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HOUSE BILL NO. 793

Offered January 10, 2018

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A BILL to amend and reenact §§ 22.1-271.7, 32.1-263, 32.1-282, 54.1-2900, 54.1-2901, 54.1-2957, 54.1-2957.01, 54.1-3016, 54.1-3018.1, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3482, and 54.1-3482.1 of the Code of Virginia, relating to nurse practitioners; practice agreements.

Patrons—Robinson, Adams, D.M., Bell, John J., Boysko, Bulova, Carroll Foy, Cole, Fariss, Freitas, Guzman, Hope, Hugo, Hurst, Keam, Kilgore, Landes, Lopez, McQuinn, Murphy, Plum, Ransone, Sullivan and Tran

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ 22.1-271.7, 32.1-263, 32.1-282, 54.1-2900, 54.1-2901, 54.1-2957, 54.1-2957.01, 54.1-3016, 54.1-3018.1, 54.1-3300, 54.1-3300.1, 54.1-3301, 54.1-3482, and 54.1-3482.1 of the Code of Virginia are amended and reenacted as follows:

§ 22.1-271.7. Public middle school student-athletes; pre-participation physical examination.

No public middle school student shall be a participant on or try out for any school athletic team or squad with a predetermined roster, regular practices, and scheduled competitions with other middle schools unless such student has submitted to the school principal a signed report from a licensed physician, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician attesting that such student has been examined, within the preceding 12 months, and found to be physically fit for athletic competition.

§ 32.1-263. Filing death certificates; medical certification; investigation by Office of the Chief Medical Examiner.

A. A death certificate, including, if known, the social security number or control number issued by the Department of Motor Vehicles pursuant to § 46.2-342 of the deceased, shall be filed for each death that occurs in the Commonwealth. Non-electronically filed death certificates shall be filed with the registrar of any district in the Commonwealth within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Electronically filed death certificates shall be filed with the State Registrar of Vital Records within three days after such death and prior to final disposition or removal of the body from the Commonwealth. Any death certificate shall be registered by such registrar if it has been completed and filed in accordance with the following requirements:

1. If the place of death is unknown, but the dead body is found in the Commonwealth, the death shall be registered in the Commonwealth and the place where the dead body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation, taking into consideration all relevant information, including information provided by the immediate family regarding the date and time that the deceased was last seen alive, if the individual died in his home; and

2. When death occurs in a moving conveyance, in the United States of America and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth and the place where it is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international waters or air space or in a foreign country or its air space and the body is first removed from the conveyance in the Commonwealth, the death shall be registered in the Commonwealth but the certificate shall show the actual place of death insofar as can be determined.

B. The licensed funeral director, funeral service licensee, office of the state anatomical program, or next of kin as defined in § 54.1-2800 who first assumes custody of a dead body shall file the certificate of death with the registrar. He shall obtain the personal data, including the social security number of the deceased or control number issued to the deceased by the Department of Motor Vehicles pursuant to § 46.2-342, from the next of kin or the best qualified person or source available and obtain the medical certification from the person responsible therefor.

C. The medical certification shall be completed, signed in black or dark blue ink, and returned to the funeral director within 24 hours after death by the physician in charge of the patient's care for the illness or condition which resulted in death except when inquiry or investigation by the Office of the Chief Medical Examiner is required by § 32.1-283 or 32.1-285.1, or by the physician that pronounces death pursuant to § 54.1-2972.

In the absence of such physician or with his approval, the certificate may be completed and signed by the following: (i) another physician employed or engaged by the same professional practice; (ii) a

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57 physician assistant supervised by such physician; (iii) a nurse practitioner practicing as ~~part of a patient~~
58 ~~care team as defined in § 54.1-2900~~ in accordance with the provisions of § 54.1-2957; (iv) the chief
59 medical officer or medical director, or his designee, of the institution, hospice, or nursing home in which
60 death occurred; (v) a physician specializing in the delivery of health care to hospitalized or emergency
61 department patients who is employed by or engaged by the facility where the death occurred; (vi) the
62 physician who performed an autopsy upon the decedent; or (vii) an individual to whom the physician
63 has delegated authority to complete and sign the certificate, if such individual has access to the medical
64 history of the case and death is due to natural causes.

65 D. When inquiry or investigation by the Office of the Chief Medical Examiner is required by
66 § 32.1-283 or 32.1-285.1, the Chief Medical Examiner shall cause an investigation of the cause of death
67 to be made and the medical certification portion of the death certificate to be completed and signed
68 within 24 hours after being notified of the death. If the Office of the Chief Medical Examiner refuses
69 jurisdiction, the physician last furnishing medical care to the deceased shall prepare and sign the medical
70 certification portion of the death certificate.

71 E. If the death is a natural death and a death certificate is being prepared pursuant to § 54.1-2972
72 and the physician, nurse practitioner, or physician assistant is uncertain about the cause of death, he
73 shall use his best medical judgment to certify a reasonable cause of death or contact the health district
74 physician director in the district where the death occurred to obtain guidance in reaching a determination
75 as to a cause of death and document the same.

76 If the cause of death cannot be determined within 24 hours after death, the medical certification shall
77 be completed as provided by regulations of the Board. The attending physician or the Chief Medical
78 Examiner, an Assistant Chief Medical Examiner, or a medical examiner appointed pursuant to
79 § 32.1-282 shall give the funeral director or person acting as such notice of the reason for the delay, and
80 final disposition of the body shall not be made until authorized by the attending physician, the Chief
81 Medical Examiner, an Assistant Chief Medical Examiner, or a medical examiner appointed pursuant to
82 § 32.1-282.

