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

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

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

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

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

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

G. In the event a physician who is serving as a patient care team physician dies, becomes disabled,

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

72 H. Every certified nurse midwife shall practice in accordance with regulations adopted by the Boards  
73 and consistent with the Standards for the Practice of Midwifery set by the American College of  
74 Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000  
75 hours shall practice in consultation with a certified nurse midwife who has practiced for at least two  
76 years prior to entering into the practice agreement or a licensed physician, in accordance with a practice  
77 agreement. Such practice agreement shall address the availability of the certified nurse midwife who has  
78 practiced for at least two years prior to entering into the practice agreement or the licensed physician for  
79 routine and urgent consultation on patient care. Evidence of the practice agreement shall be maintained  
80 by the certified nurse midwife and provided to the Boards upon request. A certified nurse midwife who  
81 has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice  
82 agreement upon receipt by the certified nurse midwife of an attestation from the certified nurse midwife  
83 who has practiced for at least two years prior to entering into the practice agreement or the licensed  
84 physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that  
85 such certified nurse midwife or licensed physician has provided consultation to the certified nurse  
86 midwife pursuant to a practice agreement meeting the requirements of this section and (ii) the period of  
87 time for which such certified nurse midwife or licensed physician practiced in collaboration and  
88 consultation with the certified nurse midwife pursuant to the practice agreement. A certified nurse  
89 midwife authorized to practice without a practice agreement shall consult and collaborate with and refer  
90 patients to such other health care providers as may be appropriate for the care of the patient.

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

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

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

119 J. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of clinical  
120 nurse specialist shall practice in consultation with a licensed physician in accordance with a practice  
121 agreement between the nurse practitioner and the licensed physician. Such practice agreement shall

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

**§ 54.1-2957. (Effective 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 appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among nurse practitioners and patient care team physicians may be provided through telemedicine as described in § 38.2-3418.16.

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

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

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

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

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

G. In the event a physician who is serving as a patient care team physician dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked by the Board, or relocates his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter into a new practice agreement with another patient care team physician, the nurse practitioner may continue to practice upon notification to the designee or his alternate of the Boards and receipt of such notification. Such nurse practitioner may continue to treat patients without a patient care team physician for an initial period not to exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs previously authorized by the practice agreement with such physician and to have access to appropriate input from appropriate health care providers in complex clinical cases and patient

183 emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the  
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192 agreement. Such practice agreement shall address the availability of the certified nurse midwife who has  
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199 physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that  
200 such certified nurse midwife or licensed physician has provided consultation to the certified nurse  
201 midwife pursuant to a practice agreement meeting the requirements of this section and (ii) the period of  
202 time for which such certified nurse midwife or licensed physician practiced in collaboration and  
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205 patients to such other health care providers as may be appropriate for the care of the patient.

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212 physician has served as a patient care team physician on a patient care team with the nurse practitioner  
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229 health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies  
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