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1 SENATE BILL NO. 811

2 Offered January 23, 2026

3 A BILL to amend and reenact § 54.1-2957 of the Code of Virginia, relating to clinical nurse specialists;
4 practice agreements; consultation requirements.

5 Patron—Head

6 Referred to Committee on Education and Health

7 Be it enacted by the General Assembly of Virginia:

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

9 § 54.1-2957. Licensure and practice of advanced practice registered nurses; certified nurse
10 midwives; independent practice of certified nurse midwives.11 A. As used in this section, "clinical experience" means the postgraduate delivery of health care directly to
12 patients pursuant to a practice agreement with a patient care team physician.13 B. The Board of Medicine and the Board of Nursing shall jointly prescribe the regulations governing the
14 licensure of advanced practice registered nurses. It is unlawful for a person to practice as an advanced
15 practice registered nurse in the Commonwealth unless he holds such a joint license.16 C. Every nurse practitioner who does not meet the requirements of subsection I shall maintain appropriate
17 collaboration and consultation, as evidenced in a written or electronic practice agreement, with at least one
18 patient care team physician. A nurse practitioner who meets the requirements of subsection I may practice
19 without a written or electronic practice agreement. A certified nurse midwife shall practice pursuant to
20 subsection H. A clinical nurse specialist shall practice pursuant to subsection J. A certified registered nurse
21 anesthetist shall practice under the supervision of a licensed doctor of medicine, osteopathy, podiatry, or
22 dentistry. An advanced practice registered nurse who is appointed as a medical examiner pursuant to
23 § 32.1-282 shall practice in collaboration with a licensed doctor of medicine or osteopathic medicine who has
24 been appointed to serve as a medical examiner pursuant to § 32.1-282. Collaboration and consultation among
25 advanced practice registered nurses and patient care team physicians may be provided through telemedicine
26 as described in § 38.2-3418.16.27 Physicians on patient care teams may require that an advanced practice registered nurse be covered by a
28 professional liability insurance policy with limits equal to the current limitation on damages set forth in
29 § 8.01-581.15.30 Service on a patient care team by a patient care team member shall not, by the existence of such service
31 alone, establish or create liability for the actions or inactions of other team members.32 D. The Boards of Medicine and Nursing shall jointly promulgate regulations specifying collaboration and
33 consultation among physicians and advanced practice registered nurses working as part of patient care teams
34 that shall include the development of, and periodic review and revision of, a written or electronic practice
35 agreement; guidelines for availability and ongoing communications that define consultation among the
36 collaborating parties and the patient; and periodic joint evaluation of the services delivered. Practice
37 agreements shall include provisions for (i) periodic review of health records, which may include visits to the
38 site where health care is delivered, in the manner and at the frequency determined by the advanced practice
39 registered nurse and the patient care team physician and (ii) input from appropriate health care providers in
40 complex clinical cases and patient emergencies and for referrals. Evidence of a practice agreement shall be
41 maintained by an advanced practice registered nurse and provided to the Boards upon request. For advanced
42 practice registered nurses providing care to patients within a hospital or health care system, the practice
43 agreement may be included as part of documents delineating the advanced practice registered nurse's clinical
44 privileges or the electronic or written delineation of duties and responsibilities in collaboration and
45 consultation with a patient care team physician.46 E. The Boards of Medicine and Nursing may issue a license by endorsement to an applicant to practice as
47 an advanced practice registered nurse if the applicant has been licensed as an advanced practice registered
48 nurse under the laws of another state and, pursuant to regulations of the Boards, the applicant meets the
49 qualifications for licensure required of advanced practice registered nurses in the Commonwealth. An
50 advanced practice registered nurse to whom a license is issued by endorsement may practice without a
51 practice agreement with a patient care team physician pursuant to subsection I if such application provides an
52 attestation to the Boards that the applicant has completed the equivalent of at least three years of full-time
53 experience, as determined by the Boards, in accordance with the laws of the state in which the nurse
54 practitioner was licensed.55 F. Pending the outcome of the next National Specialty Examination, the Boards may jointly grant
56 temporary licensure to advanced practice registered nurses.

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

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

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

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

121 experience and consistent with the applicable standards of care, (2) consult and collaborate with other health
 122 care providers based on the clinical conditions of the patient to whom health care is provided, and (3)
 123 establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate
 124 health care providers.

125 J. A clinical nurse specialist licensed by the Boards of Medicine and Nursing who does not prescribe
 126 controlled substances or devices may practice in the practice category in which he is certified and licensed
 127 without a written or electronic practice agreement. Such clinical nurse specialist shall (i) only practice within
 128 the scope of his clinical and professional training and limits of his knowledge and experience and consistent
 129 with the applicable standards of care, (ii) consult and collaborate with other health care providers based on
 130 the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of
 131 complex medical cases and emergencies to physicians or other appropriate health care providers. *The practice*
 132 *of clinical nurse specialists shall be consistent with the American Nurse's Association's Standards of Nursing*
 133 *Practice and with all applicable laws and regulations.*

134 A clinical nurse specialist licensed by the Boards who prescribes controlled substances or devices
 135 ("prescribing clinical nurse specialist") and who has practiced fewer than 1,000 hours as a prescribing
 136 clinical nurse specialist shall practice in consultation with a prescribing clinical nurse specialist who has
 137 practiced for at least two years prior to entering into the practice agreement ("supervising prescribing
 138 clinical nurse specialist"), or a licensed physician in accordance with a written or electronic practice
 139 agreement between the clinical nurse specialist and the licensed physician. Such practice agreement shall
 140 address the availability of the supervising prescribing clinical nurse specialist or the licensed physician for
 141 routine and urgent consultation on patient care. Evidence of a such practice agreement shall be maintained by
 142 a the prescribing clinical nurse specialist and provided to the Boards upon request. *The practice of clinical*
 143 *nurse specialists shall be consistent with the standards of care for the profession and with applicable laws and*
 144 *regulations.*

145 A prescribing clinical nurse specialist who has completed 1,000 hours of work as a prescribing clinical
 146 nurse specialist may practice without a practice agreement upon receipt of an attestation from the
 147 supervising prescribing clinical nurse specialist or from the licensed physician with whom the prescribing
 148 nurse specialist has entered into a practice agreement stating (i) that such supervising prescribing clinical
 149 nurse specialist or licensed physician has provided consultation to the prescribing nurse specialist pursuant
 150 to a practice agreement meeting the requirements of this section and (ii) the period of time for which such
 151 supervising prescribing nurse specialist or licensed physician practiced in collaboration and consultation
 152 with the prescribing nurse specialist pursuant to the practice agreement.

153 A prescribing clinical nurse specialist authorized to practice without a practice agreement shall consult
 154 and collaborate with, and refer patients to such other health care providers as may be appropriate for the
 155 care of the patient.

156 The practice of prescribing clinical nurse specialists shall be consistent with the American Nurse's
 157 Association's Standards of Nursing Practice and with all applicable laws and regulations.