83 F. A physician, nurse practitioner, or physician assistant who, in good faith, signs a certificate of
84 death or determines the cause of death shall be immune from civil liability, only for such signature and
85 determination of causes of death on such certificate, absent gross negligence or willful misconduct.

86 **§ 32.1-282. Medical examiners.**

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

95 B. At the request of the Chief Medical Examiner, the Assistant Chief Medical Examiner, or their
96 designees, medical examiners may assist the Office of the Chief Medical Examiner with cases requiring
97 medicolegal death investigations in accordance with § 32.1-283.

98 C. The term of each medical examiner appointed, other than an appointment to fill a vacancy, shall
99 begin on the first day of October of the year of appointment. The term of each medical examiner shall
100 be three years; however, an appointment to fill a vacancy shall be for the unexpired term.

101 **§ 54.1-2900. Definitions.**

102 As used in this chapter, unless the context requires a different meaning:

103 "Acupuncturist" means an individual approved by the Board to practice acupuncture. This is limited
104 to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy,
105 chiropractic or podiatry who has successfully completed the requirements for licensure established by the
106 Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

107 "Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles
108 in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the
109 context of a chemical dependency treatment program.

110 "Board" means the Board of Medicine.

111 "Certified nurse midwife" means an advanced practice registered nurse who is certified in the
112 specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a
113 nurse practitioner pursuant to § 54.1-2957.

114 "Certified registered nurse anesthetist" means an advanced practice registered nurse who is certified
115 in the specialty of nurse anesthesia, who is jointly licensed by the Boards of Medicine and Nursing as a
116 nurse practitioner pursuant to § 54.1-2957, and who practices under the supervision of a doctor of
117 medicine, osteopathy, podiatry, or dentistry but is not subject to the practice agreement requirement
118 described in § 54.1-2957.

"Genetic counselor" means a person licensed by the Board to engage in the practice of genetic counseling.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Medical malpractice judgment" means any final order of any court entering judgment against a licensee of the Board that arises out of any tort action or breach of contract action for personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Medical malpractice settlement" means any written agreement and release entered into by or on behalf of a licensee of the Board in response to a written claim for money damages that arises out of any personal injuries or wrongful death, based on health care or professional services rendered, or that should have been rendered, by a health care provider, to a patient.

"Nurse practitioner" means an advanced practice registered nurse who is jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957.

"Occupational therapy assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed occupational therapist to assist in the practice of occupational therapy.

"Patient care team" means a multidisciplinary team of health care providers actively functioning as a unit with the management and leadership of one or more patient care team physicians for the purpose of providing and delivering health care to a patient or group of patients.

"Patient care team physician" means a physician who is actively licensed to practice medicine in the Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management and leadership in the care of patients as part of a patient care team.

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines. "Practice of chiropractic" shall include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners.

"Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v) evaluating the patient's and family's responses to the medical condition or risk of recurrence and

180 providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community
181 resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii)
182 providing written documentation of medical, genetic, and counseling information for families and health
183 care professionals.

184 "Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of
185 human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

186 "Practice of occupational therapy" means the therapeutic use of occupations for habilitation and
187 rehabilitation to enhance physical health, mental health, and cognitive functioning and includes the
188 evaluation, analysis, assessment, and delivery of education and training in basic and instrumental
189 activities of daily living; the design, fabrication, and application of orthoses (splints); the design,
190 selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance
191 functional performance; vocational evaluation and training; and consultation concerning the adaptation of
192 physical, sensory, and social environments.

193 "Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical
194 conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical
195 and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of
196 the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the
197 metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility
198 accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of
199 lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and
200 ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital
201 or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The
202 Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within
203 the scope of practice of podiatry.

204 "Practice of radiologic technology" means the application of ionizing radiation to human beings for
205 diagnostic or therapeutic purposes.

206 "Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and
207 therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease
208 prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or
209 osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a
210 practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii)
211 observation and monitoring of signs and symptoms, general behavior, general physical response to
212 respiratory care treatment and diagnostic testing, including determination of whether such signs,
213 symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv)
214 implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting,
215 referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a
216 licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures,
217 pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care
218 may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed
219 appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or
220 osteopathic medicine, and shall be performed under qualified medical direction.

221 "Qualified medical direction" means, in the context of the practice of respiratory care, having readily
222 accessible to the respiratory therapist a licensed practitioner of medicine or osteopathic medicine who
223 has specialty training or experience in the management of acute and chronic respiratory disorders and
224 who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the
225 respiratory therapist.

226 "Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy,
227 podiatry, or chiropractic or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.), who (i)
228 performs, may be called upon to perform, or is licensed to perform a comprehensive scope of diagnostic
229 or therapeutic radiologic procedures employing ionizing radiation and (ii) is delegated or exercises
230 responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from
231 unnecessary radiation, the appropriate exposure of radiographs, the administration of radioactive
232 chemical compounds under the direction of an authorized user as specified by regulations of the
233 Department of Health, or other procedures that contribute to any significant extent to the site or dosage
234 of ionizing radiation to which a patient is exposed.

235 "Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist,
236 dental hygienist, or person who is otherwise authorized by the Board of Dentistry under Chapter 27
237 (§ 54.1-2700 et seq.) and the regulations pursuant thereto, who performs diagnostic radiographic
238 procedures employing equipment that emits ionizing radiation that is limited to specific areas of the
239 human body.

240 "Radiologist assistant" means an individual who has met the requirements of the Board for licensure
241 as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor

of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

§ 54.1-2901. Exceptions and exemptions generally.

