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## HOUSE BILL NO. 1435

Offered January 14, 2015

Prefiled December 24, 2014

*A BILL to amend and reenact §§ 32.1-282, 54.1-2952, and 54.1-2957 of the Code of Virginia, relating to appointment of physician assistants and nurse practitioners as medical examiners.*

Patrons—O'Bannon and Peace

Referred to Committee on Health, Welfare and Institutions

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 32.1-282, 54.1-2952, and 54.1-2957 of the Code of Virginia are amended and reenacted as follows:**

**§ 32.1-282. Medical examiners.**

A. The Chief Medical Examiner shall appoint for each county and city one or more medical examiners, who shall be licensed ~~to practice as a doctor of medicine or osteopathic medicine, a physician assistant, or a nurse practitioner~~ in the Commonwealth and appointed as agents of the Commonwealth, to assist the Office of the Chief Medical Examiner with medicolegal death investigations. A physician assistant appointed as a medical examiner shall have a practice agreement with and be under the continuous supervision of a physician medical examiner in accordance with § 54.1-2952. A nurse practitioner appointed as a medical examiner shall have a practice agreement with and practice in collaboration with a physician medical examiner in accordance with § 54.1-2957.

B. Each medical examiner appointed pursuant to subsection A shall take office on the first day of October of the year of appointment. The term of each medical examiner so appointed shall be three years.

C. The Chief Medical Examiner shall fill any medical examiner vacancy for the unexpired term and shall make any necessary temporary appointments.

**§ 54.1-2952. Supervision of assistants by licensed physician, or podiatrist; services that may be performed by assistants; responsibility of licensee; employment of assistants.**

A. A physician or a podiatrist licensed under this chapter may apply to the Board to supervise assistants and delegate certain acts which constitute the practice of medicine to the extent and in the manner authorized by the Board. The physician shall provide continuous supervision as required by this section; however, the requirement for physician supervision of assistants shall not be construed as requiring the physical presence of the supervising physician during all times and places of service delivery by assistants. Each team of supervising physician and physician assistant shall identify the relevant physician assistant's scope of practice, including, but not limited to, the delegation of medical tasks as appropriate to the physician assistant's level of competence, the physician assistant's relationship with and access to the supervising physician, and an evaluation process for the physician assistant's performance.

*Physician assistants appointed as medical examiners pursuant to § 32.1-282 shall be under the continuous supervision of a licensed doctor of medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.*

No licensee shall be allowed to supervise more than six assistants at any one time.

Any professional corporation or partnership of any licensee, any hospital and any commercial enterprise having medical facilities for its employees which are supervised by one or more physicians or podiatrists may employ one or more assistants in accordance with the provisions of this section.

Activities shall be delegated in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a written practice supervision agreement between the assistant and the supervising health care provider and may include health care services which are educational, diagnostic, therapeutic, preventive, or include treatment, but shall not include the establishment of a final diagnosis or treatment plan for the patient unless set forth in the written practice supervision agreement. Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a licensee is authorized to delegate and supervise initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, when performed under the direction, supervision and control of the supervising licensee. When practicing in a hospital, the assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require, and shall record such finding in appropriate institutional records. The assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. The

59 supervising physician shall review, prior to the patient's discharge, the services rendered to each patient  
60 by a physician assistant in a hospital's emergency department. An assistant who is employed to practice  
61 in an emergency department shall be under the supervision of a physician present within the facility.

62 Further, unless otherwise prohibited by federal law or by hospital bylaws, rules, or policies, nothing  
63 in this section shall prohibit any physician assistant who is not employed by the emergency physician or  
64 his professional entity from practicing in a hospital emergency department, within the scope of his  
65 practice, while under continuous physician supervision as required by this section, whether or not the  
66 supervising physician is physically present in the facility. The supervising physician who authorizes such  
67 practice by his assistant shall (i) retain exclusive supervisory control of and responsibility for the  
68 assistant and (ii) be available at all times for consultation with both the assistant and the emergency  
69 department physician. Prior to the patient's discharge from the emergency department, the assistant shall  
70 communicate the proposed disposition plan for any patient under his care to both his supervising  
71 physician and the emergency department physician. No person shall have control of or supervisory  
72 responsibility for any physician assistant who is not employed by the person or the person's business  
73 entity.

