

19105098D

HOUSE BILL NO. 1952**AMENDMENT IN THE NATURE OF A SUBSTITUTE**(Proposed by the House Committee on Health, Welfare and Institutions
on January 22, 2019)

(Patron Prior to Substitute—Delegate Campbell, J.L.)

*A BILL to amend and reenact §§ 54.1-2900, 54.1-2951.1 through 54.1-2952.1, 54.1-2953, and 54.1-2957 of the Code of Virginia, relating to patient care teams; podiatrists and physician assistants.***Be it enacted by the General Assembly of Virginia:****1. That §§ 54.1-2900, 54.1-2951.1 through 54.1-2952.1, 54.1-2953, and 54.1-2957 of the Code of Virginia are amended and reenacted as follows:****§ 54.1-2900. Definitions.**

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

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

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

"Board" means the Board of Medicine.

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

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

"Collaboration" means the communication and decision-making process among health care providers who are members of a patient care team related to the treatment of a patient that includes the degree of cooperation necessary to provide treatment and care of the patient and includes (i) communication of data and information about the treatment and care of a patient, including the 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 communicating data and information, exchanging clinical observations and assessments, accessing and assessing additional resources and expertise, problem-solving, and arranging for referrals, testing, or studies.

"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

60 Commonwealth, who regularly practices medicine in the Commonwealth, and who provides management
61 and leadership in the care of patients as part of a patient care team.

62 *"Patient care team podiatrist" means a podiatrist who is actively licensed to practice podiatry in the*
63 *Commonwealth, who regularly practices podiatry in the Commonwealth, and who provides management*
64 *and leadership to physician assistants in the care of patients as part of a patient care team.*

65 "Physician assistant" means ~~an individual~~ *a health care professional* who has met the requirements of
66 the Board for licensure ~~and who works under the supervision of a licensed doctor of medicine,~~
67 ~~osteopathy, or podiatry as a physician assistant.~~

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

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

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

89 "Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column,
90 and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not
91 include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs,
92 medicines, serums or vaccines. "Practice of chiropractic" shall include performing the physical
93 examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to
94 § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner
95 pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified
96 Medical Examiners.

97 "Practice of genetic counseling" means (i) obtaining and evaluating individual and family medical
98 histories to assess the risk of genetic medical conditions and diseases in a patient, his offspring, and
99 other family members; (ii) discussing the features, history, diagnosis, environmental factors, and risk
100 management of genetic medical conditions and diseases; (iii) ordering genetic laboratory tests and other
101 diagnostic studies necessary for genetic assessment; (iv) integrating the results with personal and family
102 medical history to assess and communicate risk factors for genetic medical conditions and diseases; (v)
103 evaluating the patient's and family's responses to the medical condition or risk of recurrence and
104 providing client-centered counseling and anticipatory guidance; (vi) identifying and utilizing community
105 resources that provide medical, educational, financial, and psychosocial support and advocacy; and (vii)
106 providing written documentation of medical, genetic, and counseling information for families and health
107 care professionals.

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

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

117 "Practice of podiatry" means the prevention, diagnosis, treatment, and cure or alleviation of physical
118 conditions, diseases, pain, or infirmities of the human foot and ankle, including the medical, mechanical
119 and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of
120 the foot proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the
121 metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility

accredited by an organization listed in § 54.1-2939. The practice includes the diagnosis and treatment of lower extremity ulcers; however, the treatment of severe lower extremity ulcers proximal to the foot and ankle may only be performed by appropriately trained, credentialed podiatrists in an approved hospital or ambulatory surgery center at which the podiatrist has privileges, as described in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

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

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

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

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

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

"Radiologist assistant" means an individual who has met the requirements of the Board for licensure 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.

§ 54.1-2951.1. 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

183 Physician Assistants; and

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

187 B. ~~Prior to initiating~~ *Every physician assistant shall practice with a supervising physician, the*
188 *physician assistant shall enter into a written or electronic practice agreement as part of a patient care*
189 *team and shall enter into a written or electronic practice agreement with at least one supervising*
190 *physician patient care team physician or patient care team podiatrist.*

191 C. A practice agreement shall include ~~delegated activities~~ *acts* pursuant to § 54.1-2952, provisions for
192 the periodic review of patient charts or electronic health records, guidelines for ~~availability and ongoing~~
193 ~~communications collaboration and consultation~~ among the parties to the agreement and the patient,
194 periodic joint evaluation of the services delivered, and provisions for appropriate physician input in
195 complex clinical cases, in patient emergencies, and for referrals.