A. The provisions of this chapter shall not prevent or prohibit:

1. Any person entitled to practice his profession under any prior law on June 24, 1944, from continuing such practice within the scope of the definition of his particular school of practice;

2. Any person licensed to practice naturopathy prior to June 30, 1980, from continuing such practice in accordance with regulations promulgated by the Board;

3. Any licensed nurse practitioner from rendering care in ~~collaboration and consultation with a patient care team physician as part of a patient care team pursuant to §~~ *accordance with the provisions of §§ 54.1-2957 and 54.1-2957.01* or any nurse practitioner licensed by the Boards of Nursing and Medicine *and Nursing* in the category of certified nurse midwife practicing pursuant to subsection H of § 54.1-2957 when such services are authorized by regulations promulgated jointly by the ~~Board~~ *Boards* of Medicine and ~~the Board of Nursing~~;

4. Any registered professional nurse, licensed nurse practitioner, graduate laboratory technician or other technical personnel who have been properly trained from rendering care or services within the scope of their usual professional activities which shall include the taking of blood, the giving of intravenous infusions and intravenous injections, and the insertion of tubes when performed under the orders of a person licensed to practice medicine or osteopathy, a nurse practitioner, or a physician assistant;

5. Any dentist, pharmacist or optometrist from rendering care or services within the scope of his usual professional activities;

6. Any practitioner licensed or certified by the Board from delegating to personnel supervised by him, such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by practitioners of the healing arts, if such activities or functions are authorized by and performed for such practitioners of the healing arts and responsibility for such activities or functions is assumed by such practitioners of the healing arts;

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to emergency medical personnel acting in an emergency situation;

8. The domestic administration of family remedies;

9. The giving or use of massages, steam baths, dry heat rooms, infrared heat or ultraviolet lamps in public or private health clubs and spas;

10. The manufacture or sale of proprietary medicines in this Commonwealth by licensed pharmacists or druggists;

11. The advertising or sale of commercial appliances or remedies;

12. The fitting by nonitinerant persons or manufacturers of artificial eyes, limbs or other apparatus or appliances or the fitting of plaster cast counterparts of deformed portions of the body by a nonitinerant bracer or prosthetist for the purpose of having a three-dimensional record of the deformity, when such bracer or prosthetist has received a prescription from a licensed physician, licensed nurse practitioner, or licensed physician assistant directing the fitting of such casts and such activities are conducted in conformity with the laws of Virginia;

13. Any person from the rendering of first aid or medical assistance in an emergency in the absence of a person licensed to practice medicine or osteopathy under the provisions of this chapter;

14. The practice of the religious tenets of any church in the ministration to the sick and suffering by mental or spiritual means without the use of any drug or material remedy, whether gratuitously or for compensation;

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;

16. Any practitioner of the healing arts licensed or certified and in good standing with the applicable regulatory agency in another state or Canada when that practitioner of the healing arts is in Virginia

temporarily and such practitioner has been issued a temporary authorization by the Board from practicing medicine or the duties of the profession for which he is licensed or certified (i) in a summer camp or in conjunction with patients who are participating in recreational activities, (ii) while participating in continuing educational programs prescribed by the Board, or (iii) by rendering at any site any health care services within the limits of his license, voluntarily and without compensation, to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106;

17. The performance of the duties of any active duty health care provider in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States at any public or private health care facility while such individual is so commissioned or serving and in accordance with his official military duties;

18. Any masseur, who publicly represents himself as such, from performing services within the scope of his usual professional activities and in conformance with state law;

19. Any person from performing services in the lawful conduct of his particular profession or business under state law;

20. Any person from rendering emergency care pursuant to the provisions of § 8.01-225;

21. Qualified emergency medical services personnel, when acting within the scope of their certification, and licensed health care practitioners, when acting within their scope of practice, from following Durable Do Not Resuscitate Orders issued in accordance with § 54.1-2987.1 and Board of Health regulations, or licensed health care practitioners from following any other written order of a physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

22. Any commissioned or contract medical officer of the army, navy, coast guard or air force rendering services voluntarily and without compensation while deemed to be licensed pursuant to § 54.1-106;

23. Any provider of a chemical dependency treatment program who is certified as an "acupuncture detoxification specialist" by the National Acupuncture Detoxification Association or an equivalent certifying body, from administering auricular acupuncture treatment under the appropriate supervision of a National Acupuncture Detoxification Association certified licensed physician or licensed acupuncturist;

24. Any employee of any assisted living facility who is certified in cardiopulmonary resuscitation (CPR) acting in compliance with the patient's individualized service plan and with the written order of the attending physician not to resuscitate a patient in the event of cardiac or respiratory arrest;

25. Any person working as a health assistant under the direction of a licensed medical or osteopathic doctor within the Department of Corrections, the Department of Juvenile Justice or local correctional facilities;

26. Any employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, when, upon the authorization of a prescriber and the written request of the parents as defined in § 22.1-1, assisting with the administration of insulin or administering glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia;

27. Any practitioner of the healing arts or other profession regulated by the Board from rendering free health care to an underserved population of Virginia who (i) does not regularly practice his profession in Virginia, (ii) holds a current valid license or certificate to practice his profession in another state, territory, district or possession of the United States, (iii) volunteers to provide free health care to an underserved area of the Commonwealth under the auspices of a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people, (iv) files a copy of the license or certification issued in such other jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any practitioner of the healing arts whose license or certificate has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a practitioner of the healing arts who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state;

