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1 **HOUSE BILL NO. 622**

2 Offered January 14, 2026

3 Prefiled January 13, 2026

4 *A BILL to amend and reenact § 54.1-2957 of the Code of Virginia, relating to advanced practice registered*  
5 *nurses; authorization to practice without a practice agreement; service in military or employment with*  
6 *Department of Veterans Affairs.*

7 Patron—Glass

8 Committee Referral Pending

9 **Be it enacted by the General Assembly of Virginia:**10 **1. That § 54.1-2957 of the Code of Virginia is amended and reenacted as follows:**11 **§ 54.1-2957. Licensure and practice of advanced practice registered nurses; certified nurse**  
12 **midwives; independent practice of certified nurse midwives.**13 A. As used in this section, "clinical experience" means the postgraduate delivery of health care directly to  
14 patients pursuant to a practice agreement with a patient care team physician.15 B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the  
16 licensure of advanced practice registered nurses. It is unlawful for a person to practice as an advanced  
17 practice registered nurse in the Commonwealth unless he holds such a joint license.18 C. Every nurse practitioner who does not meet the requirements of subsection I shall maintain appropriate  
19 collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one  
20 patient care team physician. A nurse practitioner who meets the requirements of subsection I may practice  
21 without a written or electronic practice agreement. A certified nurse midwife shall practice pursuant to  
22 subsection H. A clinical nurse specialist shall practice pursuant to subsection J. A certified registered nurse  
23 anesthetist shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or  
24 dentistry. An advanced practice registered nurse who is appointed as a medical examiner pursuant to  
25 § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has  
26 been appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among  
27 advanced practice registered nurses and patient care team physicians may be provided through telemedicine  
28 as described in § 38.2-3418.16.29 Physicians on patient care teams may require that an advanced practice registered nurse be covered by a  
30 professional liability insurance policy with limits equal to the current limitation on damages set forth in  
31 § 8.01-581.15.32 Service on a patient care team by a patient care team member shall not, by the existence of such service  
33 alone, establish or create liability for the actions or inactions of other team members.34 D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying collaboration and  
35 consultation among physicians and advanced practice registered nurses working as part of patient care teams  
36 that shall include the development of, and periodic review and revision of, a written or electronic practice  
37 agreement; guidelines for availability and ongoing communications that define consultation among the  
38 collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice  
39 agreements shall include provisions for (i) periodic review of health records, which may include visits to the  
40 site where health care is delivered, in the manner and at the frequency determined by the advanced practice  
41 registered nurse and the patient care team physician and (ii) input from appropriate health care providers in  
42 complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall be  
43 maintained by an advanced practice registered nurse and provided to the Boards upon request. For advanced  
44 practice registered nurses providing care to patients within a hospital or health care system, the practice  
45 agreement may be included as part of documents delineating the advanced practice registered nurse's clinical  
46 privileges or the electronic or written delineation of duties and responsibilities in collaboration and  
47 consultation with a patient care team physician.48 E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as  
49 an advanced practice registered nurse if the applicant has been licensed as an advanced practice registered  
50 nurse under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the  
51 qualifications for licensure required of advanced practice registered nurses in the Commonwealth. An  
52 advanced practice registered nurse to whom a license is issued by endorsement may practice without a  
53 practice agreement with a patient care team physician pursuant to subsection I if such application provides an  
54 attestation to the Boards that the applicant has completed the equivalent of at least three years of full-time  
55 experience, as determined by the Boards, in accordance with the laws of the state in which the nurse  
56 practitioner was licensed.

59 F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant  
60 temporary licensure to advanced practice registered nurses.

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

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

98 For the purposes of this subsection, "independent practice midwife" means a licensed certified midwife  
99 who is authorized to practice without a practice agreement pursuant subsection D of § 54.1-2957.04 and has  
100 practiced independently for two years or a certified nurse midwife who is authorized to practice without a  
101 practice agreement pursuant to this subsection and has practiced independently for two years.

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

121        Any advanced practice registered nurse who (i) practiced autonomously as an advanced practice  
122 registered nurse for at least three years as part of active-duty service in a branch of the United States  
123 military or (ii) practiced autonomously as an advanced practice registered nurse for at least three years as  
124 an employee of the United States Department of Veterans Affairs shall be deemed to have satisfied the  
125 requirements of this subsection for practice without a written or electronic practice agreement.

126        A nurse practitioner authorized to practice without a practice agreement pursuant to this subsection shall  
127 (1) only practice within the scope of his clinical and professional training and limits of his knowledge and  
128 experience and consistent with the applicable standards of care, (2) consult and collaborate with other health  
129 care providers based on the clinical conditions of the patient to whom health care is provided, and (3)  
130 establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate  
131 health care providers.

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

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