a nurse practitioner be covered by a professional  
31 liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

32 Service on a patient care team by a patient care team member shall not, by the existence of such  
33 service alone, establish or create liability for the actions or inactions of other team members.

34 D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying  
35 collaboration and consultation among physicians and nurse practitioners working as part of patient care  
36 teams that shall include the development of, and periodic review and revision of, a written or electronic  
37 practice agreement; guidelines for availability and ongoing communications that define consultation  
38 among the collaborating parties and the patient; and periodic joint evaluation of the services delivered.  
39 Practice agreements shall include provisions for (i) periodic review of health records, which may include  
40 visits to the site where health care is delivered, in the manner and at the frequency determined by the nurse  
41 practitioner and the patient care team physician and (ii) input from appropriate health care providers in  
42 complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall  
43 be maintained by a nurse practitioner and provided to the Boards upon request. For nurse practitioners  
44 providing care to patients within a hospital or health care system, the practice agreement may be included  
45 as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written  
46 delineation of duties and responsibilities in collaboration and consultation with a patient care team  
47 physician.

48 E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to  
49 practice as a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws of  
50 another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure  
51 required of nurse practitioners in the Commonwealth. A nurse practitioner to whom a license is issued by  
52 endorsement may practice without a practice agreement with a patient care team physician pursuant to  
53 subsection I if such application provides an attestation to the Boards that the applicant has completed the

54 equivalent of at least two years of full-time clinical experience, as determined by the Boards, in accordance  
55 with the laws of the state in which the nurse practitioner was licensed.

56 F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant  
57 temporary licensure to nurse practitioners.

58 G. In the event a physician who is serving as a patient care team physician dies, becomes disabled,  
59 retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates  
60 his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter into a new  
61 practice agreement with another patient care team physician, the nurse practitioner may continue to  
62 practice upon notification to the designee or his alternate of the Boards and receipt of such notification.  
63 Such nurse practitioner may continue to treat patients without a patient care team physician for an initial  
64 period not to exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs  
65 previously authorized by the practice agreement with such physician and to have access to appropriate  
66 input from appropriate health care providers in complex clinical cases and patient emergencies and for  
67 referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to  
68 continue practice under this subsection for another 60 days, provided the nurse practitioner provides  
69 evidence of efforts made to secure another patient care team physician and of access to physician input.

70 H. Every certified nurse midwife shall practice in accordance with regulations adopted by the  
71 Boards and consistent with the Standards for the Practice of Midwifery set by the American College of  
72 Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000  
73 hours shall practice in consultation with a certified nurse midwife who has practiced for at least two years  
74 prior to entering into the practice agreement or a licensed physician, in accordance with a practice  
75 agreement. Such practice agreement shall address the availability of the certified nurse midwife who has  
76 practiced for at least two years prior to entering into the practice agreement or the licensed physician for  
77 routine and urgent consultation on patient care. Evidence of the practice agreement shall be maintained  
78 by the certified nurse midwife and provided to the Boards upon request. A certified nurse midwife who  
79 has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice  
80 agreement upon receipt by the certified nurse midwife of an attestation from the certified nurse midwife

81 who has practiced for at least two years prior to entering into the practice agreement or the licensed  
82 physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that such  
83 certified nurse midwife or licensed physician has provided consultation to the certified nurse midwife  
84 pursuant to a practice agreement meeting the requirements of this section and (ii) the period of time for  
85 which such certified nurse midwife or licensed physician practiced in collaboration and consultation with  
86 the certified nurse midwife pursuant to the practice agreement. A certified nurse midwife authorized to  
87 practice without a practice agreement shall consult and collaborate with and refer patients to such other  
88 health care providers as may be appropriate for the care of the patient.

89 I. A nurse practitioner, other than a nurse practitioner licensed by the Boards of Medicine and  
90 Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse  
91 specialist, who has completed the equivalent of at least two years of full-time clinical experience as a  
92 licensed nurse practitioner, as determined by the Boards, may practice in the practice category in which  
93 he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse  
94 practitioner of an attestation from the patient care team physician stating (i) that the patient care team  
95 physician has served as a patient care team physician on a patient care team with the nurse practitioner  
96 pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (ii) that  
97 while a party to such practice agreement, the patient care team physician routinely practiced with a patient  
98 population and in a practice area included within the category for which the nurse practitioner was certified  
99 and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse  
100 practitioner under such a practice agreement. A copy of such attestation shall be submitted to the Boards  
101 together with a fee established by the Boards. Upon receipt of such attestation and verification that a nurse  
102 practitioner satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a  
103 new license that includes a designation indicating that the nurse practitioner is authorized to practice  
104 without a practice agreement. In the event that a nurse practitioner is unable to obtain the attestation  
105 required by this subsection, the Boards may accept other evidence demonstrating that the applicant has  
106 met the requirements of this subsection in accordance with regulations adopted by the Boards.