28. Any registered nurse, acting as an agent of the Department of Health, from obtaining specimens of sputum or other bodily fluid from persons in whom the diagnosis of active tuberculosis disease, as defined in § 32.1-49.1, is suspected and submitting orders for testing of such specimens to the Division of Consolidated Laboratories or other public health laboratories, designated by the State Health Commissioner, for the purpose of determining the presence or absence of tubercle bacilli as defined in § 32.1-49.1;

29. Any physician of medicine or osteopathy or nurse practitioner from delegating to a registered nurse under his supervision the screening and testing of children for elevated blood-lead levels when such testing is conducted (i) in accordance with a written protocol between the physician or nurse practitioner and the registered nurse and (ii) in compliance with the Board of Health's regulations promulgated pursuant to §§ 32.1-46.1 and 32.1-46.2. Any follow-up testing or treatment shall be conducted at the direction of a physician or nurse practitioner;

30. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state or Canada from engaging in the practice of that profession when the practitioner is in Virginia temporarily with an out-of-state athletic team or athlete for the duration of the athletic tournament, game, or event in which the team or athlete is competing;

31. Any person from performing state or federally funded health care tasks directed by the consumer, which are typically self-performed, for an individual who lives in a private residence and who, by reason of disability, is unable to perform such tasks but who is capable of directing the appropriate performance of such tasks; or

32. Any practitioner of one of the professions regulated by the Board of Medicine who is in good standing with the applicable regulatory agency in another state from engaging in the practice of that profession in Virginia with a patient who is being transported to or from a Virginia hospital for care.

B. Notwithstanding any provision of law or regulation to the contrary, military medical personnel, as defined in § 2.2-2001.4, while participating in a pilot program established by the Department of Veterans Services pursuant to § 2.2-2001.4, may practice under the supervision of a licensed physician or podiatrist.

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

A. As used in this section:

"Collaborating provider" means a physician who is licensed by the Board of Medicine to practice medicine in the Commonwealth or another nurse practitioner who is licensed jointly by the Boards of Medicine and Nursing and who meets the requirements for practice without a written or electronic practice agreement set forth in subsection I.

"Collaboration" means the communication and decision-making process among members of a patient care team related to the a relationship between a nurse practitioner and a collaborating provider that includes the degree of cooperation necessary to provide treatment and care of a patient and includes (i) communication of data and information about the treatment and care of a patient, including exchange of clinical observations and assessments, and (ii) development of an appropriate plan of care, including decisions regarding the health care provided, accessing and assessment of appropriate additional resources or expertise, and arrangement of appropriate referrals, testing, or studies.

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

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

C. Except as provided in A nurse practitioner meeting the requirements of subsection H, a nurse practitioner shall only practice as part of a patient care team. Each member of a patient care team shall have specific responsibilities related to the care of the patient or patients and shall provide health care services within the scope of his usual professional activities. Nurse practitioners practicing as part of a patient care team shall maintain appropriate collaboration and consultation, as evidenced in or I may practice without a written or electronic practice agreement, with at least one patient care team physician. Nurse practitioners who are certified registered nurse anesthetists shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. Nurse practitioners appointed as medical examiners 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. A nurse practitioner, other than a certified nurse midwife or certified registered nurse anesthetist, not meeting the requirements of subsection I shall maintain appropriate collaboration and consultation, as evidenced by a written or electronic practice agreement, with at least one collaborating provider. Collaboration and consultation among nurse practitioners and patient care team physicians collaborating providers may be provided through telemedicine as described in § 38.2-3418.16. Practice of patient care teams in all settings shall include the periodic review of patient charts or electronic health records and may include visits to the site where health care is delivered in the manner and at the frequency determined by the patient care team.

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

426 § 8.01-581.15.

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

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

444 Service according to a practice agreement shall not, by the existence of such service alone, establish
445 or create liability for the actions or inactions of other participating members.

446 E. The Boards may issue a license by endorsement to an applicant to practice as a nurse practitioner
447 if the applicant has been licensed as a nurse practitioner under the laws of another state and, ~~in the~~
448 ~~opinion~~ *pursuant to regulations* of the Boards, the applicant meets the qualifications for licensure
449 required of nurse practitioners in the Commonwealth.

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

452 G. In the event a ~~physician who is serving as a patient care team physician~~ *collaborating provider*
453 dies, becomes disabled, retires from active practice, surrenders his license or has it suspended or revoked
454 by the Board ~~or Boards~~, or relocates his practice such that he is no longer able to serve, and a nurse
455 practitioner is unable to enter into a new practice agreement with another ~~patient care team physician~~
456 *collaborating provider*, the nurse practitioner may continue to practice upon notification to the designee
457 or his alternate of the Boards and receipt of such notification. Such nurse practitioner may continue to
458 treat patients without a ~~patient care team physician collaborating provider~~ for an initial period not to
459 exceed 60 days, provided the nurse practitioner continues to prescribe only those drugs previously
460 authorized by the practice agreement with such ~~physician collaborating provider~~ and to have access to
461 appropriate ~~physician~~ *physician* input ~~from a collaborating provider~~ in complex clinical cases and patient
462 emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the
463 nurse practitioner to continue practice under this subsection for another 60 days, provided the nurse
464 practitioner provides evidence of efforts made to secure another ~~patient care team physician~~
465 *collaborating provider* and of access to ~~physician~~ *physician* input ~~from a collaborating provider~~.

