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## HOUSE BILL NO. 971

AMENDMENT IN THE NATURE OF A SUBSTITUTE  
(Proposed by the House Committee on Health and Human Services  
on February 8, 2024)

(Patron Prior to Substitute—Delegate Tran)

A *BILL to amend and reenact § 54.1-2957 of the Code of Virginia, relating to nurse practitioners; patient care team provider; autonomous practice.*

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

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

**§ 54.1-2957. Licensure and practice of advanced practice registered nurses.**

A. As used in this section, "clinical experience" means the postgraduate delivery of health care directly to patients pursuant to a practice agreement with a patient care team physician.

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

C. Every nurse practitioner who ~~meets~~ *does not meet* 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 certified nurse midwife shall practice pursuant to subsection H. A clinical nurse specialist shall practice pursuant to subsection J. A certified registered nurse anesthetist shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or dentistry. An advanced practice registered nurse 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 advanced practice registered nurses 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 an advanced practice registered nurse 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 advanced practice registered nurses 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 advanced practice registered nurse 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 an advanced practice registered nurse and provided to the Boards upon request. For advanced practice registered nurses providing care to patients within a hospital or health care system, the practice agreement may be included as part of documents delineating the advanced practice registered nurse'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 an advanced practice registered nurse if the applicant has been licensed as an advanced practice registered nurse under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the qualifications for licensure required of advanced practice registered nurses in the Commonwealth. An advanced practice registered nurse 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~~ *three* 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 advanced practice registered nurses.

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

60 relocates his practice such that he is no longer able to serve, *or for other good cause*, and an advanced  
61 practice registered nurse is unable to enter into a new practice agreement with another patient care team  
62 physician, the advanced practice registered nurse may continue to practice upon notification to the  
63 designee or his alternate of the Boards and receipt of such notification. Such advanced practice  
64 registered nurse may continue to treat patients without a patient care team physician for an initial period  
65 not to exceed 60 days, provided that the advanced practice registered nurse continues to prescribe only  
66 those drugs previously authorized by the practice agreement with such physician and to have access to  
67 appropriate input from appropriate health care providers in complex clinical cases and patient  
68 emergencies and for referrals. The designee or his alternate of the Boards shall grant permission for the  
69 advanced practice registered nurse to continue practice under this subsection for another 60 days,  
70 provided that the advanced practice registered nurse provides evidence of efforts made to secure another  
71 patient care team physician and of access to physician input. *At the conclusion of the second 60-day*  
72 *period, provided that the advanced practice registered nurse provides evidence of the continued efforts*  
73 *to secure another patient care team physician and of access to physician input, the designee or his*  
74 *alternate of the Boards may grant permission for the advanced practice registered nurse to continue*  
75 *practicing under the management and leadership of a nurse practitioner licensed by the Boards of*  
76 *Medicine and Nursing who (i) meets the requirements of subsection I, (ii) routinely practiced with a*  
77 *patient population and in a practice area within the category for which the advanced practice registered*  
78 *nurse was certified and licensed, and (iii) has been authorized to practice without a written or*  
79 *electronic practice agreement for at least three years.*

80 H. Every certified nurse midwife shall practice in accordance with regulations adopted by the Boards  
81 and consistent with the Standards for the Practice of Midwifery set by the American College of  
82 Nurse-Midwives governing such practice. A certified nurse midwife who has practiced fewer than 1,000  
83 hours shall practice in consultation with a certified nurse midwife who has practiced for at least two  
84 years prior to entering into the practice agreement or a licensed physician, in accordance with a practice  
85 agreement. Such practice agreement shall address the availability of the certified nurse midwife who has  
86 practiced for at least two years prior to entering into the practice agreement or the licensed physician for  
87 routine and urgent consultation on patient care. Evidence of the practice agreement shall be maintained  
88 by the certified nurse midwife and provided to the Boards upon request. A certified nurse midwife who  
89 has completed 1,000 hours of practice as a certified nurse midwife may practice without a practice  
90 agreement upon receipt by the certified nurse midwife of an attestation from the certified nurse midwife  
91 who has practiced for at least two years prior to entering into the practice agreement or the licensed  
92 physician with whom the certified nurse midwife has entered into a practice agreement stating (i) that  
93 such certified nurse midwife or licensed physician has provided consultation to the certified nurse  
94 midwife pursuant to a practice agreement meeting the requirements of this section and (ii) the period of  
95 time for which such certified nurse midwife or licensed physician practiced in collaboration and  
96 consultation with the certified nurse midwife pursuant to the practice agreement. A certified nurse  
97 midwife authorized to practice without a practice agreement shall consult and collaborate with and refer  
98 patients to such other health care providers as may be appropriate for the care of the patient.