107 A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection  
108 shall (a) only practice within the scope of his clinical and professional training and limits of his knowledge  
109 and experience and consistent with the applicable standards of care, (b) consult and collaborate with other  
110 health care providers based on the clinical conditions of the patient to whom health care is provided, and  
111 (c) establish a plan for referral of complex medical cases and emergencies to physicians or other  
112 appropriate health care providers.

113 ~~A nurse practitioner practicing without a practice agreement pursuant to this subsection shall~~  
114 ~~obtain and maintain coverage by or shall be named insured on a professional liability insurance policy~~  
115 ~~with limits equal to the current limitation on damages set forth in § 8.01-581.15.~~

116 J. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of clinical  
117 nurse specialist shall practice in consultation with a licensed physician in accordance with a practice  
118 agreement between the nurse practitioner and the licensed physician. Such practice agreement shall  
119 address the availability of the physician for routine and urgent consultation on patient care. Evidence of a  
120 practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request.  
121 The practice of clinical nurse specialists shall be consistent with the standards of care for the profession  
122 and with applicable laws and regulations.

123 **§ 54.1-2957. (Effective July 1, 2022) Licensure and practice of nurse practitioners.**

124 A. As used in this section, "clinical experience" means the postgraduate delivery of health care  
125 directly to patients pursuant to a practice agreement with a patient care team physician.

126 B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations  
127 governing the licensure of nurse practitioners. It is unlawful for a person to practice as a nurse practitioner  
128 in the Commonwealth unless he holds such a joint license.

129 C. Every nurse practitioner other than a certified nurse midwife, certified registered nurse  
130 anesthetist, or clinical nurse specialist or a nurse practitioner who meets the requirements of subsection I  
131 shall maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice  
132 agreement, with at least one patient care team physician. A nurse practitioner who meets the requirements  
133 of subsection I may practice without a written or electronic practice agreement. A certified nurse midwife

134 shall practice pursuant to subsection H. A nurse practitioner who is licensed by the Boards of Medicine  
135 and Nursing as a clinical nurse specialist shall practice pursuant to subsection J. A certified registered  
136 nurse anesthetist shall practice under the supervision of a licensed doctor of medicine, osteopathy,  
137 podiatry, or dentistry. A nurse practitioner who is appointed as a medical examiner pursuant to § 32.1-282  
138 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has been  
139 appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among  
140 nurse practitioners and patient care team physicians may be provided through telemedicine as described  
141 in § 38.2-3418.16.

142 Physicians on patient care teams may require that a nurse practitioner be covered by a professional  
143 liability insurance policy with limits equal to the current limitation on damages set forth in § 8.01-581.15.

144 Service on a patient care team by a patient care team member shall not, by the existence of such  
145 service alone, establish or create liability for the actions or inactions of other team members.

146 D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying  
147 collaboration and consultation among physicians and nurse practitioners working as part of patient care  
148 teams that shall include the development of, and periodic review and revision of, a written or electronic  
149 practice agreement; guidelines for availability and ongoing communications that define consultation  
150 among the collaborating parties and the patient; and periodic joint evaluation of the services delivered.  
151 Practice agreements shall include provisions for (i) periodic review of health records, which may include  
152 visits to the site where health care is delivered, in the manner and at the frequency determined by the nurse  
153 practitioner and the patient care team physician and (ii) input from appropriate health care providers in  
154 complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall  
155 be maintained by a nurse practitioner and provided to the Boards upon request. For nurse practitioners  
156 providing care to patients within a hospital or health care system, the practice agreement may be included  
157 as part of documents delineating the nurse practitioner's clinical privileges or the electronic or written  
158 delineation of duties and responsibilities in collaboration and consultation with a patient care team  
159 physician.

160 E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to  
161 practice as a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws of  
162 another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure  
163 required of nurse practitioners in the Commonwealth. A nurse practitioner to whom a license is issued by  
164 endorsement may practice without a practice agreement with a patient care team physician pursuant to  
165 subsection I if such application provides an attestation to the Boards that the applicant has completed the  
166 equivalent of at least five years of full-time clinical experience, as determined by the Boards, in accordance  
167 with the laws of the state in which the nurse practitioner was licensed.

