

HOUSE BILL NO. 896

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare and Institutions
on February 8, 2022)

(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.

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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.
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