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

473 I. *Nurse practitioners, other than a nurse practitioner licensed by the Boards of Medicine and*
474 *Nursing in the category of certified nurse midwife or certified registered nurse anesthetist, who have (i)*
475 *been issued a license to practice as a nurse practitioner from the Boards of Medicine and Nursing and*
476 *(ii) completed at least 1,040 hours of clinical experience as a licensed nurse practitioner may practice*
477 *without a written or electronic practice agreement with a collaborating provider upon receipt by the*
478 *nurse practitioner of an attestation from the collaborating provider stating that the nurse practitioner*
479 *meets such requirements. A copy of the attestation required pursuant to this subsection shall be*
480 *maintained by a nurse practitioner and provided to the Boards upon request. The Boards shall have the*
481 *authority to review, revoke, or suspend such written attestation pursuant to regulations promulgated by*
482 *the Boards.*

483 § 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse
484 practitioners.

485 A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33
486 (§ 54.1-3300 et seq.), a licensed nurse practitioner, other than a certified registered nurse anesthetist,
487 shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices

as set forth in Chapter 34 (§ 54.1-3400 et seq.). Nurse practitioners shall have such prescriptive authority upon the provision

B. A nurse practitioner who does not meet the requirements for practice without a written or electronic practice agreement set forth in subsection 1 of § 54.1-2957 shall prescribe controlled substances or devices only if such prescribing is authorized by a written or electronic practice agreement entered into by the nurse practitioner and a collaborating provider. Such nurse practitioner shall provide to the Board Boards of Medicine and the Board of Nursing of such evidence as they the Boards may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a patient care team physician collaborating provider that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as described in the practice agreement. Evidence of a practice agreement shall be maintained by a nurse practitioner pursuant to § 54.1-2957. Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section shall either be signed by the patient care team physician who is practicing as part of a patient care team with the nurse practitioner collaborating provider or shall clearly state the name of the patient care team physician collaborating provider who has entered into the practice agreement with the nurse practitioner.

B. It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written or electronic practice agreement.

C. The Board of Nursing and the Board Boards of Medicine and Nursing shall promulgate such regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients. Regulations promulgated pursuant to this section Such regulations shall include, at a minimum, such requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any A nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed nurse practitioner. Any member of a patient care team party to a practice agreement shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician collaborating provider and information regarding how to contact the patient care team physician collaborating provider.

2. Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Nursing and Medicine and Nursing in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe (i) Schedules II through V controlled substances in accordance with any prescriptive authority included in a practice agreement with a licensed physician pursuant to subsection H of § 54.1-2957 and (ii) Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

§ 54.1-3016. Use of titles and abbreviations for nurses.

A. Only a person who holds a license or a multistate licensure privilege to practice professional nursing in Virginia the Commonwealth shall have the right to use the title "registered nurse" and the abbreviation "R.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs or devices to indicate that the person using the same is a registered nurse.

B. Only a person who holds a license or a multistate licensure privilege to practice professional nursing in the Commonwealth who has completed an advanced graduate-level nursing education program and passed a national certifying examination to be certified as a nurse anesthetist, nurse midwife, nurse practitioner, or clinical nurse specialist shall have the right to use the title "advanced practice registered nurse" and the abbreviation "A.P.R.N." No other person shall assume such title or use such abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is an advanced practice registered nurse.

C. Only a person who is an advanced practice registered nurse, as defined in § 54.1-3000, who is

549 jointly licensed by the Boards of Medicine and Nursing pursuant to § 54.1-2957 shall have the right to
550 use the title "nurse practitioner" and the abbreviation "N.P." No other person shall assume such title or
551 use such abbreviation or any other words, letters, signs, or devices to indicate that the person using the
552 same is a nurse practitioner.

553 D. Only a person who is an advanced practice registered nurse, as defined in § 54.1-3000, who has
554 completed an advanced graduate-level education program and passed a national certifying examination
555 to be certified as a nurse anesthetist and is jointly licensed by the Boards of Medicine and Nursing as a
556 nurse practitioner pursuant to § 54.1-2957 shall have the right to use the title "certified registered nurse
557 anesthetist" and the abbreviation "C.R.N.A." No other person shall assume such title or use such
558 abbreviation or any other words, letters, signs, or devices to indicate that the person using the same is
559 a certified registered nurse anesthetist.

560 E. Only a person who is an advanced practice registered nurse, as defined in § 54.1-3000, who has
561 completed an advanced graduate-level education program and passed a national certifying examination
562 to be certified as a nurse midwife and is jointly licensed by the Boards of Medicine and Nursing as a
563 nurse practitioner pursuant to § 54.1-2957 shall have the right to use the title "certified nurse midwife"
564 and the abbreviation "C.N.M." No other person shall assume such title or use such abbreviation or any
565 other words, letters, signs, or devices to indicate that the person using the same is a certified nurse
566 midwife.

567 **§ 54.1-3018.1. Registration of clinical nurse specialists.**

568 A. The Board may register an applicant as a clinical nurse specialist if the applicant:

- 569 1. Holds a valid license to practice professional nursing pursuant to this article; and
570 2. Has successfully completed a graduate-level clinical nurse specialist program within a regionally
571 accredited college or university that meets all educational qualifications and standards established by
572 national certification guidelines and holds a national clinical nurse specialist certification that prepares
573 the professional nurse to deliver advanced nursing services.

574 B. Only a person who is registered as a clinical nurse specialist pursuant to subsection A shall have
575 the right to use the title "clinical nurse specialist" and the abbreviation "C.N.S." No other person shall
576 assume such title or use such abbreviation or any other words, letters, signs, or devices to indicate that
577 the person using the same is a registered clinical nurse specialist.

578 **§ 54.1-3300. Definitions.**

579 As used in this chapter, unless the context requires a different meaning:

580 "Board" means the Board of Pharmacy.

