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HOUSE BILL NO. 1737

Offered January 13, 2021

Prefiled October 27, 2020

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

Patrons—Adams, D.M., Avoli, Ayala, Batten, Bulova, Carter, Cole, M.L., Coyner, Fowler, Freitas, Guy, Guzman, Hurst, Jenkins, Keam, Kory, Levine, McQuinn, Murphy, Plum, Robinson, Simon, Simonds, Sullivan and Watts; Senators: Boysko, Deeds, Marsden, Peake and Stanley

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2957 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2957. Licensure and practice of nurse practitioners.

A. As used in this section:

"Clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

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

C. Every nurse practitioner other than a nurse practitioner licensed by the Boards of Medicine and Nursing as a certified nurse midwife or a certified registered nurse anesthetist 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 nurse practitioner who is licensed by the Boards of Medicine and Nursing as a certified nurse midwife shall practice pursuant to subsection H. A nurse practitioner who is 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

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57 completed the equivalent of at least ~~five~~ *two* years of full-time clinical experience, as determined by the  
58 Boards, in accordance with the laws of 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 nurse practitioners.

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

74 H. Nurse practitioners licensed by the Boards of Medicine and Nursing in the category of certified  
75 nurse midwife shall practice in consultation with a licensed physician in accordance with a practice  
76 agreement between the nurse practitioner and the licensed physician. Such practice agreement shall  
77 address the availability of the physician for routine and urgent consultation on patient care. Evidence of  
78 a practice agreement shall be maintained by a nurse practitioner and provided to the Boards upon  
79 request. The Boards shall jointly promulgate regulations, consistent with the Standards for the Practice  
80 of Midwifery set by the American College of Nurse-Midwives, governing such practice.

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

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

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