99 I. A nurse practitioner who has completed the equivalent of at least ~~five~~ *three* years of full-time  
100 clinical experience, as determined by the Boards, may practice in the practice category in which he is  
101 certified and licensed without a written or electronic practice agreement upon receipt by the nurse  
102 practitioner of an attestation from *either (i) the patient care team physician or (ii) an attesting nurse*  
103 *practitioner who assumed management and leadership of a nurse practitioner pursuant to subsection G*  
104 *and has met the requirements of this subsection for at least three years* stating ~~(i)~~ *(a)* that the patient  
105 care team physician *or attesting nurse practitioner* has served as a patient care team physician *or*  
106 *attesting nurse practitioner, respectively*, on a patient care team with the nurse practitioner pursuant to a  
107 practice agreement meeting the requirements of this section and § 54.1-2957.01; ~~(ii)~~ *(b)* that while a  
108 party to such practice agreement, the patient care team physician *or attesting nurse practitioner* routinely  
109 practiced with a patient population and in a practice area included within the category for which the  
110 nurse practitioner was certified and licensed; and ~~(iii)~~ *(c)* the period of time for which the patient care  
111 team physician *or attesting nurse practitioner* practiced with the nurse practitioner under such a practice  
112 agreement. A copy of such attestation shall be submitted to the Boards together with a fee established  
113 by the Boards. Upon receipt of such attestation and verification that a nurse practitioner satisfies the  
114 requirements of this subsection, the Boards shall issue to the nurse practitioner a new license that  
115 includes a designation indicating that the nurse practitioner is authorized to practice without a practice  
116 agreement. In the event that a nurse practitioner is unable to obtain the attestation required by this  
117 subsection, the Boards may accept other evidence demonstrating that the applicant has met the  
118 requirements of this subsection in accordance with regulations adopted by the Boards.

119 A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection  
120 shall ~~(a)~~ *(1)* only practice within the scope of his clinical and professional training and limits of his  
121 knowledge and experience and consistent with the applicable standards of care, ~~(b)~~ *(2)* consult and

collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (e) (3) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

J. A clinical nurse specialist licensed by the Boards of Medicine and Nursing who does not prescribe controlled substances or devices may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement. Such clinical nurse specialist shall (i) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (ii) consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers.

A clinical nurse specialist licensed by the Boards who prescribes controlled substances or devices shall practice in consultation with a licensed physician in accordance with a practice agreement between the clinical nurse specialist and the licensed physician. Such practice agreement shall address the availability of the physician for routine and urgent consultation on patient care. Evidence of a practice agreement shall be maintained by a clinical nurse specialist and provided to the Boards upon request. The practice of clinical nurse specialists shall be consistent with the standards of care for the profession and with applicable laws and regulations.

**2. That the Department of Health Professions shall collect data on the implementation of this act, including the total number of applicants, the year of their initial advance practice registered nurse licensure, the geographic area, the practice setting and patient population, and the total number of disciplinary actions of those persons licensed to practice pursuant to subsection I of § 54.1-2957 of the Code of Virginia. The Department shall make this data and other pertinent data publicly available on its website.**