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HOUSE BILL NO. 981

Offered January 12, 2022

Prefiled January 12, 2022

A BILL to amend and reenact §§ 54.1-2709, 54.1-2722, 54.1-2927, 54.1-2951.1, 54.1-2957, as it is currently effective and as it shall become effective, 54.1-2957.04, 54.1-3018, 54.1-3021, and 54.1-3024 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 54.1-3042.1, relating to certain health professions; licensure by endorsement.

Patron—Scott, P.A.

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2709, 54.1-2722, 54.1-2927, 54.1-2951.1, 54.1-2957, as it is currently effective and as it shall become effective, 54.1-2957.04, 54.1-3018, 54.1-3021, and 54.1-3024 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding a section numbered 54.1-3042.1 as follows:

§ 54.1-2709. License; application; qualifications; examinations.

A. No person shall practice dentistry unless he possesses a current valid license from the Board of Dentistry.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character; (ii) is a graduate of an accredited dental school or college, or dental department of an institution of higher education; (iii) has passed all parts of the examination given by the Joint Commission on National Dental Examinations; (iv) has successfully completed a clinical examination acceptable to the Board; and (v) has met other qualifications as determined in regulations promulgated by the Board.

C. The Board ~~may~~ shall grant a license to practice dentistry to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dentistry in another jurisdiction in the United States and is certified to be in good standing by each jurisdiction in which he currently holds or has held a license; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) has been in continuous clinical practice for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in the dental corps of the United States Armed Forces, volunteer practice in a public health clinic, or practice in an intern or residency program may be accepted by the Board to satisfy this requirement.

D. The Board shall provide for an inactive license for those dentists who hold a current, unrestricted dental license in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. The Board shall promulgate regulations requiring continuing education for any dental license renewal or reinstatement. The Board may grant extensions or exemptions from these continuing education requirements.

§ 54.1-2722. License; application; qualifications; practice of dental hygiene; report.

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on National Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board ~~may~~ shall grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist

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59 and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic,
60 or preventive. These services shall not include the establishment of a final diagnosis or treatment plan
61 for a dental patient. Pursuant to subsection V of § 54.1-3408, a licensed dental hygienist may
62 administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist
63 or a doctor of medicine or osteopathic medicine.

64 A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous
65 oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local
66 anesthesia. In its regulations, the Board of Dentistry shall establish the education and training
67 requirements for dental hygienists to administer such controlled substances under a dentist's direction.

68 For the purposes of this section, "general supervision" means that a dentist has evaluated the patient
69 and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be
70 present in the facility while the authorized services are being provided.

71 The Board shall provide for an inactive license for those dental hygienists who hold a current,
72 unrestricted license to practice in the Commonwealth at the time of application for an inactive license
73 and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be
74 necessary to carry out the provisions of this section, including requirements for remedial education to
75 activate a license.

76 E. For the purposes of this subsection, "remote supervision" means that a public health dentist has
77 regular, periodic communications with a public health dental hygienist regarding patient treatment, but
78 such dentist may not have conducted an initial examination of the patients who are to be seen and
79 treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene
80 services are being provided.

81 Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of
82 Health or the Department of Behavioral Health and Developmental Services who holds a license issued
83 by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth
84 under the remote supervision of a dentist employed by the Department of Health or the Department of
85 Behavioral Health and Developmental Services. A dental hygienist providing such services shall practice
86 pursuant to protocols developed jointly by the Department of Health and the Department of Behavioral
87 Health and Developmental Services for each agency, in consultation with the Virginia Dental
88 Association and the Virginia Dental Hygienists' Association. Such protocols shall be adopted by the
89 Board as regulations.

90 A report of services provided by dental hygienists employed by the Virginia Department of Health
91 pursuant to such protocol, including their impact upon the oral health of the citizens of the
92 Commonwealth, shall be prepared and submitted annually to the Secretary of Health and Human
93 Resources by the Department of Health, and a report of services provided by dental hygienists employed
94 by the Department of Behavioral Health and Developmental Services shall be prepared and submitted
95 annually to the Secretary of Health and Human Resources by the Department of Behavioral Health and
96 Developmental Services. Nothing in this section shall be construed to authorize or establish the
97 independent practice of dental hygiene.

98 F. For the purposes of this subsection, "remote supervision" means that a supervising dentist is
99 accessible and available for communication and consultation with a dental hygienist during the delivery
100 of dental hygiene services, but such dentist may not have conducted an initial examination of the
101 patients who are to be seen and treated by the dental hygienist and may not be present with the dental
102 hygienist when dental hygiene services are being provided.