581 "Collaborative agreement" means a voluntary, written, or electronic arrangement between one
582 pharmacist and his designated alternate pharmacists involved directly in patient care at a single physical
583 location where patients receive services and (i) any person licensed to practice medicine, osteopathy, or
584 podiatry together with any person licensed, registered, or certified by a health regulatory board of the
585 Department of Health Professions who provides health care services to patients of such person licensed
586 to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3,
587 provided that such collaborative agreement is signed by each physician participating in the collaborative
588 practice agreement; (iii) any licensed physician assistant working under the supervision of a person
589 licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working as
590 part of a patient care team as defined in § 54.1-2900 in accordance with the provisions of § 54.1-2957,
591 involved directly in patient care which authorizes cooperative procedures with respect to patients of such
592 practitioners. Collaborative procedures shall be related to treatment using drug therapy, laboratory tests,
593 or medical devices, under defined conditions or limitations, for the purpose of improving patient
594 outcomes. A collaborative agreement is not required for the management of patients of an inpatient
595 facility.

596 "Dispense" means to deliver a drug to an ultimate user or research subject by or pursuant to the
597 lawful order of a practitioner, including the prescribing and administering, packaging, labeling, or
598 compounding necessary to prepare the substance for delivery.

599 "Pharmacist" means a person holding a license issued by the Board to practice pharmacy.

600 "Pharmacy" means every establishment or institution in which drugs, medicines, or medicinal
601 chemicals are dispensed or offered for sale, or a sign is displayed bearing the word or words
602 "pharmacist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "medicine store," "drug
603 sundries," "prescriptions filled," or any similar words intended to indicate that the practice of pharmacy
604 is being conducted.

605 "Pharmacy intern" means a student currently enrolled in or a graduate of an approved school of
606 pharmacy who is registered with the Board for the purpose of gaining the practical experience required
607 to apply for licensure as a pharmacist.

608 "Pharmacy technician" means a person registered with the Board to assist a pharmacist under the
609 pharmacist's supervision.

610 "Practice of pharmacy" means the personal health service that is concerned with the art and science

of selecting, procuring, recommending, administering, preparing, compounding, packaging, and dispensing of drugs, medicines, and devices used in the diagnosis, treatment, or prevention of disease, whether compounded or dispensed on a prescription or otherwise legally dispensed or distributed, and shall include the proper and safe storage and distribution of drugs; the maintenance of proper records; the responsibility of providing information concerning drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease; and the management of patient care under the terms of a collaborative agreement as defined in this section.

"Supervision" means the direction and control by a pharmacist of the activities of a pharmacy intern or a pharmacy technician whereby the supervising pharmacist is physically present in the pharmacy or in the facility in which the pharmacy is located when the intern or technician is performing duties restricted to a pharmacy intern or technician, respectively, and is available for immediate oral communication.

Other terms used in the context of this chapter shall be defined as provided in Chapter 34 (§ 54.1-3400 et seq.) unless the context requires a different meaning.

§ 54.1-3300.1. Participation in collaborative agreements; regulations to be promulgated by the Boards of Medicine and Pharmacy.

A pharmacist and his designated alternate pharmacists involved directly in patient care may participate with (i) any person licensed to practice medicine, osteopathy, or podiatry together with any person licensed, registered, or certified by a health regulatory board of the Department of Health Professions who provides health care services to patients of such person licensed to practice medicine, osteopathy, or podiatry; (ii) a physician's office as defined in § 32.1-276.3, provided *that* such collaborative agreement is signed by each physician participating in the collaborative practice agreement; (iii) any licensed physician assistant working under the supervision of a person licensed to practice medicine, osteopathy, or podiatry; or (iv) any licensed nurse practitioner working as ~~part of a patient care team as defined in § 54.1-2900~~ in accordance with the provisions of § 54.1-2957, involved directly in patient care in collaborative agreements which authorize cooperative procedures related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes. However, no person licensed to practice medicine, osteopathy, or podiatry shall be required to participate in a collaborative agreement with a pharmacist and his designated alternate pharmacists, regardless of whether a professional business entity on behalf of which the person is authorized to act enters into a collaborative agreement with a pharmacist and his designated alternate pharmacists.

No patient shall be required to participate in a collaborative procedure without such patient's consent. A patient who chooses to not participate in a collaborative procedure shall notify the prescriber of his refusal to participate in such collaborative procedure. A prescriber may elect to have a patient not participate in a collaborative procedure by contacting the pharmacist or his designated alternative pharmacists or by documenting the same on the patient's prescription.

Collaborative agreements may include the implementation, modification, continuation, or discontinuation of drug therapy pursuant to written or electronic protocols, provided implementation of drug therapy occurs following diagnosis by the prescriber; the ordering of laboratory tests; or other patient care management measures related to monitoring or improving the outcomes of drug or device therapy. No such collaborative agreement shall exceed the scope of practice of the respective parties. Any pharmacist who deviates from or practices in a manner inconsistent with the terms of a collaborative agreement shall be in violation of § 54.1-2902; such violation shall constitute grounds for disciplinary action pursuant to §§ 54.1-2400 and 54.1-3316.

Collaborative agreements may only be used for conditions which have protocols that are clinically accepted as the standard of care, or are approved by the Boards of Medicine and Pharmacy. The Boards of Medicine and Pharmacy shall jointly develop and promulgate regulations to implement the provisions of this section and to facilitate the development and implementation of safe and effective collaborative agreements between the appropriate practitioners and pharmacists. The regulations shall include guidelines concerning the use of protocols, and a procedure to allow for the approval or disapproval of specific protocols by the Boards of Medicine and Pharmacy if review is requested by a practitioner or pharmacist.