74 B. No assistant shall perform any delegated acts except at the direction of the licensee and under his  
75 supervision and control. No physician assistant practicing in a hospital shall render care to a patient  
76 unless the physician responsible for that patient has signed the practice agreement, pursuant to  
77 regulations of the Board, to act as supervising physician for that assistant. Every licensee, professional  
78 corporation or partnership of licensees, hospital or commercial enterprise that employs an assistant shall  
79 be fully responsible for the acts of the assistant in the care and treatment of human beings.

80 C. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is  
81 working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of  
82 radiology, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic  
83 technology procedures consistent with Board regulations, and (iii) has successfully completed the exam  
84 administered by the American Registry of Radiologic Technologists for physician assistants for the  
85 purpose of performing radiologic technology procedures may use fluoroscopy for guidance of diagnostic  
86 and therapeutic procedures.

87 **§ 54.1-2957. Licensure and practice of nurse practitioners; practice agreements.**

88 A. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing  
89 the licensure of nurse practitioners. It shall be unlawful for a person to practice as a nurse practitioner in  
90 the Commonwealth unless he holds such a joint license.

91 B. A nurse practitioner shall only practice as part of a patient care team. Each member of a patient  
92 care team shall have specific responsibilities related to the care of the patient or patients and shall  
93 provide health care services within the scope of his usual professional activities. Nurse practitioners  
94 practicing as part of a patient care team shall maintain appropriate collaboration and consultation, as  
95 evidenced in a written or electronic practice agreement, with at least one patient care team physician.  
96 Nurse practitioners who are certified registered nurse anesthetists shall practice under the supervision of  
97 a licensed doctor of medicine, osteopathy, podiatry, or dentistry. *Nurse practitioners appointed as*  
98 *medical examiners pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of*  
99 *medicine or osteopathic medicine who has been appointed to serve as a medical examiner pursuant to §*  
100 *32.1-282.* Collaboration and consultation among nurse practitioners and patient care team physicians may  
101 be provided through telemedicine as described in § 38.2-3418.16. Practice of patient care teams in all  
102 settings shall include the periodic review of patient charts or electronic health records and may include  
103 visits to the site where health care is delivered in the manner and at the frequency determined by the  
104 patient care team.

105 Physicians on patient care teams may require that a nurse practitioner be covered by a professional  
106 liability insurance policy with limits equal to the current limitation on damages set forth in  
107 § 8.01-581.15.

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

110 C. The Board of Medicine and the Board of Nursing shall jointly promulgate regulations specifying  
111 collaboration and consultation among physicians and nurse practitioners working as part of patient care  
112 teams that shall include the development of, and periodic review and revision of, a written or electronic  
113 practice agreement; guidelines for availability and ongoing communications that define consultation  
114 among the collaborating parties and the patient; and periodic joint evaluation of the services delivered.  
115 Practice agreements shall include a provision for appropriate physician input in complex clinical cases  
116 and patient emergencies and for referrals. Evidence of a practice agreement shall be maintained by a  
117 nurse practitioner and provided to the Boards upon request. For nurse practitioners providing care to  
118 patients within a hospital or health care system, the practice agreement may be included as part of  
119 documents delineating the nurse practitioner's clinical privileges or the electronic or written delineation  
120 of duties and responsibilities in collaboration and consultation with a patient care team physician.

121 D. The Boards may issue a license by endorsement to an applicant to practice as a nurse practitioner  
122 if the applicant has been licensed as a nurse practitioner under the laws of another state and, in the  
123 opinion of the Boards, the applicant meets the qualifications for licensure required of nurse practitioners  
124 in the Commonwealth.

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

127 F. As used in this section:

128 "Collaboration" means the communication and decision-making process among members of a patient  
129 care team related to the treatment and care of a patient and includes (i) communication of data and  
130 information about the treatment and care of a patient, including exchange of clinical observations and  
131 assessments; and (ii) development of an appropriate plan of care, including decisions regarding the  
132 health care provided, accessing and assessment of appropriate additional resources or expertise, and  
133 arrangement of appropriate referrals, testing, or studies.

134 "Consultation" means the communicating of data and information, exchanging of clinical observations  
135 and assessments, accessing and assessing of additional resources and expertise, problem-solving, and  
136 arranging for referrals, testing, or studies.