

SENATE BILL NO. 33

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health

on January 25, 2024)

(Patron Prior to Substitute--Senator Locke)

A BILL to amend and reenact § 54.1-2957 of the Code of Virginia, relating to supervision of certified registered nurse anesthetists; work group; 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 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 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. "Supervision" for the purpose of this subsection means that the licensed doctor of medicine, osteopathy, podiatry, or dentistry is present during an operation or procedure or is immediately available to respond and provide patient care as needed. 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

27 examiner pursuant to § 32.1-282. Collaboration and consultation among advanced practice registered  
28 nurses and patient care team physicians may be provided through telemedicine as described in § 38.2-  
29 3418.16.

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

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

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

50 E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to  
51 practice as an advanced practice registered nurse if the applicant has been licensed as an advanced practice  
52 registered nurse under the laws of another state and, pursuant to regulations of the Boards, the applicant  
53 meets the qualifications for licensure required of advanced practice registered nurses in the

54 Commonwealth. An advanced practice registered nurse to whom a license is issued by endorsement may  
55 practice without a practice agreement with a patient care team physician pursuant to subsection I if such  
56 application provides an attestation to the Boards that the applicant has completed the equivalent of at least  
57 five years of full-time clinical experience, as determined by the Boards, in accordance with the laws of  
58 the state in which the nurse practitioner was licensed.

59 F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant  
60 temporary licensure to advanced practice registered nurses.

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

74 H. Every certified nurse midwife shall practice in accordance with regulations adopted by the  
75 Boards and consistent with the Standards for the Practice of Midwifery set by the American College of  
76 Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000  
77 hours shall practice in consultation with a certified nurse midwife who has practiced for at least two years  
78 prior to entering into the practice agreement or a licensed physician, in accordance with a practice  
79 agreement. Such practice agreement shall address the availability of the certified nurse midwife who has  
80 practiced for at least two years prior to entering into the practice agreement or the licensed physician for

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

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

107 subsection, the Boards may accept other evidence demonstrating that the applicant has met the  
108 requirements of this subsection in accordance with regulations adopted by the Boards.

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

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

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

130 **2. That the Secretary of Health and Human Resources, in collaboration with the Board of Medicine,**  
131 **the Board of Nursing, and the Department of Health Professions, shall convene a work group to**  
132 **evaluate and make recommendations to increase the anesthesia provider workforce in the**  
133 **Commonwealth, including an assessment of (i) the factors limiting the current and future numbers**

134 of physician anesthesiologists and certified registered nurse anesthetists, (ii) the projected impact of  
135 licensing anesthesiology assistants who are currently in the anesthesia provider workforce in the  
136 Commonwealth, (iii) how potential changes to the current law regarding the practice of certified  
137 registered nurse anesthetists will impact patients in historically economically disadvantaged  
138 communities and underserved areas of Virginia, and (iv) whether potential changes to the law will  
139 increase or decrease health disparities. The work group shall include representatives from the  
140 Virginia Society of Anesthesiologists, the Virginia Association of Nurse Anesthetists, the Virginia  
141 Hospital and Healthcare Association, the Virginia Academy of Anesthesiologist Assistants, and  
142 other relevant stakeholders. The work group shall report its recommendations to the Chairmen of  
143 the Senate Committee on Education and Health and the House Committee on Health and Human  
144 Services by November 1, 2024.

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