168 F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant  
169 temporary licensure to nurse practitioners.

170 G. In the event a physician who is serving as a patient care team physician dies, becomes disabled,  
171 retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates  
172 his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter into a new  
173 practice agreement with another patient care team physician, the nurse practitioner may continue to  
174 practice upon notification to the designee or his alternate of the Boards and receipt of such notification.  
175 Such nurse practitioner may continue to treat patients without a patient care team physician for an initial  
176 period not to exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs  
177 previously authorized by the practice agreement with such physician and to have access to appropriate  
178 input from appropriate health care providers in complex clinical cases and patient emergencies and for  
179 referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to  
180 continue practice under this subsection for another 60 days, provided the nurse practitioner provides  
181 evidence of efforts made to secure another patient care team physician and of access to physician input.

182 H. Every certified nurse midwife shall practice in accordance with regulations adopted by the  
183 Boards and consistent with the Standards for the Practice of Midwifery set by the American College of  
184 Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000  
185 hours shall practice in consultation with a certified nurse midwife who has practiced for at least two years  
186 prior to entering into the practice agreement or a licensed physician, in accordance with a practice

187 agreement. Such practice agreement shall address the availability of the certified nurse midwife who has  
188 practiced for at least two years prior to entering into the practice agreement or the licensed physician for  
189 routine and urgent consultation on patient care. Evidence of the practice agreement shall be maintained  
190 by the certified nurse midwife and provided to the Boards upon request. A certified nurse midwife who  
191 has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice  
192 agreement upon receipt by the certified nurse midwife of an attestation from the certified nurse midwife  
193 who has practiced for at least two years prior to entering into the practice agreement or the licensed  
194 physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that such  
195 certified nurse midwife or licensed physician has provided consultation to the certified nurse midwife  
196 pursuant to a practice agreement meeting the requirements of this section and (ii) the period of time for  
197 which such certified nurse midwife or licensed physician practiced in collaboration and consultation with  
198 the certified nurse midwife pursuant to the practice agreement. A certified nurse midwife authorized to  
199 practice without a practice agreement shall consult and collaborate with and refer patients to such other  
200 health care providers as may be appropriate for the care of the patient.

201 I. A nurse practitioner, other than a nurse practitioner licensed by the Boards of Medicine and  
202 Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse  
203 specialist, who has completed the equivalent of at least five years of full-time clinical experience as a  
204 licensed nurse practitioner, as determined by the Boards, may practice in the practice category in which  
205 he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse  
206 practitioner of an attestation from the patient care team physician stating (i) that the patient care team  
207 physician has served as a patient care team physician on a patient care team with the nurse practitioner  
208 pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (ii) that  
209 while a party to such practice agreement, the patient care team physician routinely practiced with a patient  
210 population and in a practice area included within the category for which the nurse practitioner was certified  
211 and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse  
212 practitioner under such a practice agreement. A copy of such attestation shall be submitted to the Boards  
213 together with a fee established by the Boards. Upon receipt of such attestation and verification that a nurse



214 practitioner satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a  
215 new license that includes a designation indicating that the nurse practitioner is authorized to practice  
216 without a practice agreement. In the event that a nurse practitioner is unable to obtain the attestation  
217 required by this subsection, the Boards may accept other evidence demonstrating that the applicant has  
218 met the requirements of this subsection in accordance with regulations adopted by the Boards.

219 A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection  
220 shall (a) only practice within the scope of his clinical and professional training and limits of his knowledge  
221 and experience and consistent with the applicable standards of care, (b) consult and collaborate with other  
222 health care providers based on the clinical conditions of the patient to whom health care is provided, and  
223 (c) establish a plan for referral of complex medical cases and emergencies to physicians or other  
224 appropriate health care providers.

225 ~~A nurse practitioner practicing without a practice agreement pursuant to this subsection shall~~  
226 ~~obtain and maintain coverage by or shall be named insured on a professional liability insurance policy~~  
227 ~~with limits equal to the current limitation on damages set forth in § 8.01-581.15.~~

228 J. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of clinical  
229 nurse specialist shall practice in consultation with a licensed physician in accordance with a practice  
230 agreement between the nurse practitioner and the licensed physician. Such practice agreement shall  
231 address the availability of the physician for routine and urgent consultation on patient care. Evidence of a  
232 practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon request.  
233 The practice of clinical nurse specialists shall be consistent with the standards of care for the profession  
234 and with applicable laws and regulations.

235 #