

HOUSE BILL NO. 2183

AMENDMENT IN THE NATURE OF A SUBSTITUTE

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

on _____)

(Patron Prior to Substitute--Delegate Robinson)

A BILL to amend and reenact § 54.1-2957 of the Code of Virginia, relating to nurse practitioners; practice without a practice agreement; report.

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 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 appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among

27 nurse practitioners and patient care team physicians may be provided through telemedicine as described
28 in § 38.2-3418.16.

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

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

33 D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying
34 collaboration and consultation among physicians and nurse practitioners working as part of patient care
35 teams that shall include the development of, and periodic review and revision of, a written or electronic
36 practice agreement; guidelines for availability and ongoing communications that define consultation
37 among the collaborating parties and the patient; and periodic joint evaluation of the services delivered.
38 Practice agreements shall include provisions for (i) periodic review of health records, which may include
39 visits to the site where health care is delivered, in the manner and at the frequency determined by the nurse
40 practitioner and the patient care team physician and (ii) input from appropriate health care providers in
41 complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall
42 be maintained by a nurse practitioner and provided to the Boards upon request. For nurse practitioners
43 providing care to patients within a hospital or health care system, the practice agreement may be included
44 as part of documents delineating the nurse practitioner'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 a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws of
49 another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure
50 required of nurse practitioners in the Commonwealth. A nurse practitioner to whom a license is issued by
51 endorsement may practice without a practice agreement with a patient care team physician pursuant to
52 subsection I if such application provides an attestation to the Boards that the applicant has completed the

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

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

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

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

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

88 I. A nurse practitioner, other than a nurse practitioner licensed by the Boards of Medicine and
89 Nursing in the category of certified nurse midwife, certified registered nurse anesthetist, or clinical nurse
90 specialist, who has completed the equivalent of at least ~~five~~ three years of full-time clinical experience as
91 a licensed nurse practitioner, as determined by the Boards, may practice in the practice category in which
92 he is certified and licensed without a written or electronic practice agreement upon receipt by the nurse
93 practitioner of an attestation from the patient care team physician stating (i) that the patient care team
94 physician has served as a patient care team physician on a patient care team with the nurse practitioner
95 pursuant to a practice agreement meeting the requirements of this section and § 54.1-2957.01; (ii) that
96 while a party to such practice agreement, the patient care team physician routinely practiced with a patient
97 population and in a practice area included within the category for which the nurse practitioner was certified
98 and licensed; (iii) the year in which the nurse practitioner received his initial licensure; and ~~(iii)~~ (iv) the
99 period of time for which the patient care team physician practiced with the nurse practitioner under such
100 a practice agreement. A copy of such attestation shall be submitted to the Boards together with a fee
101 established by the Boards. Upon receipt of such attestation and verification that a nurse practitioner
102 satisfies the requirements of this subsection, the Boards shall issue to the nurse practitioner a new license
103 that includes a designation indicating that the nurse practitioner is authorized to practice without a practice
104 agreement. In the event that a nurse practitioner is unable to obtain the attestation required by this
105 subsection, the Boards may accept other evidence demonstrating that the applicant has met the
106 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 J. A nurse practitioner licensed by the Boards of Medicine and Nursing in the category of clinical
114 nurse specialist who does not prescribe controlled substances or devices may practice in the practice
115 category in which he is certified and licensed without a written or electronic practice agreement. Such
116 nurse practitioner shall (i) only practice within the scope of his clinical and professional training and limits
117 of his knowledge and experience and consistent with the applicable standards of care, (ii) consult and
118 collaborate with other health care providers based on the clinical condition of the patient to whom health
119 care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to
120 physicians or other appropriate health care providers.

121 A nurse practitioner licensed by the Boards in the category of clinical nurse specialist who
122 prescribes controlled substances or devices shall practice in consultation with a licensed physician in
123 accordance with a practice agreement between the nurse practitioner and the licensed physician. Such
124 practice agreement shall address the availability of the physician for routine and urgent consultation on
125 patient care. Evidence of a practice agreement shall be maintained by a nurse practitioner and provided to
126 the Boards upon request. The practice of clinical nurse specialists shall be consistent with the standards
127 of care for the profession and with applicable laws and regulations.

128 **2. That the Boards of Medicine and Nursing shall report on data regarding the implementation of**
129 **this act, including the number of nurse practitioners who have been authorized to practice without**
130 **a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing**
131 **without a practice agreement, the number of nurse practitioners applying for autonomous practice**
132 **licensure separated by the year in which they received their initial licensure, and any complaints or**
133 **disciplinary actions taken against such nurse practitioners, to the Chairmen of the House**

134 Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health
135 and the Chairman of the Joint Commission on Health Care by November 1, 2026.

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