196 A practice agreement may include provisions for periodic site visits by ~~supervising licensees who~~
197 ~~supervise and direct assistants who provide services~~ *a patient care team physician or patient care team*
198 *podiatrist who is part of the patient care team* at a location other than where the licensee regularly
199 practices. Such visits shall be in the manner and at the frequency as determined by ~~the supervising a~~
200 *patient care team physician or patient care team podiatrist who is part of the patient care team.*

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

204 **§ 54.1-2951.2. Issuance of a license.**

205 The Board shall issue ~~the a~~ license to the physician assistant to practice ~~under the supervision of a~~
206 ~~licensed doctor of medicine, osteopathy, or podiatry, as part of a patient care team~~ in accordance with
207 § 54.1-2951.1.

208 **§ 54.1-2951.3. Restricted volunteer license for certain physician assistants.**

209 A. The Board may issue a restricted volunteer license to a physician assistant who meets the
210 qualifications for licensure for physician assistants. The Board may refuse issuance of licensure pursuant
211 to § 54.1-2915.

212 B. A person holding a restricted volunteer license under this section shall:

213 1. Only practice in public health or community free clinics approved by the Board;

214 2. Only treat patients who have no insurance or who are not eligible for financial assistance for
215 medical care; and

216 3. Not receive remuneration directly or indirectly for practicing as a physician assistant.

217 C. A physician assistant with a restricted volunteer license issued under this section shall only
218 practice as a physician assistant and perform certain ~~delegated~~ acts which constitute the practice of
219 medicine to the extent and in the manner authorized by the Board if:

220 1. *A patient care team physician who supervises physician assistants or patient care team podiatrist*
221 *is available at all times to collaborate and consult with the physician assistant; or*

222 2. ~~The A patient care team physician supervising any physician assistant or patient care team~~
223 *podiatrist periodically reviews the relevant patient records.*

224 D. A restricted volunteer license granted pursuant to this section shall be issued to the physician
225 assistant without charge, shall expire twelve months from the date of issuance, and may be renewed
226 annually in accordance with regulations promulgated by the Board.

227 E. A physician assistant holding a restricted volunteer license issued pursuant to this section is
228 subject to the provisions of this chapter and the regulations promulgated under this chapter unless
229 otherwise provided for in this section.

230 **§ 54.1-2952. Role of patient care team physician or patient care team podiatrist on patient care**
231 **teams; services that may be performed by physician assistants; responsibility of licensee;**
232 **employment of physician assistants.**

233 A. *A patient care team physician or a patient care team podiatrist licensed under this chapter may*
234 *supervise serve on a patient care team with physician assistants and delegate certain acts which*
235 *constitute the shall provide collaboration and consultation to such physician assistants. No patient care*
236 *team physician or patient care team podiatrist shall be allowed to collaborate or consult with more than*
237 *six physician assistants on a patient care team at any one time.*

238 B. *Physician assistants may practice of medicine to the extent and in the manner authorized by the*
239 *Board. The physician shall provide continuous supervision as required by this section; however, the*
240 *requirement for physician supervision of physician assistants shall not be construed as requiring the*
241 *physical presence of the supervising physician during all times and places of service delivery by*
242 *physician assistants A patient care team physician or patient care team podiatrist shall be available at*
243 *all times to collaborate and consult with physician assistants. Each patient care team of supervising*
244 *physician and physician assistant shall identify the relevant physician assistant's scope of practice;*

including the delegation of medical tasks as appropriate to the physician assistant's level of competence, the physician assistant's relationship with and access to the supervising physician, and an evaluation process for the physician assistant's performance.

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

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

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

Activities shall be ~~delegated performed~~ in a manner consistent with sound medical practice and the protection of the health and safety of the patient. Such activities shall be set forth in a practice supervision agreement between the physician assistant and the ~~supervising patient care team~~ physician or ~~patient care team~~ podiatrist and may include health care services ~~which that~~ are educational, diagnostic, therapeutic, or preventive, ~~or include including establishing a diagnosis, providing treatment, but shall not include the establishment of a final diagnosis or treatment plan for the patient unless set forth in the practice supervision agreement and performing procedures.~~ Prescribing or dispensing of drugs may be permitted as provided in § 54.1-2952.1. In addition, a licensee is authorized to delegate and supervise ~~physician assistant may perform~~ initial and ongoing evaluation and treatment of any patient in a hospital, including its emergency department, ~~when performed under the direction, supervision and control of the supervising licensee in accordance with the practice agreement, including tasks performed, relating to the provision of medical care in an emergency department. When practicing in a hospital, the physician assistant shall report any acute or significant finding or change in a patient's clinical status to the supervising physician as soon as circumstances require and shall record such finding in appropriate institutional records. The physician assistant shall transfer to a supervising physician the direction of care of a patient in an emergency department who has a life-threatening injury or illness. Prior to the patient's discharge, the services rendered to each patient by a physician assistant in a hospital's emergency department shall be reviewed in accordance with the practice agreement and the policies and procedures of the health care institution. A physician assistant who is employed to practice in an emergency department shall be under the supervision of a physician present within the facility.~~