103 Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the
104 remote supervision of a dentist who holds an active license by the Board and who has a dental practice
105 physically located in the Commonwealth. No dental hygienist shall practice under remote supervision
106 unless he has (i) completed a continuing education course designed to develop the competencies needed
107 to provide care under remote supervision offered by an accredited dental education program or from a
108 continuing education provider approved by the Board and (ii) at least two years of clinical experience,
109 consisting of at least 2,500 hours of clinical experience. A dental hygienist practicing under remote
110 supervision shall have professional liability insurance with policy limits acceptable to the supervising
111 dentist. A dental hygienist shall only practice under remote supervision at a federally qualified health
112 center; charitable safety net facility; free clinic; long-term care facility; elementary or secondary school;
113 Head Start program; mobile dentistry program for adults with developmental disabilities operated by the
114 Department of Behavioral Health and Developmental Services' Office of Integrated Health; or women,
115 infants, and children (WIC) program.

116 A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history
117 and consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all
118 educational and preventative services, (e) take X-rays as ordered by the supervising dentist or consistent
119 with a standing order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical
120 oral fluorides, topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of

periodontal pocket lesions, and any other Schedule VI topical drug approved by the Board of Dentistry under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to subsection V of § 54.1-3408, and (h) perform any other service ordered by the supervising dentist or required by statute or Board regulation. No dental hygienist practicing under remote supervision shall administer local anesthetic or nitrous oxide.

Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of record whom he is seeing regularly.

After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote supervision may provide further dental hygiene services following a written practice protocol developed and provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical complexity of the patient and the presenting signs and symptoms of oral disease.

A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 90 days. After such 90-day period, the supervising dentist, absent emergent circumstances, shall either conduct an examination of the patient or refer the patient to another dentist to conduct an examination. The supervising dentist shall develop a diagnosis and treatment plan for the patient, and either the supervising dentist or the dental hygienist shall provide the treatment plan to the patient. The supervising dentist shall review a patient's records at least once every 10 months.

Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general supervision whether as an employee or as a volunteer.

§ 54.1-2927. Applicants from other states without reciprocity; temporary licenses or certificates for certain practitioners of the healing arts.

A. The Board, ~~in its discretion, may shall~~ issue ~~certificates or licenses~~ a license or certificate by endorsement to ~~applicants an applicant who holds a valid, unrestricted license or certificate under the laws of another state, the District of Columbia, or a United States territory or possession with which the Commonwealth has not established a reciprocal relationship~~ upon endorsement by ~~boards the~~ appropriate board or other appropriate ~~authorities~~ authority of such other states ~~or territories or state,~~ the District of Columbia ~~with which reciprocal relations have not been established if, or United States territory or possession and a determination by the Board that the applicant's credentials of such applicants are satisfactory to the Board and the examinations and passing grades required by such other boards board or other appropriate authority are fully equal to those required by the Virginia Board.~~

B. The Board may issue ~~certificates or licenses~~ licenses or certificates to applicants holding certificates from the national boards of their respective branches of the healing arts if their credentials, schools of graduation, and national board examinations and results are acceptable to the Board. The Board shall promulgate regulations in order to carry out the provisions of this section.

C. The Board of Medicine shall prioritize applicants for licensure as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner from such states that are contiguous with the Commonwealth in processing their applications for licensure by endorsement through a streamlined process, with a final determination regarding qualification to be made within 20 days of the receipt of a completed application.

~~B. D.~~ The Board may issue authorization to practice valid for a period not to exceed three months to a practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in the state, District of Columbia, or Canada where the practitioner resides when the practitioner is in Virginia temporarily to practice the healing arts (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) in continuing education programs, or (iii) by rendering at any site any health care services within the limits of his license or certificate, voluntarily and without compensation, to any patient of any clinic that is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106. A fee not to exceed \$25 may be charged by the Board for the issuance of authorization to practice pursuant to the provisions of this subsection.

§ 54.1-2951.1. Requirements for licensure and practice as a physician assistant; licensure by endorsement.

A. The Board shall promulgate regulations establishing requirements for licensure as a physician assistant that shall include the following:

1. Successful completion of a physician assistant program or surgical physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant;

2. Passage of the certifying examination administered by the National Commission on Certification of Physician Assistants; and

3. Documentation that the applicant for licensure has not had his license or certification as a physician assistant suspended or revoked and is not the subject of any disciplinary proceedings in another jurisdiction.

B. The Board may issue a license by endorsement to an applicant for licensure as a physician assistant if the applicant (i) is the spouse of an active duty member of the Armed Forces of the United States or the Commonwealth, (ii) holds current certification from the National Commission on Certification of Physician Assistants, and (iii) holds a license as a physician assistant that is in good standing, or that is eligible for reinstatement if lapsed, under the laws of another state.

C. Every physician assistant shall practice as part of a patient care team and shall provide care in accordance with a written or electronic practice agreement with one or more patient care team physicians or patient care team podiatrists.