Nothing in this section shall be construed to supersede the provisions of § 54.1-3303.

§ 54.1-3301. Exceptions.

This chapter shall not be construed to:

1. Interfere with any legally qualified practitioner of dentistry, or veterinary medicine or any physician acting on behalf of the Virginia Department of Health or local health departments, in the compounding of his prescriptions or the purchase and possession of drugs as he may require;

2. Prevent any legally qualified practitioner of dentistry, or veterinary medicine or any prescriber, as defined in § 54.1-3401, acting on behalf of the Virginia Department of Health or local health

672 departments, from administering or supplying to his patients the medicines that he deems proper under
673 the conditions of § 54.1-3303 or from causing drugs to be administered or dispensed pursuant to
674 §§ 32.1-42.1 and 54.1-3408, except that a veterinarian shall only be authorized to dispense a
675 compounded drug, distributed from a pharmacy, when (i) the animal is his own patient, (ii) the animal is
676 a companion animal as defined in regulations promulgated by the Board of Veterinary Medicine, (iii) the
677 quantity dispensed is no more than a 72-hour supply, (iv) the compounded drug is for the treatment of
678 an emergency condition, and (v) timely access to a compounding pharmacy is not available, as
679 determined by the prescribing veterinarian;

680 3. Prohibit the sale by merchants and retail dealers of proprietary medicines as defined in Chapter 34
681 (§ 54.1-3400 et seq.) of this title;

682 4. Prevent the operation of automated drug dispensing systems in hospitals pursuant to Chapter 34
683 (§ 54.1-3400 et seq.) of this title;

684 5. Prohibit the employment of ancillary personnel to assist a pharmacist as provided in the
685 regulations of the Board;

686 6. Interfere with any legally qualified practitioner of medicine, osteopathy, or podiatry from
687 purchasing, possessing or administering controlled substances to his own patients or providing controlled
688 substances to his own patients in a bona fide medical emergency or providing manufacturers'
689 professional samples to his own patients;

690 7. Interfere with any legally qualified practitioner of optometry, certified or licensed to use diagnostic
691 pharmaceutical agents, from purchasing, possessing or administering those controlled substances as
692 specified in § 54.1-3221 or interfere with any legally qualified practitioner of optometry certified to
693 prescribe therapeutic pharmaceutical agents from purchasing, possessing, or administering to his own
694 patients those controlled substances as specified in § 54.1-3222 and the TPA formulary, providing
695 manufacturers' samples of these drugs to his own patients, or dispensing, administering, or selling
696 ophthalmic devices as authorized in § 54.1-3204;

697 8. Interfere with any physician assistant with prescriptive authority receiving and dispensing to his
698 own patients manufacturers' professional samples of controlled substances and devices that he is
699 authorized, in compliance with the provisions of § 54.1-2952.1, to prescribe according to his practice
700 setting and a written agreement with a physician or podiatrist;

701 9. Interfere with any licensed nurse practitioner with prescriptive authority receiving and dispensing
702 to his own patients manufacturers' professional samples of controlled substances and devices that he is
703 authorized, in compliance with the provisions of § 54.1-2957.01, to prescribe ~~according to his practice~~
704 ~~setting and a written or electronic agreement with a physician;~~

705 10. Interfere with any legally qualified practitioner of medicine or osteopathy participating in an
706 indigent patient program offered by a pharmaceutical manufacturer in which the practitioner sends a
707 prescription for one of his own patients to the manufacturer, and the manufacturer donates a stock bottle
708 of the prescription drug ordered at no cost to the practitioner or patient. The practitioner may dispense
709 such medication at no cost to the patient without holding a license to dispense from the Board of
710 Pharmacy. However, the container in which the drug is dispensed shall be labeled in accordance with
711 the requirements of § 54.1-3410, and, unless directed otherwise by the practitioner or the patient, shall
712 meet standards for special packaging as set forth in § 54.1-3426 and Board of Pharmacy regulations. In
713 lieu of dispensing directly to the patient, a practitioner may transfer the donated drug with a valid
714 prescription to a pharmacy for dispensing to the patient. The practitioner or pharmacy participating in
715 the program shall not use the donated drug for any purpose other than dispensing to the patient for
716 whom it was originally donated, except as authorized by the donating manufacturer for another patient
717 meeting that manufacturer's requirements for the indigent patient program. Neither the practitioner nor
718 the pharmacy shall charge the patient for any medication provided through a manufacturer's indigent
719 patient program pursuant to this subdivision. A participating pharmacy, including a pharmacy
720 participating in bulk donation programs, may charge a reasonable dispensing or administrative fee to
721 offset the cost of dispensing, not to exceed the actual costs of such dispensing. However, if the patient
722 is unable to pay such fee, the dispensing or administrative fee shall be waived;

723 11. Interfere with any legally qualified practitioner of medicine or osteopathy from providing
724 controlled substances to his own patients in a free clinic without charge when such controlled substances
725 are donated by an entity other than a pharmaceutical manufacturer as authorized by subdivision 10. The
726 practitioner shall first obtain a controlled substances registration from the Board and shall comply with
727 the labeling and packaging requirements of this chapter and the Board's regulations; or