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

~~B. E.~~ No physician assistant shall perform any ~~delegated acts except at the direction of the licensee and under his supervision and control beyond those set forth in the practice agreement or authorized as part of the patient care team.~~ No physician assistant practicing in a hospital shall render care to a patient unless the physician responsible for that patient has signed the practice agreement, pursuant to regulations of the Board, to act as ~~supervising a physician on a patient care team~~ for that physician assistant. Every licensee, professional corporation or partnership of licensees, hospital, or commercial enterprise that employs a physician assistant shall be fully responsible for the acts of the physician assistant in the care and treatment of human beings.

C. F. Notwithstanding the provisions of § 54.1-2956.8:1, a licensed physician assistant who (i) is working under the supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology ~~as part of a patient care team~~, (ii) has been trained in the proper use of equipment for the purpose of performing radiologic technology procedures consistent with Board regulations, and (iii) has successfully completed the exam administered by the American Registry of Radiologic Technologists for physician assistants for the purpose of performing radiologic technology procedures may use fluoroscopy

for guidance of diagnostic and therapeutic procedures.

§ 54.1-2952.1. Prescription of certain controlled substances and devices by licensed physician assistants.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed physician assistant shall have the authority to prescribe controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.), provided that the physician assistant has entered into and is, at the time of writing a prescription, a party to a practice agreement with a licensed *patient care team* physician or *patient care team* podiatrist that provides for the direction and supervision by such licensee of collaboration and consultation regarding the prescriptive practices of the physician assistant. Such practice agreements shall include a statement of the controlled substances the physician assistant is or is not authorized to prescribe and may restrict such prescriptive authority as deemed appropriate by the *patient care team* physician or *patient care team* podiatrist providing direction and supervision.

B. It shall be unlawful for the physician assistant to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the practice agreement between the licensee and the assistant and the requirements in this section.

C. The Board of Medicine, in consultation with the Board of Pharmacy, shall promulgate such regulations governing the prescriptive authority of physician assistants as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

The regulations promulgated pursuant to this section shall include, at a minimum, (i) such requirements as may be necessary to ensure continued physician assistant competency that, which may include continuing education, testing, and/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; and (ii) a requirement that the physician assistant disclose to his patients the his name, address, and telephone number of the supervising licensee and that he is a physician assistant. A separate office for the physician assistant shall not be established. If a patient or his representative requests to speak with the *patient care team* physician or *patient care team* podiatrist, the physician assistant shall arrange for communication between the parties or provide the necessary information.

D. This section shall not prohibit a licensed physician assistant 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.

§ 54.1-2953. Renewal, revocation, suspension, and refusal.

The Board may revoke, suspend, or refuse to renew an approval a license to practice as a physician assistant for any of the following:

1. Any reason stated in this chapter for revocation or suspension of the license of a practitioner action by a physician assistant constituting unprofessional conduct pursuant to § 54.1-2915;

2. Failure of the supervising licensee to supervise the physician assistant or failure of the employer to provide a licensee to supervise the Practice by a physician assistant other than as part of a *patient care team*, including practice without entering into a practice agreement with at least one *patient care team* physician or *patient care team* podiatrist;

3. The physician assistant's engaging in acts beyond the scope of authority as approved by the Board Failure of the physician assistant to practice in accordance with the requirements of his practice agreement;

4. Negligence or incompetence on the part of the physician assistant or the supervising licensee in his use of the physician assistant other member of the *patient care team* under his supervision;

5. Violating Violation of or cooperating with others cooperation in violating the violation of any provision of this chapter or the regulations of the Board; or

6. A change in the Board's requirements for approval with which the Failure to comply with any regulation of the Board required for licensure of a physician assistant or the licensee does not comply.

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

A. As used in this section:

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

"Collaboration" means the communication and decision-making process among a nurse practitioner, *patient care team* physician, and other health care providers who are members of a *patient care team* related to the treatment 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 is unlawful for a person to practice as a nurse practitioner in the Commonwealth unless he holds such a joint license.

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

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

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

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

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

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

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

429 access to physician input.

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

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

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

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

465 **2. That the Board of Medicine shall promulgate regulations to implement the provisions of this act**
466 **to be effective within 280 days of its enactment.**