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HOUSE BILL NO. 1769

Offered January 13, 2021

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A *BILL to amend and reenact §§ 54.1-2927, 54.1-2951.1, and 54.1-2957 of the Code of Virginia, relating to certain health care providers; licensure or certification by endorsement.*

Patrons—Freitas and Cole, M.L.

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-2927, 54.1-2951.1, and 54.1-2957 of the Code of Virginia are amended and reenacted as follows:

§ 54.1-2927. Applicants from other states without reciprocity; licensure by endorsement; 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 authority~~ are fully equal to those required by the Virginia Board.

B. The Board may issue certificates or licenses 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.

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 enter into a written

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59 or electronic practice agreement with at least one patient care team physician or patient care team
60 podiatrist.

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

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

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

73 **§ 54.1-2957. Licensure and practice of nurse practitioners.**

74 A. As used in this section:

75 "~~Clinical~~, *clinical* experience" means the postgraduate delivery of health care directly to patients
76 pursuant to a practice agreement with a patient care team physician.

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

80 C. Every nurse practitioner other than a nurse practitioner licensed by the Boards of Medicine and
81 Nursing as a certified nurse midwife or a certified registered nurse anesthetist or a nurse practitioner
82 who meets the requirements of subsection I shall maintain appropriate collaboration and consultation, as
83 evidenced in a written or electronic practice agreement, with at least one patient care team physician. A
84 nurse practitioner who meets the requirements of subsection I may practice without a written or
85 electronic practice agreement. A nurse practitioner who is licensed by the Boards of Medicine and
86 Nursing as a certified nurse midwife shall practice pursuant to subsection H. A nurse practitioner who is
87 a certified registered nurse anesthetists shall practice under the supervision of a licensed doctor of
88 medicine, osteopathy, podiatry, or dentistry. A nurse practitioner who is appointed as a medical
89 examiner pursuant to § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or
90 osteopathic medicine who has been appointed to serve as a medical examiner pursuant to § 32.1-282.
91 Collaboration and consultation among nurse practitioners and patient care team physicians may be
92 provided through telemedicine as described in § 38.2-3418.16.

93 Physicians on patient care teams may require that a nurse practitioner be covered by a professional
94 liability insurance policy with limits equal to the current limitation on damages set forth in
95 § 8.01-581.15.

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

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

112 E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to
113 practice as a nurse practitioner if the applicant has been licensed as a nurse practitioner under the laws
114 of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for
115 licensure required of nurse practitioners in the Commonwealth. A nurse practitioner to whom a license is
116 issued by endorsement pursuant to § 54.1-2927 may practice without a practice agreement with a patient
117 care team physician pursuant to subsection I if such ~~application~~ applicant provides an attestation to the
118 Boards that the applicant has completed the equivalent of at least five years of full-time clinical
119 experience, as determined by the Boards, in accordance with the laws of the state in which the nurse
120 practitioner was licensed.

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

123 G. In the event a physician who is serving as a patient care team physician dies, becomes disabled,
124 retires from active practice, surrenders his license or has it suspended or revoked by the Board, or
125 relocates his practice such that he is no longer able to serve, and a nurse practitioner is unable to enter
126 into a new practice agreement with another patient care team physician, the nurse practitioner may
127 continue to practice upon notification to the designee or his alternate of the Boards and receipt of such
128 notification. Such nurse practitioner may continue to treat patients without a patient care team physician
129 for an initial period not to exceed 60 days, provided the nurse practitioner continues to prescribe only
130 those drugs previously authorized by the practice agreement with such physician and to have access to
131 appropriate input from appropriate health care providers in complex clinical cases and patient
132 emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the
133 nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse
134 practitioner provides evidence of efforts made to secure another patient care team physician and of
135 access to physician input.

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

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

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

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