728 12. Prevent any pharmacist from providing free health care to an underserved population in Virginia
729 who (i) does not regularly practice pharmacy in Virginia, (ii) holds a current valid license or certificate
730 to practice pharmacy in another state, territory, district or possession of the United States, (iii) volunteers
731 to provide free health care to an underserved area of this Commonwealth under the auspices of a
732 publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to
733 populations of underserved people, (iv) files a copy of the license or certificate issued in such other

jurisdiction with the Board, (v) notifies the Board at least five business days prior to the voluntary provision of services of the dates and location of such service, and (vi) acknowledges, in writing, that such licensure exemption shall only be valid, in compliance with the Board's regulations, during the limited period that such free health care is made available through the volunteer, nonprofit organization on the dates and at the location filed with the Board. The Board may deny the right to practice in Virginia to any pharmacist whose license has been previously suspended or revoked, who has been convicted of a felony or who is otherwise found to be in violation of applicable laws or regulations. However, the Board shall allow a pharmacist who meets the above criteria to provide volunteer services without prior notice for a period of up to three days, provided the nonprofit organization verifies that the practitioner has a valid, unrestricted license in another state.

This section shall not be construed as exempting any person from the licensure, registration, permitting and record keeping requirements of this chapter or Chapter 34 of this title.

§ 54.1-3482. Practice of physical therapy; certain experience and referrals required; physical therapist assistants.

A. It shall be unlawful for a person to engage in the practice of physical therapy except as a licensed physical therapist, upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician, except as provided in this section.

B. A physical therapist who has completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than 30 consecutive days after an initial evaluation without a referral under the following conditions: (i) the patient is not receiving care from any licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician for the symptoms giving rise to the presentation at the time of the presentation to the physical therapist for physical therapy services or (ii) the patient is receiving care from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician at the time of his presentation to the physical therapist for the symptoms giving rise to the presentation for physical therapy services and (a) the patient identifies a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician from whom he is currently receiving care; (b) the patient gives written consent for the physical therapist to release all personal health information and treatment records to the identified practitioner; and (c) the physical therapist notifies the practitioner identified by the patient no later than 14 days after treatment commences and provides the practitioner with a copy of the initial evaluation along with a copy of the patient history obtained by the physical therapist. Treatment for more than 30 consecutive days after evaluation of such patient shall only be upon the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician. A physical therapist may contact the practitioner identified by the patient at the end of the 30-day period to determine if the practitioner will authorize additional physical therapy services until such time as the patient can be seen by the practitioner. A physical therapist shall not perform an initial evaluation of a patient under this subsection if the physical therapist has performed an initial evaluation of the patient under this subsection for the same condition within the immediately preceding 60 days.

C. A physical therapist who has not completed a doctor of physical therapy program approved by the Commission on Accreditation of Physical Therapy Education or who has not obtained a certificate of authorization pursuant to § 54.1-3482.1 may conduct a one-time evaluation that does not include treatment of a patient without the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the supervision of a licensed physician; if appropriate, the physical therapist shall immediately refer such patient to the appropriate practitioner.

D. Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse practitioner practicing in accordance with his practice agreement the provisions of § 54.1-2957, or a licensed physician assistant acting under the

795 supervision of a licensed physician.

796 E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a
797 licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed nurse
798 practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957* when
799 such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the
800 physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond
801 the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to
802 an appropriate practitioner.

803 F. Any person licensed as a physical therapist assistant shall perform his duties only under the
804 direction and control of a licensed physical therapist.

805 G. However, a licensed physical therapist may provide, without referral or supervision, physical
806 therapy services to (i) a student athlete participating in a school-sponsored athletic activity while such
807 student is at such activity in a public, private, or religious elementary, middle or high school, or public
808 or private institution of higher education when such services are rendered by a licensed physical
809 therapist who is certified as an athletic trainer by the National Athletic Trainers' Association Board of
810 Certification or as a sports certified specialist by the American Board of Physical Therapy Specialties;
811 (ii) employees solely for the purpose of evaluation and consultation related to workplace ergonomics;
812 (iii) special education students who, by virtue of their individualized education plans (IEPs), need
813 physical therapy services to fulfill the provisions of their IEPs; (iv) the public for the purpose of
814 wellness, fitness, and health screenings; (v) the public for the purpose of health promotion and
815 education; and (vi) the public for the purpose of prevention of impairments, functional limitations, and
816 disabilities.

817 **§ 54.1-3482.1. Certain certification required.**

818 A. The Board shall promulgate regulations establishing criteria for certification of physical therapists
819 to provide certain physical therapy services pursuant to subsection B of § 54.1-3482 without referral
820 from a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, a licensed nurse
821 practitioner practicing in accordance with ~~his practice agreement~~ *the provisions of § 54.1-2957*, or a
822 licensed physician assistant acting under the supervision of a licensed physician. The regulations shall
823 include but not be limited to provisions for (i) the promotion of patient safety; (ii) an application
824 process for a one-time certification to perform such procedures; and (iii) minimum education, training,
825 and experience requirements for certification to perform such procedures.

826 B. The minimum education, training, and experience requirements for certification shall include
827 evidence that the applicant has successfully completed (i) a transitional program in physical therapy as
828 recognized by the Board or (ii) at least three years of active practice with evidence of continuing
829 education relating to carrying out direct access duties under § 54.1-3482.

830 **2. That the Boards of Medicine and Nursing shall jointly promulgate regulations to implement the**
831 **provisions of this act to be effective within 280 days of its enactment.**

832 **3. That the Boards of Medicine and Nursing shall report on the number of nurse practitioners**
833 **who have been authorized to practice pursuant to the provisions of this act and the locations at**
834 **which such nurse practitioners are practicing to the Chairmen of the House Committee on Health,**
835 **Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of**
836 **the Joint Commission on Health Care by November 1, 2023.**