

HOUSE BILL NO. 971

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health and Human Services

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

(Patron Prior to Substitute--Delegate Tran)

A BILL to amend and reenact § 54.1-2957 of the Code of Virginia, relating to nurse practitioners; patient care team provider; autonomous practice.

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

**1. That § 54.1-2957 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2957. Licensure and practice of advanced practice registered nurses.**

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 advanced practice registered nurses. It is unlawful for a person to practice as an advanced practice registered nurse in the Commonwealth unless he holds such a joint license.

C. Every nurse practitioner who ~~meets~~ does not meet 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 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. An advanced practice registered nurse 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 appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among advanced practice registered nurses and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16.

27 Physicians on patient care teams may require that an advanced practice registered nurse be covered  
28 by a professional liability insurance policy with limits equal to the current limitation on damages set forth  
29 in § 8.01-581.15.

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

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

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

54 ~~five~~ three years of full-time-clinical experience, as determined by the Boards, in accordance with the laws  
55 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 advanced practice registered nurses.

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, or for other good cause, and an advanced practice  
61 registered nurse is unable to enter into a new practice agreement with another patient care team physician,  
62 the advanced practice registered nurse may continue to practice upon notification to the designee or his  
63 alternate of the Boards and receipt of such notification. Such advanced practice registered nurse may  
64 continue to treat patients without a patient care team physician for an initial period not to exceed 60 days,  
65 provided that the advanced practice registered nurse continues to prescribe only those drugs previously  
66 authorized by the practice agreement with such physician and to have access to appropriate input from  
67 appropriate health care providers in complex clinical cases and patient emergencies and for referrals. The  
68 designee or his alternate of the Boards shall grant permission for the advanced practice registered nurse  
69 to continue practice under this subsection for another 60 days, provided that the advanced practice  
70 registered nurse provides evidence of efforts made to secure another patient care team physician and of  
71 access to physician input. At the conclusion of the second 60-day period, provided that the advanced  
72 practice registered nurse provides evidence of the continued efforts to secure another patient care team  
73 physician and of access to physician input, the designee or his alternate of the Boards may grant permission  
74 for the advanced practice registered nurse to continue practicing under the management and leadership of  
75 a nurse practitioner licensed by the Boards of Medicine and Nursing who (i) meets the requirements of  
76 subsection I, (ii) routinely practiced with a patient population and in a practice area within the category  
77 for which the advanced practice registered nurse was certified and licensed, and (iii) has been authorized  
78 to practice without a written or electronic practice agreement for at least three years.

79 H. Every certified nurse midwife shall practice in accordance with regulations adopted by the  
80 Boards and consistent with the Standards for the Practice of Midwifery set by the American College of

81 Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000  
82 hours shall practice in consultation with a certified nurse midwife who has practiced for at least two years  
83 prior to entering into the practice agreement or a licensed physician, in accordance with a practice  
84 agreement. Such practice agreement shall address the availability of the certified nurse midwife who has  
85 practiced for at least two years prior to entering into the practice agreement or the licensed physician for  
86 routine and urgent consultation on patient care. Evidence of the practice agreement shall be maintained  
87 by the certified nurse midwife and provided to the Boards upon request. A certified nurse midwife who  
88 has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice  
89 agreement upon receipt by the certified nurse midwife of an attestation from the certified nurse midwife  
90 who has practiced for at least two years prior to entering into the practice agreement or the licensed  
91 physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that such  
92 certified nurse midwife or licensed physician has provided consultation to the certified nurse midwife  
93 pursuant to a practice agreement meeting the requirements of this section and (ii) the period of time for  
94 which such certified nurse midwife or licensed physician practiced in collaboration and consultation with  
95 the certified nurse midwife pursuant to the practice agreement. A certified nurse midwife authorized to  
96 practice without a practice agreement shall consult and collaborate with and refer patients to such other  
97 health care providers as may be appropriate for the care of the patient.

98 I. A nurse practitioner who has completed the equivalent of at least ~~five~~ three years of full-time  
99 clinical experience, as determined by the Boards, may practice in the practice category in which he is  
100 certified and licensed without a written or electronic practice agreement upon receipt by the nurse  
101 practitioner of an attestation from either (i) the patient care team physician or (ii) an attesting nurse  
102 practitioner who assumed management and leadership of a nurse practitioner pursuant to subsection G  
103 and has met the requirements of this subsection for at least three years stating ~~(i)~~ (a) that the patient care  
104 team physician or attesting nurse practitioner has served as a patient care team physician or attesting nurse  
105 practitioner, respectively, on a patient care team with the nurse practitioner pursuant to a practice  
106 agreement meeting the requirements of this section and § 54.1-2957.01; ~~(ii)~~ (b) that while a party to such  
107 practice agreement, the patient care team physician or attesting nurse practitioner routinely practiced with

108 a patient population and in a practice area included within the category for which the nurse practitioner  
109 was certified and licensed; and ~~(iii)~~ (c) the period of time for which the patient care team physician or  
110 attesting nurse practitioner practiced with the nurse practitioner under such a practice agreement. A copy  
111 of such attestation shall be submitted to the Boards together with a fee established by the Boards. Upon  
112 receipt of such attestation and verification that a nurse practitioner satisfies the requirements of this  
113 subsection, the Boards shall issue to the nurse practitioner a new license that includes a designation  
114 indicating that the nurse practitioner is authorized to practice without a practice agreement. In the event  
115 that a nurse practitioner is unable to obtain the attestation required by this subsection, the Boards may  
116 accept other evidence demonstrating that the applicant has met the requirements of this subsection in  
117 accordance with regulations adopted by the Boards.

118 A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection  
119 shall ~~(a)~~ (1) only practice within the scope of his clinical and professional training and limits of his  
120 knowledge and experience and consistent with the applicable standards of care, ~~(b)~~ (2) consult and  
121 collaborate with other health care providers based on the clinical conditions of the patient to whom health  
122 care is provided, and ~~(c)~~ (3) establish a plan for referral of complex medical cases and emergencies to  
123 physicians or other appropriate health care providers.

124 J. A clinical nurse specialist licensed by the Boards of Medicine and Nursing who does not  
125 prescribe controlled substances or devices may practice in the practice category in which he is certified  
126 and licensed without a written or electronic practice agreement. Such clinical nurse specialist shall (i) only  
127 practice within the scope of his clinical and professional training and limits of his knowledge and  
128 experience and consistent with the applicable standards of care, (ii) consult and collaborate with other  
129 health care providers based on the clinical condition of the patient to whom health care is provided, and  
130 (iii) establish a plan for referral of complex medical cases and emergencies to physicians or other  
131 appropriate health care providers.

132 A clinical nurse specialist licensed by the Boards who prescribes controlled substances or devices  
133 shall practice in consultation with a licensed physician in accordance with a practice agreement between  
134 the clinical nurse specialist and the licensed physician. Such practice agreement shall address the

135 availability of the physician for routine and urgent consultation on patient care. Evidence of a practice  
136 agreement shall be maintained by a clinical nurse specialist and provided to the Boards upon request. The  
137 practice of clinical nurse specialists shall be consistent with the standards of care for the profession and  
138 with applicable laws and regulations.

139 **2. That the Department of Health Professions shall collect data on the implementation of this act,**  
140 **including the total number of applicants, the year of their initial advance practice registered nurse**  
141 **licensure, the geographic area, the practice setting and patient population, and the total number of**  
142 **disciplinary actions of those persons licensed to practice pursuant to subsection I of § 54.1-2957 of**  
143 **the Code of Virginia. The Department shall make this data and other pertinent data publicly**  
144 **available on its website.**

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