A practice agreement shall include acts pursuant to § 54.1-2952, provisions for the periodic review of patient charts or electronic health records, guidelines for collaboration and consultation among the parties to the agreement and the patient, periodic joint evaluation of the services delivered, and provisions for appropriate physician input in complex clinical cases, in patient emergencies, and for referrals.

A practice agreement may include provisions for periodic site visits by a patient care team physician or patient care team podiatrist who is part of the patient care team at a location other than where the licensee regularly practices. Such visits shall be in the manner and at the frequency as determined by the patient care team physician or patient care team podiatrist who is part of the patient care team.

D. Evidence of a practice agreement shall be maintained by the physician assistant and provided to the Board upon request. The practice agreement may be maintained in writing or electronically and may be a part of credentialing documents, practice protocols, or procedures.

§ 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 shall 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 of *Medicine and Nursing* 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, 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 emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input.

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

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

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

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

314 J. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of clinical
315 nurse specialist shall practice in consultation with a licensed physician in accordance with a practice
316 agreement between the nurse practitioner and the licensed physician. Such practice agreement shall
317 address the availability of the physician for routine and urgent consultation on patient care. Evidence of
318 a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon
319 request. The practice of clinical nurse specialists shall be consistent with the standards of care for the
320 profession and with applicable laws and regulations.

321 **§ 54.1-2957. (Effective July 1, 2022) Licensure and practice of nurse practitioners.**

322 A. As used in this section, "clinical experience" means the postgraduate delivery of health care
323 directly to patients pursuant to a practice agreement with a patient care team physician.

324 B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing
325 the licensure of nurse practitioners. It is unlawful for a person to practice as a nurse practitioner in the
326 Commonwealth unless he holds such a joint license.

327 C. Every nurse practitioner other than a certified nurse midwife, certified registered nurse anesthetist,
328 or clinical nurse specialist or a nurse practitioner who meets the requirements of subsection I shall
329 maintain appropriate collaboration and consultation, as evidenced in a written or electronic practice
330 agreement, with at least one patient care team physician. A nurse practitioner who meets the
331 requirements of subsection I may practice without a written or electronic practice agreement. A certified
332 nurse midwife shall practice pursuant to subsection H. A nurse practitioner who is licensed by the
333 Boards of Medicine and Nursing as a clinical nurse specialist shall practice pursuant to subsection J. A
334 certified registered nurse anesthetist shall practice under the supervision of a licensed doctor of
335 medicine, osteopathy, podiatry, or dentistry. A nurse practitioner who is appointed as a medical
336 examiner pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or
337 osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.
338 Collaboration and consultation among nurse practitioners and patient care team physicians may be
339 provided through telemedicine as described in § 38.2-3418.16.

340 Physicians on patient care teams may require that a nurse practitioner be covered by a professional
341 liability insurance policy with limits equal to the current limitation on damages set forth in
342 § 8.01-581.15.

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

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

359 E. The Boards of Medicine and Nursing ~~may~~ shall issue a license by endorsement to an applicant to
360 practice as a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws
361 of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for
362 licensure required of nurse practitioners in the Commonwealth. A nurse practitioner to whom a license is
363 issued by endorsement may practice without a practice agreement with a patient care team physician
364 pursuant to subsection I if such application provides an attestation to the Boards of Medicine and
365 Nursing that the applicant has completed the equivalent of at least five years of full-time clinical
366 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 emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse practitioner provides evidence of efforts made to secure another patient care team physician and of access to physician input.

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

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

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

A nurse practitioner practicing without a practice agreement pursuant to this subsection shall obtain

428 and maintain coverage by or shall be named insured on a professional liability insurance policy with
429 limits equal to the current limitation on damages set forth in § 8.01-581.15.

430 J. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of clinical
431 nurse specialist shall practice in consultation with a licensed physician in accordance with a practice
432 agreement between the nurse practitioner and the licensed physician. Such practice agreement shall
433 address the availability of the physician for routine and urgent consultation on patient care. Evidence of
434 a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon
435 request. The practice of clinical nurse specialists shall be consistent with the standards of care for the
436 profession and with applicable laws and regulations.

437 **§ 54.1-2957.04. Licensure as a licensed certified midwife; practice as a licensed certified**
438 **midwife; use of title; required disclosures.**

439 A. It shall be unlawful for any person to practice or to hold himself out as practicing as a licensed
440 certified midwife or use in connection with his name the words "Licensed Certified Midwife" unless he
441 holds a license as such issued jointly by the Boards of Medicine and Nursing.

442 B. The Boards of Medicine and Nursing shall jointly adopt regulations for the licensure of licensed
443 certified midwives, which shall include criteria for licensure and renewal of a license as a certified
444 midwife that shall include a requirement that the applicant provide evidence satisfactory to the Boards of
445 current certification as a certified midwife by the American Midwifery Certification Board and that shall
446 be consistent with the requirements for certification as a certified midwife established by the American
447 Midwifery Certification Board.

448 C. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to
449 practice as a licensed certified midwife if the applicant has been licensed as a certified midwife under
450 the laws of another state and, pursuant to regulations of the Boards, the applicant meets the
451 qualifications for licensure as a licensed certified midwife in the Commonwealth.

452 D. C. Licensed certified midwives shall practice in consultation with a licensed physician in
453 accordance with a practice agreement between the licensed certified midwife and the licensed physician.
454 Such practice agreement shall address the availability of the physician for routine and urgent
455 consultation on patient care. Evidence of a practice agreement shall be maintained by the licensed
456 certified midwife and provided to the Board upon request. The Board shall adopt regulations for the
457 practice of licensed certified midwives, which shall be in accordance with regulations jointly adopted by
458 the Boards of Medicine and Nursing, which shall be consistent with the Standards for the Practice of
459 Midwifery set by the American College of Nurse-Midwives governing the practice of midwifery.

460 E. D. Notwithstanding any provision of law or regulation to the contrary, a licensed certified midwife
461 may prescribe Schedules II through VI controlled substances in accordance with regulations of the
462 Boards of Medicine and Nursing.

463 F. E. A licensed certified midwife who provides health care services to a patient outside of a hospital
464 or birthing center shall disclose to that patient, when appropriate, information on health risks associated
465 with births outside of a hospital or birthing center, including but not limited to risks associated with
466 vaginal births after a prior cesarean section, breech births, births by women experiencing high-risk
467 pregnancies, and births involving multiple gestation. As used in this subsection, "birthing center" shall
468 have the same meaning as in § 54.1-2957.03.

469 G. F. A licensed certified midwife who provides health care to a patient shall be liable for the
470 midwife's negligent, grossly negligent, or willful and wanton acts or omissions. Except as otherwise
471 provided by law, any (i) doctor of medicine or osteopathy who did not collaborate or consult with the
472 midwife regarding the patient and who has not previously treated the patient for this pregnancy, (ii)
473 physician assistant, (iii) nurse practitioner, (iv) prehospital emergency medical personnel, or (v) hospital
474 as defined in § 32.1-123, or any employee of, person providing services pursuant to a contract with, or
475 agent of such hospital, that provides screening and stabilization health care services to a patient as a
476 result of a licensed certified midwife's negligent, grossly negligent, or willful and wanton acts or
477 omissions shall be immune from liability for acts or omissions constituting ordinary negligence.

478 **§ 54.1-3018. Registered nurse's license by endorsement.**

479 A. The Board may shall issue a license by endorsement to an applicant to practice professional
480 nursing if the applicant has been licensed as a professional or registered nurse under the laws of another
481 state, the District of Columbia, or a United States possession or territory or possession, and, in the
482 opinion of the Board, the applicant meets the qualifications required of registered nurses in this
483 Commonwealth.

484 B. The Board shall also endorse for licensure nurses who hold an unrestricted license in Canada and
485 whose training was obtained in a nursing school in Canada where English was the primary language and
486 who have passed the Canadian Registered Nurses Examination (CRNE).

487 **§ 54.1-3021. Practical nurse's license by endorsement.**

488 The Board may shall issue a license by endorsement to any applicant to practice as a licensed
489 practical nurse if the applicant has been licensed as a practical nurse or a person entitled to perform

similar services under laws of another state, the District of Columbia, or a United States possession or territory or possession and, in the opinion of the Board, the applicant meets the requirements for licensed practical nurses in this Commonwealth.

§ 54.1-3024. Application for certification by endorsement.

A. Every applicant for certification by endorsement shall pay the required application fee, and shall submit the information such evidence as may be required by the Board in the manner and form specified by the Board; and shall submit written evidence that the applicant.

B. The Board shall certify as a nurse aide every applicant for certification by endorsement who:

1. Is certified to practice as a nurse aide by another state or territory of, the District of Columbia, or a United States (with territory or possession that has established requirements for certification that are essentially similar to the requirements for certification set out in this article) and that such whose certification is in good standing;

2. Has not committed any act or omission that would be grounds for discipline or denial of certification under this article; and

3. Has no record of abuse, negligent practice, or misappropriation of a patient's or resident's property or any disciplinary action taken or pending in any other state or territory against such certification.

§ 54.1-3042.1. Registration by endorsement.

The Board shall register as a medication aide every applicant for registration by endorsement who:

1. Is registered to practice as a medication aide by another state, the District of Columbia, or a United States territory or possession and, in the opinion of the Board, the applicant meets the qualifications required for registration as a medication aide in this Commonwealth; and

2. Has not committed any act that would be grounds for discipline or denial of registration under this article.